
**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 3.5
Policy Title: Uses and Disclosures of Protected Health Information for
Education and Training
Effective Date: July 25, 2014
Last Revision Date: July 25, 2014
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I. Policy

Clinical education and training activities of UW-Madison students, including residents and fellows, are fundamental to the UW-Madison mission. In fulfilling that mission, UW-Madison uses protected health information for these activities only as permitted by HIPAA.

The HIPAA Privacy Rule allows physicians and staff to use and disclose PHI without a patient's written authorization for purposes related to treatment, payment, and health care operations. Health care operations includes the conducting of "training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."

As such, UW-Madison employees within the UW-Madison Health Care Component or the University of Wisconsin Affiliated Covered Entity can use PHI, without a patient's written authorization, to teach medical residents, medical students, nursing students, and other clinical students or trainees, as further outlined in this document.

II. Definitions

- A. **Disclosure:** The release, transfer, provision of access to, or divulging in any manner of PHI by an individual within the HCC or ACE with a person or entity outside the HCC or ACE.
- B. **Health Care Operations:** Any of a number of business and administrative activities, including
- Conducting quality assessment and improvement activities
 - Reviewing the competence or qualifications of health care professionals
 - Conducting training programs.
 - Accreditation
 - Credentialing
 - Conducting or arranging for medical review, legal services and auditing functions

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- Business planning and development
- Business management and general administrative activities

Health care operations do not include research and many fundraising and marketing activities. See Privacy Policies # 3.6 “Uses and Disclosures of Protected Health Information for Marketing” and # 3.7 “Uses and Disclosures of Protected Health Information for Fundraising” for more information.

- C. Minimum Necessary: Using, disclosing, or requesting the minimum amount of protected health information as is necessary to accomplish the intended use or disclosure. See Privacy Policy # 3.8 “Minimum Necessary Standard”.
- D. Protected Health Information (“PHI”): Health information, or healthcare payment information, including demographic information, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.
- E. University of Wisconsin Affiliated Covered Entity (“UW ACE”): The UW-Madison Health Care Component (except University Health Services and the State Laboratory of Hygiene), the University of Wisconsin Medical Foundation and the University of Wisconsin Hospital and Clinics. See Privacy Policy # 1.2 “Designation of UW Affiliated Covered Entity”.
- F. UW-Madison Health Care Component (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See Privacy Policy # 1.1 “Designation of UW-Madison Health Care Component” for a listing of these units.
- G. Use: The sharing, employment, application, utilization, examination, or analysis of PHI by an individual within the UW HCC or the UW ACE.

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- H. Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

III. Procedures

Uses of PHI, as described below, can be made for the education and training of students, residents and fellows within the workforce of the UW HCC or the UW ACE without obtaining patient authorization or providing the patient with an opportunity to agree or object to the use or disclosure:

A. Internal Uses.

1. The use of PHI must stay within the UW HCC or the UW ACE only.
2. The PHI cannot be shared outside the UW HCC or the UW ACE (including to students, faculty, and staff of UW-Madison not within the UW HCC) at professional meetings, conferences and lectures, or for courses within schools or colleges that are not part of the UW HCC.
3. The amount of PHI used must be the minimum amount necessary to conduct the training.

C. Examples

- Example #1: In an on-campus lecture offered within the School of Medicine and Public Health, the Professor, a faculty member within the Department of Surgery, uses a radiologic image when discussing the removal of a foreign object. The Professor should remove the patient name, medical record number, dates, and any other information that could lead to the identification of the patient that is not necessary to the training from the image and from any other materials used during the training.

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- Example #2: In the Department of Neurosurgery’s Grand Rounds presentation/discussion about a patient's tumor, only information relevant to the case should be part of the discussion. It would not be necessary or appropriate to include the patient's name and medical record number. In addition, participants in the Grand Rounds should not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community associations, etc.

D. **Disclosures** for educational purposes outside the UW HCC or UW ACE. UW-Madison employees and students may not disclose PHI for case studies, articles, industry conferences/lectures, posters, fliers, or any other material or media unless:

1. Patient authorization for the disclosure is obtained using a form substantially similar to the Authorization for Disclosure of Identifiable Medical Information for Publication available in the “Forms” tab at hipaa.wisc.edu; or
2. The PHI is de-identified as described in Privacy Policy # 5.1 “De-Identification of Protected Health Information Under the HIPAA Privacy Rule”.

E. In circumstances where a patient is to be photographed or videotaped specifically for educational or training purposes, the physician will seek the patient's authorization using a form substantially similar to the Authorization for Disclosure of Identifiable Medical Information for Publication available in the “Forms” tab at hipaa.wisc.edu. Only the minimum amount of PHI should be recorded.

IV. Documentation Requirements

The UW HCC unit must document and maintain all patient/client authorizations for a period of at least six years, from the date of its creation or the date when it last was in effect, whichever is later.

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V. Forms

- Authorization for Disclosure of Identifiable Medical Information for Publication (e.g. in medical journal or during lecture/conference)

VI. References

- 45 CFR 164.501 (HIPAA Privacy Rule)
- 45 CFR 164.502 (HIPAA Privacy Rule)
- 45 CFR 164.506 (HIPAA Privacy Rule)
- 45 CFR 164.512 (HIPAA Privacy Rule)

VII. Related Policies

- Policy Number 3.2 “Uses and Disclosures of Protected Health Information That Require Patient Authorization”
- Policy Number 3.8 “Minimum Necessary Standard”

VIII. For Further Information

For further information concerning this policy, please contact the UW-Madison HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or sub-Coordinator. Contact information is available within the “Contact Us” tab at hipaa.wisc.edu.

Reviewed By

UW-Madison HIPAA Privacy Officer
UW-Madison Office of Legal Affairs

Approved By

Interim HIPAA Privacy and Security Operations Committee