



POLICY TITLE: Removal of Protected Health Information from Health System Facilities	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.57	CATEGORY: Compliance & Ethics
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Prepared by: Corporate Compliance	Notations:

GENERAL STATEMENT of PURPOSE

The purpose of this document is to outline the established requirements for authorizing the removal of Protected Health Information (“PHI”) off the premises.

POLICY STATEMENT

It is the policy of Northwell Health to permit authorized Northwell Health personnel to remove original, or copies, of medical records from Northwell Health facilities only in limited situations and in order to complete work-related duties. These authorized individuals must follow the procedures set forth below when removing such documents.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

Protected Health Information (“PHI”): Any oral, written, or electronic individually identifiable health information. PHI is information created or received by Northwell that (i) may relate to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The *Health Insurance Portability and*

Accountability Act (HIPAA) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes except for the initial three digits of a ZIP code in certain situations;
3. All elements of a date (except year) for dates directly related to an individual, including birth date, discharge date, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical device identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic or code.

PROCEDURE

Removal of Original Medical Records

Northwell Health Hospitals

Original medical records shall not be removed from a Northwell Health hospital, unless approved in writing by the hospital's Director of Health Information Management ("HIM").

Northwell Health Physician Office and Ambulatory Care Sites

A credentialed, privileged and employed physician, resident, nurse practitioner, or physician assistant, or their designee, may remove an original medical record from a Northwell Health physician office or ambulatory care site only when the removal of the original medical record is necessary for the purpose of treating patients at off-site locations.

When such an authorized person removes an original medical record from a Northwell Health physician office or ambulatory care site, they shall return the original medical record to the office

or site as soon as possible, and shall ensure that reasonable and appropriate safeguards are in place to protect the patient's privacy. Safeguards include, but are not limited to:

- a. Removing only the minimum number of original medical records required to achieve the purpose of treating the patient(s) off-site;
- b. Keeping the record secure at all times (this includes, but is not limited to, making efforts to transport the record in a sealed container or envelope, to keep the record out of public sight and in the authorized person's direct possession, and to store the record in a locked room and/or storage cabinet, when appropriate);
- c. Never leaving medical records unattended by authorized Northwell Health personnel in public areas;
- d. Never leaving medical records in an unsecured vehicle at any time including any vehicle that is parked by a valet service or given to anyone else's custody;
- e. Never leaving medical records in vehicles overnight; and
- f. Removing medical records from visible areas of vehicles during short stops.

In addition, the physician office or ambulatory care site and/or its department(s) shall maintain a log specifying the date and time on which each record is removed, who is removing it, where that individual is taking the record, the date and time on which it is returned, and who has returned it. The physician office or ambulatory care site and/or its department(s) shall monitor this log regularly to ensure that the log is properly maintained and to ensure awareness at all times of the whereabouts of all of its original medical records.

No individual, other than an authorized person as described above, may remove an original medical record from a Northwell Health physician office or ambulatory care site at any time, unless approved in writing by the business manager of the office or site.

Removal of Electronic PHI and Hard Copy PHI Other Than Original Medical Records

A credentialed and privileged physician, resident, nurse practitioner, physician assistant, or researcher may remove electronic PHI, or hard copy (i.e., paper) PHI other than an original medical record, from a Northwell Health hospital, physician office, or ambulatory care site only when the removal of the PHI is necessary for the purpose of treating patients at off-site locations, completing clinical, billing or research-related documentation or remote work.

A person other than a credentialed and privileged physician, resident, nurse practitioner, physician assistant, or researcher or his or her designee may remove electronic PHI or hard copy PHI other than an original medical record only when:

1. The removal of the PHI is necessary to enable the person to complete work-related duties; and
2. The removal of the PHI has been approved in advance by the person's department head.

When an authorized person removes hard copy or electronic PHI from a Northwell Health hospital, physician office, ambulatory care or research site, they shall ensure that reasonable and appropriate safeguards are in place to protect our patients' privacy. These safeguards are contained in other Northwell Health policies, and include, but are not limited to:

- a. Using only authorized wireless devices, mobile computers, and e-mail accounts (See Northwell Health Policy #900.08 – *Remote Access Policy*, #900.15 – *Wireless Access Policy*, and #900.11 – *Electronic Communications Policy*);

- b. Encrypting all wireless devices, portable hardware (e.g., thumb drives) and mobile computers (See Northwell Health Policy #900.25 – *Data Encryption and Integrity Policy*);
- c. Password-protecting all wireless devices and mobile computers (See Northwell Health Policy #900.10 – *Password Policy*);
- d. Never leaving wireless devices, mobile computers and hard copy PHI unattended in public areas (See Northwell Health Policy #900.00 – *Acceptable Computer Use Policy*);
- e. Not leaving wireless devices, mobile computers and hard copy PHI in vehicles overnight;
- f. If transporting wireless devices, mobile computers and hard copy PHI directly from the office to a home destination or vice versa or any other off-site location, avoid all non-work related stops and stops where the vehicle is left unattended, to the extent practical;
- g. Removing wireless devices, mobile computers and hard copy PHI from visible areas of vehicles during short work-related stops;
- h. Immediately reporting any loss or theft of wireless devices or mobile computers to the Northwell Health IS Service Desk (See Northwell Health Policy #900.14 – *Information Services Asset Theft Reporting Procedure*);
- i. Ensuring, when using wireless devices or mobile computers to view PHI, that the screen is only visible to the authorized user by positioning the screen in a manner to avoid view by unauthorized persons and/or use of a privacy screen; and
- j. Immediately upon arrival at the destination, secure wireless devices, mobile computers and/or hard copy PHI according to the procedures outlined in Northwell Health Policy #800.42 – *Confidentiality of PHI*.

In addition to the aforementioned safeguards, the following additional safeguards shall be followed when removing and transporting hard copy PHI to and from a Northwell Health facility:

- a. Place and secure the hard copy PHI in a concealed envelope, folder and/or box to prevent accidental loss of papers and exposure of the PHI to unauthorized individuals or the public;
- b. If transporting hard copy PHI in a cart, or other large container, ensure the records are covered and secured;
- c. Prior to transporting hard copy PHI in a vehicle, ensure that the PHI is secured in the trunk or, in the case where a vehicle does not have a trunk, a secure storage compartment;
- d. Avoid all non-work related stops and stops where the vehicle is left unattended, to the extent practical; and
- e. Immediately upon arrival to the home destination, remove the PHI from the vehicle and properly secure it (e.g., locked drawer or cabinet).

In accordance with other Northwell Health policies, any loss or theft of wireless devices, mobile computers or portable hardware must be immediately reported to the Northwell Health IS Service Desk. Any loss of any PHI, hard copy or electronic, must be immediately reported to the Office of Corporate Compliance. Loss of research-related PHI must be immediately reported to the Office of Research Compliance.

Training

The Office of Corporate Compliance will provide training on HIPAA on, at least, an annual basis.

Sanctions

In compliance with HIPAA, violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff.

Documentation

Any documentation generated in compliance with this policy will be retained for a minimum of 6 years from the date of its creation.

REPORTING AND ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible to all Affected Individuals and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff and an Affected Individual's contract with Northwell Health.



REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Final HIPAA Omnibus Rule (78 Fed. Reg. 5566)
- Health Insurance Portability and Accountability Act, 45 CFR Parts 160 -164
- Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (Feb. 17, 2009)
- Northwell Health Bylaws, Rules and Regulations of the Medical Staff

- Northwell Health Human Resources Policy and Procedure Manual, Part 5 - Discipline and Standards of Conduct
- Northwell Health Human Resources Policy Part 5-3 Workforce Conduct/Progressive Discipline
- Northwell Health Human Resources Policy Part 13-12 Remote Work
- Northwell Health Policy #800.02 – Disclosure, Release and Use of Protected Health Information
- Northwell Health Policy #800.42 – Confidentiality of Protected Health Information
- Northwell Health Research Policy GR021 – Research Data Ownership and Management
- Northwell Health Research Policy GR094 – Access, Use and Disclosure of Protected Health Information for Research
- Northwell Health Information Security Policy #100.97 – Records Retention and Destruction
- Northwell Health Policy #900.00 – Acceptable Computer Use Policy
- Northwell Health Policy #900.08 – Remote Access Policy
- Northwell Health Policy #900.10 - Password Policy
- Northwell Health Policy #900.14 – Information Services Asset Theft Reporting Policy
- Northwell Health Policy #900.15 – Wireless Access Policy
- Northwell Health Policy #900.25 – Data Encryption and Integrity Policy
- Northwell Health Policy #900.26 – Media Reuse and Disposal Policy

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES
N/A

ATTACHMENTS
N/A

FORMS
N/A

APPROVAL:	
Northwell Health Policy Committee	02/27/2024
System PICG/Clinical Operations Committee	03/21/2024

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