CENTRAL IOWA HEALTHCARE
Marshalltown Iowa
ADMINISTRATIVE POLICY AND PROCEDURE

Policy Number: 318

SUBJECT: DISCLOSURES TO EMPLOYERS RELATED TO MEDICAL
SURVEILLANCE OF THE WORKPLACE

POLICY

Provided that written notice is given to the individual, Central Iowa Healthcare and its affiliated
clinics may disclose protected health information to the individual’s employer to conduct an
evaluation related to medical surveillance of the workplace or to evaluate whether the individual
has a work-related injury, if the following conditions are met:

1. CIH must have provided health care to the individual at the request of the employer.

2. Only findings concerning a work-related illness or injury or a workplace-related medical
surveillance may be provided. The employer will designate who will receive this information
within the company and/or as their representative.

3. The employer must certify that it needs such findings in order to comply with its obligations
under OSHA or the federal Mine Safety and Health Act or a similar State law.

4. Any other disclosure to an individual’s employer will require the patient’s signed
authorization unless they fit another specific policy containing an exception.

5. These disclosures are subject to the individual’s right to an accounting of
disclosures. Please refer to the Accounting of Disclosures policy and follow the
steps to document or link this disclosure for accounting purposes.

Authority: 45 C.F.R. §164.512(b)(2)

DEFINITIONS

See definitions in General Use and Disclosure Policy.

Employer means a person or entity which employs the individual or as to whom the individual is
a member of the workforce.

Individual means the person about whom records containing protected health information are
gathered or maintained and to whom certain individual rights are given under HIPAA, State law
and these policies. Individuals at CIH are typically our patients and, therefore, the term “patient”
is used interchangeably throughout these policies.

PROCEDURES

1. This policy only applies to encounters for examination or treatment at the request of the
employer, whether conducted at CIH facilities or at an employer’s facilities.

2. Before providing information to an employer under this policy, CIH must obtain certification
from the employer that:

   a. The individual is an employee or member of the workforce.

   b. The requested information is needed to conduct an evaluation relating to medical
surveillance of the workplace or to evaluate whether the individual has a work-related
illness or injury in order to comply with OSHA, the Mine Safety Health Act or a similar
State law.
c. If health care is or will be provided on the work site of the employer, certification that the employer has posted written notice at such location stating that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is or will be disclosed to the employer.

3. The required certification may be obtained in several ways. If CIH has a recurring relationship with the employer, it can be obtained one time or included in a contract with the employer. Otherwise, CIH should obtain the employer's request and certification using the "Request for Work-Related Medical Services.”

4. For health care provided at CIH facilities, we will post written notice at such locations stating words to the effect that:

   "Important Notice

   If you have been sent for evaluation or treatment by your employer, health information relating to the medical surveillance of the workplace and work-related illnesses and injuries will be disclosed directly to the employer. If you have any questions, please ask your care provider or the Privacy Officer."

5. Any other disclosure to an employer requires the individual’s signed authorization.

6. The minimum necessary standard applies to disclosures under this policy. Only the information that was intended by the employer should be disclosed. The employer does not have the right of access to further information we may have on this employee without a valid authorization signed by the patient.

7. If a Request for Work-Related Disclosure to Employers has been sent, retain it as a HIPAA record. Otherwise, retain the contract or other written arrangement under which the employer sends employees for services.

8. Retain a copy of the report or disclosure

9. These disclosures are subject to the individual’s right to an accounting of disclosures. For every disclosure made, it must be documented on a disclosure record and routed to Health Information Management, or retained in a database that can be accessed for a period of no less than six years. Please refer to the Accounting of Disclosures policy and follow the steps to document or link this disclosure for accounting purposes.

Originated by: Administration
Effective date: February, 2003

Authorized by:

Revision date: 6/07
Review date: 7/10, 7/15
DISCLOSURES TO EMPLOYERS RELATED TO MEDICAL SURVEILLANCE OF THE WORKPLACE

REQUEST FOR WORK-RELATED MEDICAL SERVICES

INSTRUCTIONS

To be completed by the requesting employer and returned to CIH as indicated below.

EMPLOYEE NAME: ______________________________________________

REQUESTING PARTY: ____________________________________________

REQUESTED HEALTH INFORMATION: ____________________________________________

I request that you furnish us with the health information listed above, so that we can use the information to perform one or more of the following activities (check all that are applicable).

☐ To conduct an evaluation relating to medical surveillance of the workplace.

☐ To evaluate whether the individual has a work-related illness or injury.

In connection with this request, we certify that (check all that are applicable):

☐ The employer needs such findings in order to comply with its obligations under OSHA or the Mine Health and Safety Act or under State law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance.

☐ If the health care will be provided on a work site of the employer, we have posted a notice in a prominent place at such site telling members of our workforce that protected health information relating to the medical surveillance to the workplace and work-related illnesses and injuries will be disclosed to the employer.

Signed: _______________________________ Date: __________________________

Title: ________________________________

Return to Central Iowa Healthcare at:

3 South 4Th Avenue
Marshalltown, IA 50158

Fax Number: ____________________________