



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333
June 21, 2005

Re: Public Health Implications of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule

Dear Colleague:

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule has been in effect since April 14, 2003. The intent of HIPAA is to establish national standards for consumer privacy protection and insurance market reform. Initially, a lack of information and misinterpretation of some HIPAA provisions had a negative impact on the conduct of some time-honored public health activities. In some instances, confusion about the intent and implementation of the rules resulted in health-care providers refusing access by public health officials to patient records for immunization assessment and surveillance purposes. The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) recognizes that providers are concerned about compliance, and they need clear and accurate information about the practical application of the HIPAA Privacy Rule on public health practices.

NIP has worked closely with Health and Human Services (HHS) Office for Civil Rights, which is the lead agency for interpreting and enforcing HIPAA, and the CDC legal counsel to clarify public health provisions of the Privacy Rule and to disseminate information to our partners at the state and local levels. In August 2003, NIP sent the first of a series of guidance statements to Immunization Program Managers and State Epidemiologists in response to states' requests for clarification regarding access to patient records to conduct VFC and AFIX site visits. The mailing included a one-page *HIPAA and Public Health Fact Sheet* that provided a brief summary of HIPAA and Privacy Rule definitions, and *HIPAA and Public Health Site Visits: Access to Patient Records during AFIX and VFC Visits*, a short document containing responses to specific questions asked by the states regarding disclosure of patient health information without prior authorization during VFC and AFIX provider site visits. The CDC Office of General Counsel, which provides legal advice for CDC programs on issues such as implementation of HIPAA, prepared the responses to these questions. These materials have been very effective in addressing providers' concerns about HIPAA and facilitating traditional public health practice.

Almost two years after the effective date of the Privacy Rule, several states have requested written materials clarifying other questions and concerns about HIPAA. Enclosed is the second in the series of guidance statements, *HIPAA and Perinatal Hepatitis B Prevention*. The original *HIPAA and Public Health Fact Sheet* is also enclosed. Additional information is available on the Office for Civil Rights website at <http://www.hhs.gov/ocr/hipaa> and in the MMWR, HIPAA Privacy Rule and Public Health: <http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>. We hope you will find this information helpful as you educate your provider groups and work with your respective legal offices on HIPAA issues.

Sincerely,

Stephen L. Cochi, M.D., M.P.H.
Captain, United States Public Health Service
Acting Director
National Immunization Program

Enclosures

cc:

President, Association of State and Territorial Health Officials
President, Association of Immunization Managers
President, Council of State and Territorial Epidemiologists

Centers for Disease Control and Prevention National Immunization Program

HIPAA and Perinatal Hepatitis B Prevention

Responses to Frequently Asked Questions about Perinatal Hepatitis B Prevention

This guidance is intended to give health care providers and public health agencies specific information regarding the HIPAA Privacy Rule and how it impacts perinatal hepatitis B prevention. Several frequently asked questions posed to the CDC legal counsel for interpretation are presented below. Additional sources of information and reference materials available on the internet are also included.

Q. 1. Does HIPAA permit providers, hospitals, and laboratories to report HBsAg-positive women to state and local health departments (including local health agencies and local boards of health) without the authorization of the individual, regardless of whether the state has a reporting law?

A. 1. Yes. Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. In addition, under 45 CFR §164.512(a), covered entities may disclose protected health information to public health authorities if the disclosure is required by law. A specific mandate to report is not required for disclosure. In states that do not have a law that specifically mandates the reporting of maternal HBsAg status, notifiable disease reporting laws mandate reporting of hepatitis B.

Q. 2. Does HIPAA permit providers and hospitals to disclose patient information to state and local health departments ((including local health agencies and local boards of health) without the authorization of the individual, for perinatal case management (e.g. immunization, prophylaxis, and post vaccination serology)?

A. 2. Yes. Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes including disease prevention or control.

Q. 3. Can patient records be reviewed by state and local health department staff and their contractual agents when conducting quality assurance activities (e.g. chart reviews to assess HBsAg screening rates and appropriate prophylaxis), case investigations and/or disease outbreak activities?

A. 3. Yes. As explained above, under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes.

Q. 4. Does the HIPAA Privacy Rule apply to Indian Health Services and tribal clinics?

A. 4. Yes. The HIPAA Privacy Rule governs the use and disclosure of protected health information by covered entities (health plans, clearinghouses, and providers who transmit specified transactions electronically). The definition of health plans (45 CFR §160.103) includes the Indian Health Service (IHS) and programs under the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq. (45 CFR 160.103(1)(xii)).

Resources

Office for Civil Rights (responsible for enforcing the Privacy Rule) website:
(www.hhs.gov/ocr/hipaa)

CDC/DHHS guidance on the Privacy Rule and Public Health, available at
<http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>.

**Centers for Disease Control and Prevention
National Immunization Program**

Health Insurance Portability and Accountability Act and Public Health

Fact Sheet

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) established a national floor of consumer privacy protection and marketplace reform. Some key provisions include: insurance reforms, privacy and security, administrative simplification, and cost savings.

What is the HIPAA Privacy Rule?

HIPAA required Congress to enact privacy legislation by August 1999 or the Secretary of DHHS was to develop regulations protecting privacy. The HIPAA Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) sets national minimal standards for protected health information.

Implications for Public Health

The Privacy Rule strikes a balance between protecting patient information and allowing traditional public health activities to continue. Disclosure of patient health information without the authorization of the individual is permitted for purposes including but not limited to 1) disclosures required by law (45 CFR § 164.512(a)) or 2) for “public health activities and purposes.” This includes disclosure to “a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events. . . , and the conduct of public health surveillance,. . . investigations, and. . . interventions.” (45 CFR § 164.512(b)(i))

Definition of Public Health Authority

Defined as “an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandates.” (45 CFR § 164.501)