

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 § I64.512(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(l)(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>.