Q. Why is it important that all facilities across the continuum of care communicate infection information?
A. During the course of an individual’s life, multiple levels of care may be needed. Because this may require transferring the individual between various facilities, the admitting and discharging facilities share the responsibility of providing uninterrupted patient/resident safety by improving communication efforts during transfer. With a proactive exchange of infection history information, individuals can be placed in medical or residential facilities based on the level of care needed. For example, knowing about the existence of an individual’s multidrug-resistant infection facilitates the appropriate use of transmission-based precautions, helping to ensure a safer environment for all staff and patients/residents.

Nursing homes (NHs) are considered healthcare facilities. Assisted living facilities (ALFs) are congregate residential settings based on a social model and are not considered healthcare facilities by law. Therefore, although ALFs help manage resident care, ALFs may not have the same access to health information as NHs.

Q. Which policies and regulations guide the release of personal medical information?
A. Note: The information below is a summarized introduction to relevant federal and state policies/regulations.

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- The Privacy Rule gives individuals access to their medical information and the ability to release it to others. It also guides how health information can be shared without the individual’s permission for treatment purposes, communication of reportable diseases and outbreaks to public health agencies, and when there are other serious threats to the public’s health, but only to the minimum necessary to accomplish the intended purpose.
- Providers offering health services, such as hospitals and NHs, are subject to HIPAA’s Privacy Rule. ALFs are not exempt from HIPAA. ALF staff, physicians, pharmacists, and others working with ALFs should work together to ensure mechanisms are in place to protect the privacy of medical information and obtain consent for disclosure of these data to appropriate providers, caregivers, and others.
- The Privacy Rule is not meant to prevent adequate communication between care settings. In fact, because transfer of patient/resident data in these circumstances is considered provider-to-provider communication, the minimum necessary provision does not apply and important medical information should be communicated.

Code of Virginia Chapter 5: Regulation of Medical Care Facilities and Services (includes nursing homes)
- The Code of Virginia designates further protections on an individual’s health information as it applies to healthcare facilities (includes NHs; does not include ALFs).
- Helpful sections of the code include Health Records Privacy §32.1-127.1:03, Use or disclosure of certain protected health information required §32.1-127.1:04, and Public Health Reportable Diseases §32.1-35.

Virginia Department of Social Services (VDSS) Standards for Licensed Assisted Living Facilities (22 VAC 40-72-570)
- The facility is responsible for making an information release form available to residents and legal representatives so they may grant written permission to release their information.
- When the resident moves to another caregiving facility or is transported by emergency medical personnel, the current facility is permitted to release medical information without the written permission of the resident.

Q. Is there a form to help communicate medical information when individuals move between facilities?
A. Yes. A statewide Task Force including the health department, licensing agencies, and long-term care organizations developed a universal transfer form to facilitate information sharing during individual transfer between facilities. The Model Transfer Form can be found at http://www.dmas.virginia.gov/downloads/pdfs/ltc-transfer_form.pdf.