

|                                                                                                                                                                                                          |                                                                                                                                                       |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|  <p><b>HAWAII HEALTH SYSTEMS</b><br/>C O R P O R A T I O N<br/>"Quality Healthcare For All"</p> <p><b>PROCEDURE</b></p> | Department:<br><br><p><b>Quality Through Compliance</b></p>                                                                                           | Procedure No.:<br><p><b>CMP 032B</b></p>                   |
|                                                                                                                                                                                                          | Issued by:<br>Audit and Compliance Committee                                                                                                          | Revision No.:<br><br>Effective Date:<br>September 19, 2013 |
| Subject:<br><br><p><b>HIPAA Decedents Use and Disclosure</b></p>                                                                                                                                         | Approved by:<br><br><br>By: Alice M. Hall<br>Acting President & CEO | Supersedes Policy:<br><br>Page:<br>1 of 2                  |

Last Reviewed: August 19, 2013. Next Review: August 19, 2016

I. **PURPOSE:** This Policy defines the circumstances under which an authorization is necessary prior to use or disclosure of an individual's protected health information ("PHI") and provides the requirements of a valid authorization.

II. **PROCEDURE:**

Disclosure to Medical Examiner (City and County of Honolulu) and Police Department (Chief of Police) for other Hawaii Counties

1. Reporting Procedure: All deaths that meet the mandated criteria for reporting under HRS 841-3, 841-17 shall be reported to the Medical Examiner (ME), County Police Department, (Chief of Police).
  - a) If the cause of death is natural, determine if the individual's attending physician is willing to sign the death certificate prior to notifying the ME office.
  - b) Provide the following information to the ME, if known:
    - i. Name of the individual
    - ii. Age
    - iii. Birthdate
    - iv. Mode and time of arrival
    - v. Past medical history
    - vi. Description of circumstances surrounding death
    - vii. Time of death
    - viii. Name of physician pronouncing death
  - c) If the individual died of natural causes and the attending physician is willing to sign the death certificate, the ME will often want this additional information:
    - i. Individual's address
    - ii. Marital status
    - iii. Racial extraction
    - iv. Birthplace
    - v. Phone number and next of kin

- vi. Name of physician who has agreed to sign the death certificate
- d) The ME, based on the provided information, will determine whether to release the body or accept as a ME case.
- e) If the ME accepts the case, the investigator will come to the HHSC facility to pick up the body.
- f) If the decedent's family has not been notified of the death by the time the ME arrives to remove the body, inform the ME so that further notification efforts can be coordinated.

III. **APPLICABILITY:** All HHSC facilities, HHSC staff, regional and corporate boards

IV. **REFERENCE:** HHSC Policy CMP 032A

V. **ATTACHMENTS:** None