

ADMINISTRATIVE DIVISION – STUDENT AFFAIRS
POLICY NUMBER – SA 7.13
POLICY TITLE – RELEASE OF MEDICAL RECORDS AND CONFIDENTIALITY
SCOPE OF POLICY – USC UPSTATE
DATE OF REVISION – OCTOBER 2024
RESPONSIBLE OFFICER – DIRECTOR OF HEALTH SERVICES
ADMINISTRATIVE OFFICE – VICE CHANCELLOR OF STUDENT AFFAIRS

PURPOSE

USC Upstate Health Services has a legal and ethical responsibility to maintain the confidentiality of protected health information (PHI) and pertinent facts relative to the care of students and employees. PHI that identifies an individual by names, social security number or diagnosis and treatment may not be released without the written consent of the patient, parent or legal guardian (if under 18 years of age), or other designated legal representative with properly executed authorization.

DEFINITIONS AND ACRONYMS

PHI: Protected Health Information

HIPAA: Health-Insurance Portability and Accountability Act

PROCEDURES

The only exceptions to this statement under the Health-Insurance Portability and Accountability Act (HIPAA), (45 CFR Parts 160 and 164) are those allowed by state law, including:

- Immunization Records (which are not considered PHI under HIPAA.)
- Identifying and Reportable Diseases/Conditions under public health law in South Carolina.
- USC Upstate will follow the confidentiality and reporting requirements set forth in South Carolina Code of Laws Section 44-29-10 et seq., the general standards included in the American College Health Association’s Recommend Standards and Practices for a College Health Program, the Health Insurance Portability & Accountability Act (HIPAA) and the Health Services Medical Records policy for students that with a positive HIV antibody test or an AIDS diagnosis.
- USC Upstate will follow the confidentiality requirements set forth in state and federal law regarding the strict confidentiality of counseling and mental and behavioral health medical information.
- Workers’ Compensation records in accordance with South Carolina Law.

Release of Protected Health Information must be specific as to:

- Whom information may be released
- What information may be released
- What information may not be released
- The purpose/intent for which released information is to be utilized

Effective date of release/termination of such authorization method of communication of PHI (i.e., fax, telephonic, or US mail). Email will not be used. The patient must be informed at the time of original signature that a Release of Protected Health Information may be revoked at any time upon written notification to Health Services

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

As applicable

History of Revisions

AUGUST 2012 – CREATION DATE

OCTOBER 2024 – UPDATED LANGUAGE APPROVE BY LEGAL COUNSEL