

May 20, 2003

FACILITY DIRECTORY OPT-OUT

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes a new policy concerning a patient's rights to not be automatically included in the facility directory utilized in the Veterans Health Information Systems and Technology Architecture (VistA) system.

2. BACKGROUND: The Standards for Privacy of Individually Identifiable Health Information Provision, Title 45 Code of Federal Regulations 164.510 (a), sets guidelines for health care facilities to accommodate a patient's request to not be included in the facility directory. The VistA options Patient Inquiry, Inpatient Listing, and Inpatient Roster have been modified to reflect the patient's facility directory preference as follows:

a. The Patient Inquiry has been modified to reflect the statement "Patient chose not to be included in the Facility Directory for this admission." This statement is located just above the admission data, if applicable.

b. The Inpatient Listing and Inpatient Roster have been modified to include the printing of an exclamation mark (!) to the left of the patient's name with a footnote in the legend defining the annotation.

3. POLICY: It is VHA policy that all VHA health care facilities comply with a patient's request to not be included in the facility directory.

4. ACTION

a. **Medical Center Director.** The medical center Director is responsible for ensuring:

(1) That VistA patch DG*5.3*498 is installed within the guidelines outlined in the release notes.

(a) Patch DG*5.3*498 was released to the field on April 3, 2003.

(b) Upon installation of the patch, VistA will automatically exclude each inpatient in the facility directory. Appropriate medical center staff must ask each inpatient whether or not they wish to be excluded from the facility directory. If an inpatient chooses not to be excluded, VistA needs to be edited utilizing either the Admit a Patient or Extended Bed Control options to indicate the patient's preference.

(2) During the admission screening process, each patient is asked if the patient wishes to be excluded from the facility directory. A patient's request to be included or not in the facility directory must be addressed and documented in the VistA system at each admission episode into a health care facility.

(a) Each patient must be advised that if they request to be excluded, medical center staff will not be permitted to provide any information to visitors or callers concerning whether a patient is an inpatient at the facility. This includes family, friends, colleagues, deliveries (i.e., flowers, cards, etc.) or anyone asking about the patient.

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(b) A patient may, at any time during an admission, change the initial decision to be included or not in the facility directory. A patient is allowed the option to change the facility opt-out response at any time during the inpatient episode. *NOTE: The patient's preference for opt-out is be editable by accessing the Admit a Patient or Extended Bed Control VistA options.*

(3) That a process is in place for handling inquiries. If an inquiry is received concerning a patient who elects to opt-out of the facility directory, the sample response could be "I am sorry, but I do not have any information I can give you on whether John Q. Veteran is a patient."

(4) If a patient is transferred to Absent Sick in Hospital (ASIH) or Domiciliary, information is obtained from the patient concerning the patient's desire to be excluded from the facility directory. *NOTE: When the patient is returned from ASIH or Domiciliary, the status reverts back to the designation identified at the time of the patient's admission.*

b. **Health Care Provider.** If the patient is unable to communicate or make the opt-out decision, the health care provider admitting the patient must determine whether or not to include the patient in the facility directory based on what is in the best interest of the patient. The health care provider must document the decision in the patient's medical record. *NOTE: Once a patient is able to communicate or make the opt-out decision, the VHA health care facility must give the patient an opportunity to do so.*

5. REFERENCES

a. Health Insurance Portability and Accountability Act (HIPAA), HIPAA Public Law 104-191.

b. Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).

c. VHA Handbook 1605.1, Privacy and Release of Information.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this Directive. Questions may be directed to 202-254-0325.

7. RESCISSION: None. This VHA Directive expires May 31, 2008.

S/ Ann Patterson for
Robert H. Roswell, M.D.
Under Secretary for Health

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