I. PURPOSE

Stanford Affiliated Covered Entity (SACE), including Stanford University HIPAA Component (SUHC), is committed to protecting the privacy of patients and research subjects, while carrying out its teaching mission. Protected health information (PHI) may be used or disclosed for educational activities described in this policy only in accordance with this policy and applicable law.

II. POLICY

It is the policy of the SUHC that PHI used for educational and training purposes shall be used and disclosed in compliance with applicable laws and regulations, and always in a manner to protect patients’ privacy rights.

III. PROCEDURES

A. De-Identified Information. SUHC will use de-identified health information in educational activities whenever possible, if doing so will not compromise the educational activity. Since de-identified health information is not PHI, the individual’s authorization would not be required to use or disclose this de-identified health information. For information about how to de-identify PHI, refer to SUHC HIPAA policy H-15 Use and Disclosure of Protected Health Information Appendix A De-identification of Health Information under HIPAA.

B. Mental Health and Other Sensitive Health Information. SUHC will not use PHI from mental health and other sensitive health information (i.e., HIV, substance/alcohol treatment, and sexually transmitted disease information) in educational activities without a valid, written authorization from the individual or his/her personal representative except for the limited circumstance specified below in Section III.F.1, Limited Use of Mental Health Information When Providing Services.

C. Minimum Necessary. When it will compromise the educational activity to de-identify the health information, SUHC will limit the identifiers and limit the
amount of PHI to the minimum necessary to accomplish the intended purpose of the educational activity. For more information, refer to the SUHC HIPAA Policy H-13 Minimum Necessary Use and Disclosure of, and Requests for, Protected Health Information Policy.

D. **Authorization.** If health information is not de-identified or the educational activity is not considered to be “health care operations” as described in section III.E, below, then the individual or the individual’s personal representative must execute a valid, written authorization for the use or disclosure prior to the PHI being used or disclosed. For more information about authorization requirements, refer to the SUHC HIPAA Policy H-15 Use and Disclosure of Protected Health Information Policy.

E. **Outside Conferences or Presentations.** If a member of the SACE workforce is speaking or presenting at an outside conference or event, only de-identified health information may be disclosed, unless a valid, written authorization from the individual or his/her personal representative to disclose the PHI is obtained prior to the disclosure.

F. **Recording, filming, videotaping of patients.** Any recording of patients, including still, video, digital, audio, and/or visual records, requires a valid, written authorization from the individual or his/her personal representative prior to the recording. The authorization will specify whether any additional distribution, sharing or availability of the recording will occur and indicate anticipated recipients, e.g., publicly available or for continuing medical education purposes.

G. **Health Care Operations Exception to Authorization Requirements.** The training programs described below are considered to be “health care operations” which do not require an individual’s authorization for uses or disclosures of PHI that do not include mental health information. For all other educational activities, if the health information is not de-identified, then a valid, written authorization is required.

1. **Limited Use of Mental Health Information When Providing Services.**

---

Effective Date: April 30, 2017
Version 5.0
SUHC may use PHI from mental health information in educational activities only for its own training programs for mental health professionals when under supervision and occurring as part of services to the patient.

2. **Use and Disclosure of PHI in Connection with SACE Training Programs.** SACE may use or disclose PHI that does not include mental health or other sensitive health information for its own training program in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers and for training of non-health care professionals (all considered for the purposes of this policy to be “trainees”). Examples include:

   a. Workforce training, e.g., on Medicare billings rules or use of medical information systems;

   b. Presentations such as grand rounds; and,

   c. Use by trainees or educators for reviewing, evaluating and tracking the performance of the trainee, e.g., residents’ records of procedures performed.

3. **Use and Disclosure of PHI in Connection with a Joint Clinical Training Program between SACE and another Covered Entity.** SACE educational activities also include joint clinical training programs operated by SACE and another covered entity, whether under contract or otherwise, as long as the program is considered to be a program of both entities, e.g., rotation by an SHC resident at the Veterans Administration or a non-Stanford nursing student at LPCH. In those cases, PHI (that does not include mental health or other sensitive health information) from one entity, e.g., the VA may be disclosed to the other entity, e.g., SHC without authorization, except for psychotherapy notes, solely for the purpose of the training program, including training other participants in the program and
program administration.

4. Use and Disclosure of one Covered Entity’s PHI in Connection with another Covered Entity’s Training Programs.

a. SACE workforce trainees may obtain PHI, that does not include mental health information, from another covered entity for the training programs of SACE if both the trainee and the other entity have or have had a treatment or other relationship with the individual who is the subject of the PHI and if the PHI pertains to this relationship. For example, a Stanford resident involved in treatment of another covered entity’s patient as part of training may bring PHI back to Stanford for evaluation and grading purposes.

b. SACE may disclose PHI that does not include mental health or other sensitive health information, to trainees of another covered entity for the training programs of that entity if both the trainee and SACE have or have had a treatment or other relationship with the individual and the PHI pertains to that relationship. For example, a nursing student of an affiliated program who is working with patients at SHC/LPCH may take PHI back to the affiliated program for evaluation and grading purposes.

5. Limited Attendance by Others. Individuals who are not health care providers and not part of the workforce, e.g., pharmaceutical company representatives, may not attend a SACE training or educational activity unless:

a. All health information is de-identified; or,

b. A valid, written authorization has been obtained from the individual or his/her personal representative for the disclosure; or,
### IV. DOCUMENT INFORMATION

**A. Legal Authority/References**
- Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the corresponding Federal regulations.

**B. Review and Revision History**
*Note: SUHC Policies were restructured in September 2013*
- (Version 2.0) November 2007
- (Version 3.0) September 2013, Privacy Office and Office of the General Counsel
- (Version 4.0) November 2014, Privacy Office
- (Version 5.0) January 2017 Office of the General Counsel; March 2017 Privacy Office

**C. Approvals**
- April 15, 2017, Stanford University Privacy Office

**D. Contact for Questions Related to this Policy**
Stanford University Privacy Office
privacy@stanford.edu
(650) 725-1828

---

c. The individual is assisting with delivering the training and has signed a business associate agreement.

---

**Effective Date:** April 30, 2017

**Version 5.0**