

**Department of Health & Human Services  
Public Health Service  
Indian Health Service**

**Refer to: IHM**

**Bemidji Area Indian Health Service Circular No. 01-14**

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Policy on Access to and Release of Patient Care Data

SECTION

1. Purpose
2. Principles
3. Guidelines
4. Definitions
5. Attachments

**1. PURPOSE**

The purpose of this circular is to establish the Bemidji Area Office Indian Health Service (Area Office) policy for access to and release of patient care data. This policy is intended to establish guidelines and to identify personnel responsible for authorizing release of data. Indian Health Service (IHS) maintains databases that contain important but sensitive data on the American Indian and Alaska Native population. Appropriate use of data can be beneficial to the IHS, tribes, urban programs, and the Indian people. However, it is essential to ensure that the confidentiality of Indian people is not compromised, that the data are not misused, and that the groups representing the subjects of the data are informed.

**2. Principles**

- A. The Privacy Act (United States Code 5-552a codified from a public law passed in 1974 and updated in subsequent years) and the IHS System of Records govern the handling and release of individually identifiable records.
- B. Area personnel and tribes have a right to know who has requested, and for what purposes, data pertaining to them.
- C. Area summary data, which are reported without tribal identifiers, do not need individual tribal approval. However, tribally sensitive data or data identifiable to an individual or tribe, requires tribal or individual approval.
- D. Area personnel with a “need to know” concerning Area program data maintained in the IHS central databases will be granted access.
- E. The Great Lakes Inter-tribal Council may be granted access to summary data on the IHS central databases with approval by the Bemidji Area Tribes.
- F. Personnel under contract by the Area Office may be considered IHS users.
- G. Both tribal and Area personnel have responsibility for data which exists at various levels:
  - Data systems including hardware, data transfer, software, virus protection, and access to tribal databases.
    - I. Tribal – Individual tribes are responsible for maintaining hardware and software equipment at their facilities. Tribes are responsible for data transfer to the Area Office.
    - II. Area Office – The Information Systems Security Officer (ISSO) is responsible for maintaining the security of the data systems at the Area Office and for transfer of data to the National Patient Information Reporting System (NPIRS) in Albuquerque.

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Distribution: Bemidji Area Office

Date:

- National Patient Information Reporting System (NPIRS) and Headquarters data sets. The Statistics/Planning Officer is responsible for granting access to data sets within guidelines of this circular and with tribal approval.
- Patient information and information governed by the Freedom of Information Act (FOIA). The Area Privacy Officer is responsible for overseeing release of FOIA data.
- Indian subject data used for research. The Area Institutional Review Board (IRB) is responsible for ensuring that study teams employ appropriate techniques for accessing, protecting, and analyzing data and reporting results Information.

### **3. GUIDELINES**

- A. Requests for access to tribal databases will be directed to the Bemidji Area ISSO.
  - IHS personnel will be granted access to tribal databases by the ISSO on a need to know basis indicated by position. (See list in Attachment 1)
  - IHS personnel will sign a form requesting access to applications in the databases. (See Attachment 2)
  - Non-IHS users will only be granted access to tribal data or databases with permission from the tribe.
- B. Requests for access to the NPIRS web site will be directed to the Bemidji Area Statistics/Planning Officer.
  - The Bemidji Area Epidemiology Center, IHS consultants, and similar non-IHS users will be given access to the web site based on tribal approval.
- C. Requests for summary reports and previously published data will be directed to Statistics/Planning
  - a. Require a written request on letterhead stationery documenting data requested, time frames, and purpose of request.
  - b. Acknowledge receipt of request.
  - c. Log request in the Area Office Data Request Log File.
  - d. Provide requested summary data or a letter stating why the data are not available.
- D. Requests for data for individual tribes or data known to be sensitive to tribes will be referred to the tribe.
- E. Requests for individually identifiable patient records maintained at the Area Office will be directed to the Area Privacy Officer. If the Privacy Officer ascertains that the individually identifiable records meet one of the System of Records exemptions, a determination may be made to release the information or to request a signed release of information agreement from the patient prior to release.
- F. The Area Office will develop and maintain a log of all patient data requests and the resulting actions.
- G. If the any request is not authorized and the use of the data is not authorized, then inform the requestor and log the request and denial in the Bemidji Area Office Data Request Log file.

### **4. DEFINITIONS**

Patient Care Data – Data relating only to health services for patients. Patient Care Data excludes financial data,

NPIRS – National Patient Information Reporting System – is a reporting system utilizing a conversion from the mainframe to a new processing environment. It is located in Albuquerque, NM

GPRA – Government Performance and Results Act – the primary legislative framework through which agencies will be required to set strategic goals, measure performance, and report on the degree to which goals were met.

GLITC – Great Lakes Inter-tribal Council located in Lac du Flambeau, WI. A consortium of Wisconsin Tribes with support from the Bemidji Area Office. The Epidemiology Center is housed in the GLITC facility.

Kathleen Annette, M.D. \_\_\_\_\_  
Director Date  
Bemidji Area Indian Health Service

**5 Attachments**

## Attachment 1

IHS personnel who may be granted access to tribal databases:

- Behavioral Health
- Clinical Services (GPRA, HPDP)
- Dental
- Health Information Management
- Health Resource Management Specialist – Contract Health Services
- Injury Prevention
- MIS
- Statistics/Planning

Attachment 2

**REQUEST FOR APPLICATION PRIVILEGES**

DATE: \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ACTION (NOTE: Should you mark Temporary Employee you must fill in a termination date).

\_\_\_ NEW USER \_\_\_ TEMPORARY EMPLOYEE (Termination Date: \_\_\_\_\_ )

JOB TITLE \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ LOCATION: \_\_\_\_\_  
LAST FIRST MI

POSITION/DEPARTMENT \_\_\_\_\_ OFFICE TELEPHONE \_\_\_\_\_

LEGEND: Enter the letter corresponding to the Level of Access authorized for this user.  
(V) = View Privileges Only (E) = Edit Privileges (M) = Manger Privileges

- |                              |                                     |
|------------------------------|-------------------------------------|
| ___ FILEMAN                  | ___ Q MAN                           |
| ___ CIS                      | ___ MAILMAN                         |
| ___ CONTRACT HEALTH SERVICES | ___ NUTRITION AND DIETETICS         |
| ___ PAP TRACKING             | ___ THIRD PARTY TRACKING            |
| ___ CREDENTIALING PROGRAM    | ___ PATIENT CARE COMPONENT          |
| ___ CASE MANAGEMENT          | ___ AIB                             |
| ___ NECOP                    | ___ AREA OFFICE FINANCE             |
| ___ WOMENS HEALTH /PAP       | ___ HEALTH SUMMARY                  |
| ___ KERNEL MENUS (EVE)       | ___ TAXONOMY                        |
| ___ DATA ENTRY (PCC)         | ___ PATIENT REGISTRATION            |
| ___ TIME & ATTENDANCE        | ___ PHARMACY                        |
| ___ DENTAL                   | ___ THIRD PARTY BILLING             |
| ___ IMMUNIZATION             | ___ ARMS                            |
| ___ SCHEDULING               | ___ CDMIS                           |
| ___ SAMS                     | ___ TC SERVICE                      |
| ___ ACCOUNTS RECEIVABLE      | ___ MENTAL HEALTH / SOCIAL SERVICES |
| ___ TAIMS                    | ___ CHR                             |
- \_\_\_ OTHERS (list) \_\_\_\_\_

**IN REQUESTING THE ABOVE PRIVILEGES, I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY THE REQUIREMENTS OF THE PRIVACY ACT AND THAT ANY BREACH OF SECURITY (WITH MY ACCESS PRIVILEGES) ARE MY RESPONSIBILITY. I WILL IMMEDIATELY REPORT ANY SUSPECTED BREACH IN SYSTEM SECURITY THAT I BECOME AWARE OF TO MY SUPERVISOR AND THE INFORMATION SYSTEMS SECURITY OFFICER.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVALS:

I AUTHORIZE THE ABOVE SYSTEM PRIVILEGES AND VERIFY THAT THIS INDIVIDUAL HAS NEED FOR THE REQUESTED PRIVILEGES. THE EMPLOYEE HAS RECEIVED COMPUTER SECURITY TRAINING.

IMMEDIATE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSO: \_\_\_\_\_ DATE: \_\_\_\_\_