DEPARTMENT: ADMINISTRATION
POLICY & PROCEDURE: HOSPITAL REPRODUCTIVE HEALTH SERVICES

PURPOSE:

1. To provide the public with specific information about which reproductive health services are and are not generally available at the hospital and medical clinics.
2. To protect access to and privacy of reproductive health care by prohibiting the use or disclosure of protected health information (PHI) for criminal, civil or administrative investigation.

POLICY: It is the policy of Ocean Beach Health to provide guidance to the public on services offered relating to reproductive health and prohibit unlawful disclosures that could result in criminal, civil or administrative investigations.

PROCEDURE:
RANGE OF SERVICES

1. The following services are available at Ocean Beach Health
    - Emergency contraception services-emergency contraception with or without sexual assault.
    - Other related services-Human immunodeficiency virus (HIV) testing, HIV treatment, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions and related counseling, sexually transmitted disease testing and treatment.
    - Treatment of miscarriages and ectopic pregnancies.
    - Pregnancy-related services-Ultrasound (first and second trimester only).
2. The following services are NOT available at Ocean Beach Health
    - Abortion services-Medication abortion, referrals for abortion, surgical abortion.
    - Contraceptive services-Birth control: provision of the full range of Food and Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc., contraceptive counseling, and removal of contraceptive devices.
    - Hospital pharmacy dispenses contraception.
    - Tubal ligations and vasectomies.
    - Infertility services-Counseling, infertility testing and diagnosis, infertility treatments including but not limited to in vitro fertilization.
    - Genetic testing, labor and delivery, neonatal intensive care unit, prenatal care, postnatal care.
    - Pregnancy-related Services-Counseling.
3. This policy, as well as the Hospital Reproductive Health Services form DOH 346-107 shall be made available to the public on the facilities' website.

REPRODUCTIVE HEALTH CARE PRIVACY AND ATTESTATION

To implement the prohibition, the Final Rule requires a covered health care provider, health plan, or health care clearinghouse (or business associates), when it receives a request for PHI potentially related to reproductive health care, to obtain a signed attestation (to be completed by Health Information Management staff) that the use or disclosure is not for a prohibited purpose. This attestation requirement applies when the request is for PHI for any of the following:

- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Disclosures to coroners and medical examiners.

The requirement to obtain a signed attestation gives a covered health care provider, health plan, or health care clearinghouse (or business associates) a way of obtaining written representations from persons requesting PHI that their requests are not for a prohibited purpose. Additionally, it puts persons making requests for the use or disclosure of PHI on notice of the potential criminal penalties for those who knowingly and in violation of the Health Insurance Portability and Accountability Act (HIPAA) obtain individually identifiable health information (IIHI) relating to an individual or disclose IIHI to another person. This attestation will be completed by Health Information Management staff and once completed, will be scanned into the patient's medical record.

The requirement also mandates that the Notice of Privacy Practices be revised to support reproductive health care privacy.

REFERENCES:

Washington Administrative Code 246-320-141
RCW 70.41.520
HIPAA Privacy Rule Final Rule to Support Reproductive Health