

<p style="text-align: center;">UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM POLICY AND PROCEDURE MANUAL</p>	<p>Number: 03-20</p>
<p>Subject: INTERACTIONS WITH LAW ENFORCEMENT</p>	<p>Page 1 of 5</p> <p>Effective: February 4, 2025</p> <p>Revised:</p>

POLICY

It is the policy of the University of Pennsylvania Health System (UPHS) to interact with state, local and federal law enforcement (e.g., local police department(s), Federal Bureau of Investigation (FBI), Drug Enforcement Agency (DEA), Immigration and Customs Enforcement (ICE)) in a manner that complies with law and minimizes disruption to patient care.

It is also the policy of UPHS that Protected Health Information (PHI) will be used and disclosed in a manner that respects a patient's right to privacy, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and applicable laws.

DEFINITIONS

Legal Process: A warrant, subpoena or summons signed by a judge or other judicial officer having applicable jurisdiction.

Protected Health Information (PHI): this is information that is created or received by UPHS and the Perelman School of Medicine; and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and that identifies the patient or for which there is a reasonable basis to believe the information can be used to identify the patient. PHI includes information of persons living or deceased. The following components of a patient's information also are considered PHI: a) names; b) street address, city, county, precinct, zip code; c) dates directly related to a patient, including birth date, admission date, discharge date, and date of death; d) telephone numbers, fax numbers, and electronic mail addresses; e) Social Security numbers; f) medical record numbers; g) health plan beneficiary numbers; h) account numbers; i) certificate/license numbers; j) vehicle identifiers and serial numbers, including license plate numbers; k) device identifiers and serial numbers; l) Web Universal Resource Locators (URLs); m) biometric identifiers, including finger and voice prints; n) full face photographic images and any comparable images; and o) any other unique identifying number, characteristic, or code.

PURPOSE

The purpose of this policy is to address those situations in which law enforcement seeks to detain or arrest or obtain PHI of a patient, staff, trainees, medical staff or volunteers at a UPHS facility.

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SCOPE

This policy is applicable to all components and entities of UPHS including but not limited to: the Hospital of the University of Pennsylvania ((HUP); an unincorporated operating division of The Trustees of the University of Pennsylvania (Trustees)); Radnor Surgery Center, a facility of HUP; Presbyterian Medical Center of the University of Pennsylvania Health System d.b.a. Penn Presbyterian Medical Center (PPMC); the Penn Digestive and Liver Health Center University City (PDLH), a facility of PPMC; The Pennsylvania Hospital of the University of Pennsylvania Health System (PAH); Chester County Hospital; Chester County Health and Hospital System; Wissahickon Hospice d.b.a. Penn Care at Home; Clinical Practices of the University of Pennsylvania (CPUP); Clinical Care Associates; Clinical Health Care Associates of New Jersey, P.C., the Hospital of the University of Pennsylvania Reproductive Surgical Facility; Lancaster General Health (LG Health), Lancaster General Hospital (LGH), and Lancaster General Hospital Ambulatory Surgical Facility (LGHASF); Penn Medicine Princeton Health (PMPH); the Surgery Center of Pennsylvania Hospital; the Endoscopy Center of Pennsylvania Hospital; the Surgery Center at Penn Medicine University City, a facility of Penn Presbyterian Medical Center; all ambulatory care facilities (ACF) that are off campus departments of PPMC operating in New Jersey, and all divisions, facilities and entities within UPHS that have a CMS Certification Number (CCN) or that are operating under the license of a UPHS entity (collectively the “Entities”) excluding the Perelman School of Medicine (PSOM) except where specifically noted.

IMPLEMENTATION

This policy will be implemented by all employees, volunteers, trainees, medical staff, and other persons (collectively referred to in this policy as “staff”).

A law enforcement interaction checklist is attached as Attachment A.

PROCEDURE

A. UPHS STAFF RESPONSE

1. The following procedure shall be followed if: (i) law enforcement enters a UPHS facility or contacts a UPHS facility requesting information regarding a patient(s) or staff or (ii) seeks to apprehend or detain a patient(s) or member of staff:
 - a. Upon law enforcement’s arrival, staff should direct law enforcement to a quiet room or space in the facility. Staff should ask law enforcement to wait while the request is escalated in accordance with UPHS policy and inform law enforcement that due to policy they are not authorized to provide information or access to non-public areas.

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- b. If Security services are available at the applicable facility, staff should immediately contact Security at the applicable facility.
- c. If Security services are not available at the applicable facility, staff should immediately contact the practice manger or equivalent, who should then immediately contact the applicable senior administrator or, during off hours, the administrator on call.
- d. Staff should enter a Penn Medicine Occurrence Report regarding the event.

B. SECURITY RESPONSE

1. If information about a patient is being requested:
 - a. Security personnel should ask for Legal Process. If Legal Process is presented, Security personnel should read carefully and respond as the law requires.
 - b. If law enforcement does not present Legal Process, Security should escalate to facility or Entity senior leadership, off hours administrator on call, or equivalent and should not produce any information until Legal Process is presented or until otherwise instructed by UPHS senior leadership.
2. If a warrant signed by a judge for the arrest of a patient is presented, Security personnel should adhere to the following procedure:
 - a. If inpatient, contact the Admission Center to identify the location of the patient.
 - b. Contact the clinical director of the appropriate unit or practice.
 - c. If necessary, escalate the matter to the facility's senior administrator or off hours administrator on call, and UPHS senior leadership.
 - d. Patient confidentiality should not be unnecessarily compromised. The Entity may disclose only that information which is specifically described in the Legal Process.
3. If a warrant signed by a judge for arrest of UPHS staff is presented, Security personnel should do the following:
 - a. Contact Entity Chief Human Resources Officer or their designee and the Penn Medicine Office of General Counsel (OGC) attorney on call at 215-746-5200.
 - b. Human Resources will contact the employee's supervisor and request the employee to report to Human Resources.
4. If law enforcement presents a warrant or subpoena that is not signed by a judge, Security personnel should escalate to facility or Entity senior leadership, off hours administrator on call, or equivalent.
5. If law enforcement indicates an imminent threat at the applicable facility, Security should utilize applicable emergency response procedures.
6. Security should file a Security incident report regarding the event.

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- C. ADMINISTRATOR RESPONSE:**
1. If Legal Process is not presented, the administrator should:
 - a. Further escalate to Entity or UPHS administrative leadership, for assistance.
 - b. Contact OGC attorney on call at 215-746-5200.

Policy Owner: UPHS Chief Executive Officer

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ATTACHMENT A

LAW ENFORCEMENT INTERACTIONS CHECKLIST

When law enforcement (e.g., local police, FBI, DEA, ICE) enters a UPHS facility, UPHS staff should:

- Stay calm.
- Ask law enforcement to wait while the request is escalated in accordance with UPHS policy.
- Call Security or, if no security services available at facility, call a practice manager or equivalent.
- Security and leadership will handle the response to law enforcement's request.
- After the interaction is over, enter a Penn Medicine occurrence report regarding the interaction.

When law enforcement (e.g., local police, FBI, DEA, ICE) requests are escalated, security and practice managers should:

- Stay calm.
- Ask for a warrant, subpoena or summons signed by a judge.
- If presented, read carefully and respond as the law requires.
- If not presented, escalate to entity leadership, or off-hours administrator on call, and/or Office of the General Counsel.
- After the interaction is over, enter a file a Security incident report regarding the interaction.

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