

CONFIDENTIAL INFORMATION

PURPOSE: To establish clear expectations regarding all aspects of confidentiality.

POLICY : It is the policy of the facility to respect and protect the privacy rights of patients, their families, employees and third parties. All information (either hard copy, electronic, or verbal) associated with medical records, human resources, performance improvement, quality/risk management, research, financial, or organizational of any kind is strictly confidential and release of information should be directed to the source department for proper release. In addition, any information about the hospital's business, patients, families, employees or third parties which is disclosed or becomes known in the course of an employee's job must be kept confidential.

It is the expectation of the hospital that all parties (including but not limited to staff, physicians, volunteers, students, residents, third parties, etc.) thoroughly understand that violation of any aspect of this policy will result in corrective action.

The hospital places significant trust in all who have access to sensitive information and with that trust comes a high level of responsibility. Any breach of these confidentiality rules and expectations listed below is considered extremely serious and may result in the immediate termination of the violator.

Patients are required to consent (Admission Consent Form) to uses and disclosures of their protected health information (PHI) for the purposes of payment, treatment, and health care operations prior to using or disclosing his or her PHI to carry out treatment, payment, or health care operations.

DEFINITIONS AND PROCEDURES:

Confidential information discussed within this policy include:

- * Protected Health Information (PHI) which is defined as any individually identifiable health information
- * Patient Related Information (i.e. hardcopy medical records and electronic medical records including multi-media of sounds, voice recognition, graphic, video and data)
- * Verbal Information which is defined as patient related information communicated via telephone, conversation, or other verbal exchange
- * Aggregate Demographic, Clinical and Financial Information
- * Other Hospital-Related Information (i.e. employee, financial and overall business records of the hospital)

A. Patient Related Information and Protected Health Information

1. Ownership of the Medical Record: Patient related information is the property of the hospital; however, the information in the medical records belongs to the patient.
2. Storage and Security: Hardcopies of the medical record located in patient care areas shall be housed in physically secure areas and all other medical records are housed in physically secure areas within the Medical Record Department. Electronically stored patient related information (PHI) is maintained in both a physically and technologically secured environment according to established policies.

3. Removal of Patient Related Information From the Hospital: Original source patient information is the property of the hospital and may be removed from the facility only upon receipt of a court order, subpoena duces tecum or administrative approval/departmental policy.

4. Access to Patient Related Information: It is the responsibility of the hospital and its personnel to safeguard information of patients and to see that pertinent information is available to properly authorized individuals or parties.

Patient information may be given without authorization to nurses and other medical personnel employed by the hospital for direct patient care purposes.

Hospital staff, when acting in the course of business, may review patient information without an authorization. A treating physician may have access to all of the patient's previous records although a non-treating physician must present valid authorization to review privileged information.

Patient information shall be available for direct patient care purposes only to authorized students enrolled in educational programs affiliated with the hospital, medical residents and medical students. Students must present proper identification and written permission of the instructor with their request to the Medical Record Department. Patient information shall be made available for research to individuals who have obtained approval of their research projects from the Institutional Review Committee, Nursing Research Committee or the hospital Chief Executive Officer and/or designee.

5. Release of Patient Information: Any questions regarding release of medical information should be referred to the Medical Record Department. All patient related information is confidential and the release of information will be closely controlled. A properly completed and signed authorization is required for release of medical information and all requests for information should be referred to the Medical Record Department, except in the following cases:

a. *Family Request for Patient Condition (Patient Currently Under Treatment)*: Staff shall verify the identity and relationship to the patient and after verification the nurses and other health care professionals may discuss a patient's condition over the phone or in person with a family member. Professional judgement should be used at all times and reasonable precaution should be taken to ensure patient privacy such as lowering voices. Parents or legal guardians of patients on the Pediatric or Neonatal Intensive Care Unit and patients on the Women's Center will be requested to complete a written list of people with whom medical information can be discussed. Staff will provide information to only those indicated on the list.

b. *Health Care Facility Request for Patient Condition (Patient Currently Under Treatment)*: Staff shall verify the identity and relationship of the health care facility representative to the patient and after verification the nurses and other health care professionals may provide a description of the patient's general condition. Information will only be provided to facilities that the staff knows will have a provider relationship with the patient post discharge.

- c. *Media Request for Patient Condition (Patient Currently Under Treatment):* Request for information from the media shall be directed to the Public Relation Department during general business hours and to the hospital operator after normal business hours. If the patient or family refuses disclosure of information, the information will not be released to the media. Information will be released to the media only if the media can identify the patient's name. Medical information which can be released includes patient condition (satisfactory, fair, serious, or critical) which is determined by nursing. All other medical information regarding the patient shall not be released to the news media without the express written consent of the patient or his designee.
- d. *Home Town Connection:* As part of the admission process patients are informed that the hospital has a process in place to provide medical information to the referring and family physician if desired. As part of the admission process the patient is asked to consent for this information to be automatically sent to the referring and/or family physician. If a patient or parent /legal guardian does not wish this information to be sent, this is noted and such information is not provided.
- e. *Mandatory Reporting to Medical Agencies:*
Authorization is not required to report communicable diseases to the State Department of Health. Authorization is not required to report certain information pertaining to events specified below:
- * Suspected child abuse or neglect
 - * Suspected disabled adult abuse or neglect
 - * Accidental deaths which occur in the hospital
 - * Agricultural-related accidents, illness or poisoning
 - * Cancer, by Cancer Registry
 - * Deaths
 - * Illnesses, injuries or deaths due to medical devices
 - * Injury caused by discharge of firearms
 - * Live births, stillbirths, abortions
 - * Metabolic diseases in newborn (PKU, hypothyroidism, galactosemia)
 - * Narcotic thefts and thefts of controlled substances
 - * Ophthalmia neonatorum
 - * Vaccination reactions
- f. *Patient Transfers to Other Health Care Facilities:* If an Admission Consent Form is signed and the patient is directly transferred from the hospital to a health care entity (hospital, nursing home or physician

office) a signed authorization is not required to disclose medical information to the receiving facility for patient care purposes.

- g. *Follow-up Care:* If an Admission Consent Form is signed and the patient is referred to a physician or clinic for follow-up care, an additional signed authorization is not required to disclose medical information to that receiving physician or clinic.
- h. *Insurance Approval for Continued Stay:* If the patient has signed the Admission Consent Form and upon admission provided the hospital their third party payment source, authorized hospital staff may release pertinent medical information to third parties to justify approval of continued patient stay.
- i. *Patient's Immunization Records:* Patient's immunization records may be shared among healthcare providers, healthcare facilities, federal or state health agencies, child welfare agencies, schools or family day care facilities, without the consent of the patient or the person acting on the patient's behalf unless the patient's signed refusal to release immunization information is part of the patient's medical record.

B. Aggregate Demographic, Clinical and Financial Information: Confidential aggregate demographic, clinical and financial information will be released only after appropriate administrative approval is attained

C. All Other Health Information: To assure confidentiality, release of information is allowed only according to the following:

1. Only authorized hospital staff, Administration or the Human Resources Department may release information about employees to third parties. The Medical Education Department will be responsible for the release of information on members of the House Staff and the Volunteer Services Director will be responsible for the release of information on members of the Volunteer staff.
2. Computer Access/Information Items: Any hospital staff and other parties who have access to computers are held responsible for the proper use of their access code and maintaining the confidentiality of computer files. Any tampering, duplication, unauthorized or improper use or release of codes or automated system information is prohibited. Examples of the above would include, but not be limited to offensive message(s) via electronic mail, excessive personal messages via electronic mail, unauthorized access without permission, and/or solicitation. The Information Systems Department monitors the Information System, including electronic mail. Random audits of access to the hospital systems are performed by Information Systems Staff. All business records, in any medium (paper, electronic, etc.), are the property of the hospital. Any hospital staff who have access to such records are held responsible for the integrity and confidentiality of

those records. No business record may be copied,electronically transmitted or removed from the premises without the approval of the responsible department director in accordance with this policy.

10/31/01

CONFIDENTIALITY STATEMENT

This statement is to include but not limited to employees, volunteers, students, physicians, resident physicians, and third parties.

It is the policy of the hospital to respect and protect the privacy rights of patients, their families, staff and third parties. ALL information contained in medical records, staff files, computer banks/systems and hospital records of any kind is strictly confidential. In addition, any information about the hospital's business, patients, families, staff or third parties (and/or agents of) which is disclosed or becomes known in the course of one's job must be kept confidential.

IT IS THE EXPECTATION OF THE HOSPITAL FOR ALL INDIVIDUALS TO THOROUGHLY UNDERSTAND THAT VIOLATION OF ANY ASPECT OF THIS POLICY WILL RESULT IN CORRECTIVE ACTION.

The use of automated systems with the hospital has added another dimension in the safeguarding of confidential material. Anyone who is authorized to access the electronic patient/resident/employee records will be issued a confidential password. The use or disclosure of another individual's password or unauthorized accessing of past or present patient/resident or employee information are grounds for immediate corrective action.

The electronic information systems will list and record inquiries and transactions involving system access. This record includes: application/module, user, date/time/duration of inquiry, patient name and terminal location. Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the Director of the department involved. This information will then be presented to the Director of Human Resources for review.

Breach of this policy by individuals of the hospital regarding information about past or present patients/residents or employees will be cause for corrective action, which may include termination.

I have read and understand the above statements.

Signature

Date

Employee Number(if applicable)