HealthEast Care System

Policy and Procedure Manual

Policy # 106-35

Policy Title: Confidentiality/Privacy of Patient Information and HealthEast Business Information (originally titled Information Privacy)

Application: This policy is adopted for and applies to HealthEast St. John’s Hospital, HealthEast St. Joseph’s Hospital, HealthEast Woodwinds Hospital, HealthEast Bethesda Hospital, HealthEast Clinics and all other HealthEast Care System facilities.

Policy: Information regarding HealthEast patients, workforce and/or business information will be handled in a confidential manner. A violation of this policy may result in corrective action for the workforce member, up to and including termination of employment/services.

To protect an individual’s right to privacy of their protected health information a patient will be interviewed, treated, and examined in an area that provides reasonable visual and auditory privacy. Information will be handled confidentially whether electronic or other medium, on paper, or spoken. Patient safety practices will be foremost when addressing an individual’s right to privacy.

HealthEast shall protect all of an individual’s health information/data from misuse, theft, fraud, loss, disclosure, and unauthorized use. HealthEast employees shall not use any patient information unlawfully or in any manner that will breach the privacy rights of the individual.

An individual’s written authorization will be obtained prior to any disclosure of information, unless federal or state laws permit or require a use or disclosure without the individual’s written authorization.

An individual’s personal representative will be treated as the individual with respect to protected health information relevant to such personal representation.

HealthEast workforce will be asked to sign a Confidentiality Statement acknowledging their responsibility in handling protected health information and business information confidentially prior to being given access to such information.

Workforce members are prohibited from secretly taping workplace conversations.

Purpose: To ensure that an individual’s protected health information will be protected and handled in a confidential manner. To ensure that all HealthEast business-related information, whether employee, structural, or financial in nature, remains confidential.
Definitions:

**HealthEast Business Information:** Information that is related to the business of HealthEast. This information may include financial, structural, personnel and patient information.

**Individually identifiable health information:** Information that is a subset of health information, including demographic information collected from an individual; and is created or received by HealthEast and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or there is reasonable basis to believe the information can be used to identify the individual.

**Protected Health Information (PHI):** Individually identifiable health information that is transmitted by electronic media or maintained or transmitted in any other medium (paper, oral, electronic).

**Personal representative:** limited to a guardian, conservator, healthcare power of attorney, healthcare agent, or parent of a minor child.

**Workforce:** Employees, volunteers, students, trainees, or other persons whose conduct, in the performance of their work, is under the direct control of HealthEast.

Procedure:

**Confidentiality Statements**
Managers are responsible for ensuring staff is aware of policies and procedures regarding information privacy and security and their responsibility for maintaining confidentiality of patient and HealthEast business information.

**Employees**
Prior to handling or accessing any protected health information, an employee must sign the Confidentiality Statement (attachment A).

**Medical Staff**
Medical staff and allied health professionals will agree to abide by the contents of the Confidentiality Statement as a condition of being granted clinical privileges.
Students - Clinical Experience
Students participating in a clinical experience will be covered under a general contract with each school and, as a trainee, will be considered part of HealthEast’s workforce for purposes of accessing patient health information. Each student will receive an orientation regarding his or her responsibilities for maintaining confidentiality of protected health information while assigned to HealthEast.

Outside Services: Vendors/Independent Contractors/Consultants
All vendors/independent contractors/consultants must execute a business associate agreement. Access to protected health information will be based on a need to know basis for the performance of their services to or on behalf of HealthEast.

Disclosure of an individual’s information
An individual’s written authorization will be obtained prior to any disclosure, unless federal or state law permits the disclosure without patient authorization. (See policy 106.31, Release of Protected Health Information.)

An individual’s permission must be obtained prior to sharing any personal health information with family member(s), close personal friend(s), or other person(s) identified by the individual. If an individual is incapacitated or an emergency exists, professional judgment may be exercised to determine if the disclosure is in the best interest of the individual’s condition; the information shared should be limited to what is necessary based on the person(s) involvement in the care of the individual. The individual’s permission may be verbal or a HealthEast employee may utilize the Patient/Family Contact form (MR7549) (Attachment B), or a HealthEast employee may rely on the “Sharing of Information with Family/Friends” on the Clinic Services Authorization form.

Filing a complaint or reporting a privacy incident
A member of the HealthEast workforce may file a complaint or report a privacy incident. The complaint/report may be submitted by completing the online Privacy Incident Reporting form or by reporting to a direct supervisor, the HealthEast Privacy Office, the Compliance Officer or by leaving a message on the Compliance Hotline. All complaints/reports will be investigated and appropriate actions taken (Policy 106-57, Breach Notification of Unsecured PHI may be used depending on nature of complaint).

Corrective action may be taken, refer to Human Resource policy 103.C-3, Corrective Action Policy.

An individual may file a complaint by either contacting the HealthEast Privacy Office or the Secretary of the Department of Health and Human Services, as outlined in the HealthEast Care System’s Notice of Privacy Practices, or by following the HealthEast complaint or grievance process. The HealthEast Privacy Office should be notified of any complaints or grievances regarding a potential privacy breach.


**Oral Communications/Telephone Messages**

1. Speaking with other physicians, staff or individuals as necessary to perform health care services is permitted and a necessary component of delivering high quality of care to our patients. Incidental disclosures may occur as an inevitable byproduct of necessary communications and are not considered a violation of the privacy standards. However, reasonable safeguards should be taken, such as lowering your voice and moving to a private area, when possible, to protect an individual’s privacy. The following practices are permissible if reasonable safeguards are taken:
   a. Workforce may use patient names in reception areas -- when possible, use a first or last name only when addressing the patient to ensure patient confidentiality.
   b. Workforce may discuss an individual’s care in treatment areas in order to coordinate treatment and services.
   c. Nurses and other health care professionals may discuss an individual’s condition over the phone with the individual, another health care provider, or an individual-approved family member.
   d. Speaking loudly, if necessary, to ensure appropriate treatment is permitted, even if overheard by others in the vicinity.

2. Contacting individuals by telephone – detailed information will not be left on answering machines or voice mail.
   a. To leave a test result, and an answering machine or a person other than the individual answers, no detailed information should be left unless we have received permission from the individual that we can leave the test results with someone else.
   b. To remind them of an appointment – the reminder call should not include the name of the clinic/department/facility; the caller should state only minimal information such as, “This is HealthEast reminding you of your appointment tomorrow at 9:00 a.m. Please call xxxxx if you have any questions”.

3. Physical Safeguards
   Appropriate and reasonable administrative, technical and physical safeguards will be utilized to protect the privacy of PHI. When possible, curtains, screens, cubicles, dividers, shields, or similar barriers to open areas will be used where oral communications occur between physicians and their patients or among professionals treating the patient. The reasonableness of the safeguard should depend on the specific situational circumstances. Refer to policy Information Security, 106-18.4, for additional information on physical safeguard requirements.

**Overhead Speaker, Voice, and Text-based Paging**

Paging by overhead speaker, text-based pager, or voice pager, must be conducted in a manner that protects the individual’s privacy and minimizes unnecessary intrusions into their environment.
Photography, Video-recording and any other Imaging

The use of any type of camera or video-recording, including cell phones, in any area of HealthEast where a patient could be filmed, photographed, or recorded is strictly prohibited without the express written consent of the patient. See policy 100.B-34 Photography, Video-recording and any other Imaging or Patients and/or Patient Procedures for further information.

Cell Phone/Mobile Devices

Confidential information relating to HealthEast staff, customers, patients and/or business that may be easily identifiable should not be communicated using these devices. Cell phone, mobile device, or smart phone communication may be intercepted or overheard by others, which may compromise patient and business confidentiality. Mobile devices/Smart Phones with camera or other digital picture taking capabilities should not be utilized for the purpose of taking photographs without the patient’s written permission. See policy 106-18.10 Mobile Device Policy.

Whiteboards, Tracking Boards and Patient Room Door Tags

To avoid unnecessary privacy risks, information displayed on whiteboards or tracking boards should limit the amount of PHI to only that which is absolutely necessary.

Public areas (including inside or outside an individual’s room): The guidelines for displaying an individual’s name on whiteboards, tracking boards or door tags in public view shall be:

- Individual’s first name and first letter of the last name.
  
  If necessary, the first 1 to 3 letters of the last name may be used. Example: Mary Joh, Mary Jac, Mary Jef to differentiate Mary Johnson, Mary Jackson, Mary Jeffers.

- Other scrambled versions of patient name. Example: First 2 characters of first name and last name, plus asterisks - Ji**Do**.

The physician’s name can be listed but should be limited to the first initial and full last name and used only if necessary. Also, identifying numbers (e.g. medical records number, billing number, SSN, etc.) should not be used unless absolutely necessary.

Non-public areas: In areas where the public cannot typically see the white board, information in addition to that listed above may be displayed. Patient’s full name, medical record number, condition, etc. may be listed as needed in the provision of patient care. Efforts should still be made to limit the information to the minimum necessary as all members of the workforce may not need to know the information.

In all situations, professional judgment should be used in balancing the situational need for the information displayed with reasonable safeguards to limit unintentional disclosure (e.g. use of name and medical record number may be appropriate in the non-public surgery department but may not be appropriate for display outside an
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individual’s room in a public hallway.)

Attachments
Attachment A – Confidentiality Statement
Attachment B – Patient/Family Contact Form (MR7549 5/04)

Effective Date: March 3, 2003

Authorized By: HIPAA Compliance Task Force

Source Submitted By: HIPAA Policy and Procedure Workgroup


Use and Departmental Distribution List: All HealthEast entities and their respective departments


Other References: HIPAA Privacy federal regulations
CONFIDENTIALITY STATEMENT

HealthEast has an interest in protecting its confidential information. Included in this interest, is the recognition that all patients/residents and staff of a HealthEast facility have a right to privacy. HealthEast has developed several policies that pertain to the handling of confidential information. Each employee, physician, volunteer or agent with HealthEast has a duty to ensure that all patient and business information, as well as all HealthEast resources, are handled appropriately. Intentional abuse or misuse of HealthEast information or resources will be grounds for disciplinary action and possible legal action.

“Confidential Information” for the purposes of this document, means any private or proprietary information relating directly to HealthEast’s business and that of HealthEast’s affiliated companies and subsidiaries, including, but not limited to:

- patient information
- user identification codes and passwords
- computer processing systems
- marketing plans and strategies

Disclosure of confidential information is prohibited unless expressly authorized by management. Employees, volunteers, agents and others associated with HealthEast (i.e., independent contractors) shall not use, sell, market or disclose confidential information to any third person, firm, corporation or association, unless required by law.

“HealthEast resources” include, but are not limited to: communications devices such as computers, telephones, fax machines, e-mail systems, Intranet and Internet access services; supplies; and other equipment belonging to HealthEast. Such resources should not be used beyond the scope of one’s duties.

I have read and I understand the intent of the HealthEast Confidentiality Statement. I am aware there are specific information privacy (106-35) and information security policies (106.18) available to me and it is my responsibility to read and comply with them. I further understand that failure to safeguard confidential information, intentional abuse or misuse of HealthEast resources will be grounds for disciplinary action.

__________________________________________  ______________________________________
Print Name                                              Department/Service/Clinic and Location

__________________________________________  ______________________________________
Signature                                               Date

HR7094-C        Original – Human Resources     Copy – Employee     Copy - Manager
ATTACHMENT B

Patient/Family Contact Form

Patient Name: _______________________________________________________

Date of Birth: _______________     Phone #: ____________________________

Address: ____________________________________________________________

City: ______________________ State: _______ Zip: ______________

To assist HealthEast in determining persons involved in my care, I request that HealthEast provide health information or payment information about me to the following persons if I am unavailable or unable to communicate. Other persons not listed on this form may become involved in my care in the future. HealthEast may disclose information to those persons to the extent relevant to their involvement in my care without the need for this form to be updated. HealthEast Care System may act on this information until I revoke or amend this authorization in writing.

NOTE: This authorization does not include access to or copies of the patient’s medical record. A separate release of information authorization must be completed by the patient.

NOTE: In the event this person is to be involved in healthcare decisions for this patient, the person must be appointed by the patient as a healthcare agent through a healthcare directive or other legal appointment.

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HealthEast Care System will make a reasonable effort to provide only the necessary information for the person(s) to remain informed about the patient’s health information.

Patient Signature: __________________________________________

Date: _________________________________