

## **Vision 1<sup>st</sup>**

### **Policy/Procedure: Patient Confidentiality and Acknowledgment**

#### ***POLICY***

Each patient has a right to confidentiality of medical, financial and personal information from any source and in any form, including paper records, oral communications, audio/video recordings, and electronic data. Authorized users, including employees, medical staff, students, and volunteers, shall respect and preserve the privacy of this information.

#### ***PROCEDURE***

1. All employee, student, and volunteer users are personally accountable for their actions, on and off duty, and must exercise discretion when dealing with confidential patient information. Users will only access patient information that is within the scope of their duties. The Patient Confidentiality Acknowledgment Form will be signed prior to commencing duties to confirm understanding of this responsibility. Breach of a patient's confidentiality may result in termination of employment, and may also subject the individual to personal, civil, and/or criminal liability.
2. Only individuals with a legitimate "need to know" may access, use or disclose patient information. This includes all activities related to treatment, payment and health care operations on behalf of the Practice. Each individual may only access, use or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided to him or her.
3. Confidential patient information will be released only upon written authorization, in the course of care planning or in response to a valid court order or subpoena. If the patient is a minor or legally incompetent, the signature of the parent or legal guardian shall be obtained in place of or in addition to that of the patient. The practice will undertake reasonable efforts to provide alternative methods of confidential information upon patient request.
4. All patient information, including highly confidential patient information such as records of mental health, drug/alcohol abuse, sexual or physical abuse, HIV/AIDS or other sexually transmitted diseases, may only be disclosed on a need-to-know basis in accordance with established legal guidelines and in compliance with internal facility "Release of Information" policies. The identity or even acknowledgment of a patient's participation in these programs shall not be revealed in person or to telephone callers. Specific written authorization by the patient or their legal representative is required for any release of information with the following exceptions:

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- a. mandatory reporting of child or dependent adult abuse
  - b. reportable assault or domestic abuse
5. Any printed material that reveals a patient's identity will not be posted in public places.
6. Access to the electronic medical record will be based upon a user code as predetermined by the system's security levels. Users will not disclose their own user code or password, or use another person's user code or password.
7. The Practice will not directly or indirectly receive payment or any form of remuneration in exchange for any PHI unless the Practice obtains a valid authorization that includes a specification of whether the PHI can be further exchanged for payment or remuneration by the entity receiving the PHI of the individual. The prohibition against selling PHI will not apply if the purpose of the exchange is for:
- a. public health activities.
  - b. research, but only if the price charged reflects the costs of preparation and transmittal of the data for such purpose.
  - c. treatment of the individual, subject to any regulation that the Secretary of the Department of Health and Human Services (the "Secretary") may promulgate to prevent PHI from inappropriate access, use, or disclosure.
  - d. health care operations associated with the sale, transfer, merger or consolidation of all or part of the Practice.
  - e. remuneration provided by the Practice to a Business Associate pursuant to a legitimate Business Associate services contract or arrangement.
  - f. providing an individual with a copy of his/her medical record; and
  - g. any other purpose approved by the Secretary.