

BAPTIST HOSPITALS OF SOUTHEAST TEXAS	
Policy Manual:	Administration
Policy Number:	ADM.03.01.0002
Original Date:	January 2003
Review Date:	01/03, 05/13, 05/15, 08/18,7/21,6/24
Reviewed By:	Chief Financial Officer
Revision Date:	05/13
This Policy Supersedes:	01/03
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SUBJECT: HIPAA: CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

POLICY STATEMENT

As a Health Care Organization, Baptist Hospitals of Southeast Texas (BHSET) has special concern for confidentiality in the work place. Safeguarding patients' health information is not only a legal requirement but also an important ethical obligation. In the pages that follow, we provide a copy of BHSET's policy on the confidentiality of patient information. BHSET's, Directors and Managers are responsible for educating their staff about these policies. The need for adherence to this policy should be continually reinforced. Violation of these policies may be grounds for corrective action, up to and including termination of employment or other business affiliation.

The purpose of this policy is to protect the patient, the clinical team, and Baptist Hospitals of Southeast Texas from inappropriate dissemination of information regarding care of the individual and collective patients. This policy applies to all medical and allied health staff, employees, agency staff, independent contractors, vendors, volunteers, and students and refers to all information resources, whether verbal, printed, or electronic, and whether individually controlled, shared, stand alone or networked.

PROCESS

1. It shall be the policy of Baptist Hospitals of Southeast Texas that all information regarding care of the individual patient be maintained as confidential information. Patient care information is property of Baptist Hospitals of Southeast Texas.
2. We recognize that there will be situations in which the patient's need for privacy will conflict with the health care team members' "need to know". In those situations, we seek to balance the conflicting needs, protecting the patient's right to privacy, without compromising our ability to provide safe and effective medical care. We do this by:
 - 2.1 Placing only information that is essential to the Clinical practice in the medical record.
 - 2.2 Documenting information objectively and sensitively.
 - 2.3 Restricting access to the medical record based on a "need to know " basis, narrowly defined in terms of who needs to know what, when and for how long.
 - 2.4 Managing access to the medical record through real-time controls and retrospectively auditing in order to safeguard the information that it contains.

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Definitions:

1. Clinical Staff: Attending, courtesy, honorary, and visiting physicians, house officers and fellows, special purpose trainee staff members, nurses and Allied health Professionals having practice privileges for the diagnosis and treatment of patients at Baptist Hospitals of Southeast Texas.
2. Confidential Information: All of the following are considered confidential:
 - 2.1 Patient information collected by Baptist Hospitals of Southeast Texas (e.g. transferred medical records, correspondence, telephone calls, etc.); or
 - 2.2 Patient information generated by Baptist Hospitals of Southeast Texas; or
 - 2.3 Information entrusted by the patient to an employee, trainee, student, volunteer or member of the clinical staff; or
 - 2.4 Any knowledge the employee, trainee, student, volunteer or clinical staff member has regarding the patient.
3. Employee: Anyone providing service at the direction of Baptist Hospitals of Southeast Texas and who is compensated through the Baptist Hospitals of Southeast Texas Payroll System for their services.
4. Independent Contractor or Agency Staff: Anyone providing services at the request of Baptist Hospitals of Southeast Texas and being compensated by means other than the BHSET Payroll System.
5. Inappropriate Dissemination: Seeking access to and/or disclosing confidential information, regardless of intent, in verbal, written or electronic form:
 - 5.1 To individuals not involved in the care and treatment of Baptist Hospitals of Southeast Texas patients; or
 - 5.2 To individuals who are involved with or know the patient but have no need to Know the information; or

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- 5.3 In a setting where the information could be overheard by individuals who have no need to know (e.g. in elevators, lobbies, waiting rooms, hallways, dining rooms, etc.); or
- 5.4 In a setting where information can be read or transferred from an unattended Computer monitor; or
- 5.5 Through sharing another person's electronic password.
6. Need to Know: Necessary to fulfill the mission or charge of Baptist Hospitals of Southeast Texas and its clinical staff, employees, trainees, students, volunteers or vendors to provide quality patient care, education and research.
7. Trainee: Any individual, directly or indirectly, in the provision of patient care, one Aspect of which is to further that individual's knowledge. Includes nursing students and other health care professional students. A trainee may or may not receive financial compensation from Baptist Hospitals of Southeast Texas.
8. Vendor: Any individual or organization that sells or otherwise provides a good or service To Baptist Hospitals of Southeast Texas.
9. Volunteer: Any individual providing a service to Baptist Hospitals of Southeast Texas who receives no financial compensation from Baptist Hospitals of Southeast Texas for that service.

Responsibility

Responsibility for the content and administration of this policy resides with the BHSET's Corporate Compliance Committee.

Patient Health Information

1. All Baptist Hospitals of Southeast Texas' staff has a responsibility to recognize the special relationship of trust between our patients and us and must safeguard all health information and/or personal information about patients.

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2. BHSET's staff may use or disclose health information only as necessary in the delivery of patient care, for authorized administrative purposes and in formally approved research. Health information may also be disclosed if authorized by the patient or when required by law.
3. Health information is considered to be any patient-specific information gathered as part Of the patient care process including, but not limited to encounter descriptions, referrals, financial and/or billing information, personal demographics, diagnoses, results of ancillary services, treatment and appointment information. This policy does not cover aggregated data.
4. Staff should be sensitive to the fact that fellow employees often obtain their health care at Baptist Hospitals of Southeast Texas. It is never appropriate for employees to reveal information, including incidental observations, about fellow employees receiving care at Baptist Hospitals of Southeast Texas.
5. Staff may not gain access to information concerning patients, including both medical and Registration information, except for legitimate clinical and business purposes. Any uncertainty about what constitutes such purposes should be discussed with your immediate supervisor.
6. Patient health information must never be discussed in public areas.
7. Medical records, both paper and electronic, may not be released to anyone (including but not limited to employees, insurance companies, relatives or friends) without the written consent of the patient or when required by law or in certain emergency situations. The only exception is that clinical staff may release clinical information, including medical records when appropriate to facilitate the care of patients. All release of medical records must be handled by the Medical Record Department.
8. Medical records (including all documents containing health information about an identifiable patient) may only be disposed of by Baptist Hospitals of Southeast Texas' approved methods. Directors must assure that appropriate means of disposal are reasonably available.
9. Clinical Staff, Employees, Independent Contractors, Agency Staff, Trainees, Volunteers and Vendors who are patients of Baptist Hospitals of Southeast Texas must follow standard procedures to obtain or view their own medical records.

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10. Staff may not attempt in any way to alter information in any medical record, except in Accordance with Baptist Hospitals of Southeast Texas' policy. (A copy of the record prior to alteration must always be retained.)

Medical Record Access and Release of Information

1. Access to a patient's medical record must be treated with utmost respect and confidentiality.
2. Staff with access to the automated medical record will be trained in the standards and behaviors incumbent with this privilege. Responsibility for monitoring and enforcing these policies rests with the facility/area/department director and the IT Department.
3. Access to the general medical record is obtained via a coded password that uniquely identifies the user. Passwords may not be disclosed or shared.
4. Access to mental health records is limited to mental health clinicians and selected staff. Primary care clinicians may contact the treating mental health clinician to obtain information necessary for the design of a medical treatment plan for the patient. Mental Health patients are informed of Baptist Hospitals of Southeast Texas' mental health documentation and access policies upon their first visit.
5. Patient information should be released only to the patient, unless otherwise authorized by The patient or required by law. This includes medical records, both paper and electronic, appointment information and test results. In addition:
 - 5.1 Patient information cannot be released to a patient's spouse or other family member without the patient's consent.
 - 5.2 Patient information regarding an emancipated minor cannot be released without the patient's consent.
 - 5.3 If the patient is a minor, patient information cannot be released without the consent of the parent or the patient's legal guardian.
 - 5.4 There are conditions when clinical or appointment information on an adolescent

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cannot be released to the parent or legal guardian without the patient's consent. State regulations should be followed in these cases.

- 5.5 Detailed clinical information should not be left on an answering machine or voice mail. All requests for release of medical information to persons/institutions/agencies outside of Baptist Hospitals of Southeast Texas should be referred to the Medical Record Department.

Regarding Protected Health Information

1. Baptist Hospitals of Southeast Texas' staffs are obligated to make sure that protected health information is not disclosed inappropriately or negligently. In order to do this we must take appropriate precautions to safeguard this information.
2. Do not allow protected health information on terminals to be visible to patients or visitors.
3. Keep patient charts and encounter forms face down. Never leave them out where others can see them.
3. Use confidential/approved trash bins when disposing of protected health information. Any documents with a patient's name, insurance data or medical record number and demographic information are considered protected health information.
4. Speak softly over the phone and try to avoid excessive use of the patient's name.
5. Do not discuss patient information with anyone in a social conversation.
6. Make a habit of speaking to patients in private areas and in a quiet voice.
7. Do not discuss the reason for a patient's visit in the waiting area or in front of others.
8. Anticipate patient privacy needs when giving out test results or other protected health care information. For example, in registration areas or over the telephone to physicians when these conversations could be overheard by others.

Regarding Appointments

1. A patient's presence in a Baptist Hospitals of Southeast Texas facility is itself a piece of

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confidential information.

2. Unless you are absolutely certain that you have the patient's permission to do so, never reveal to a third party that a patient is/has been, or will be present at a Baptist Hospitals of Southeast Texas facility.
3. Third parties can include spouses, employers, friends or strangers. Inquires can occur by telephone or in person.
4. Never leave a detailed message with a third party when calling to confirm an appointment or to pre-register a patient. If the patient is not available, leave a generic message.

Confidentiality Safeguards

1. Each employee is required to read and sign the Baptist Hospitals of Southeast Texas Confidentiality Policy at his or her initial orientation. (Attachment 'A')
2. Passwords are strictly confidential. Employees, agency staff, volunteers, trainees and Clinical staff may not divulge their passwords to anyone.
3. All staff are obligated to notify their immediate supervisors in the event that any of these Policies are violated.
4. Electronic medical records keep an "Audit Trail". Periodic random audits will be Performed in order to meet compliance requirements.
5. Paper medical records should be kept in a safe environment. Paper medical records must be kept secure at all times and not in public view or available anyone who does have a "need to know".

Requests for Protected Health Information

1. Only the Medical Record Department in accordance with Release of Information policies and procedures may release medical records.
2. There are many Baptist Hospitals of Southeast Teas policies and state and federal statutes Involved in the release of protected health information. The most important is that a signed authorization from the patient is usually necessary to release information. The

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release form is placed in the patient's hard chart to be kept on file for the life of the record.

3. Any patient requesting release of their protected health information must do so in Accordance with Policy in Section 4 of this Manual.
4. Processing time is set by State regulations.

Protected Health Information System Audit and Monitoring

1. The automated clinical and registration systems track the activity of each user on the System and can generate audit reports to detail this activity. Each user's inquiry into a medical record system is dated and recorded.
2. At any time, patients may ask that we conduct an audit to determine who has accessed their medical record. Patients should be directed to Medical Records to initiate an audit.
3. Any questionable access flagged will be referred to the Corporate Compliance Office.