



St. Nicholas Hospital

Division	<u>Hospital Administration</u>
Area	<u>General Hospital</u>
Subject	<u>Confidentiality</u>
Policy #	<u>HA-Co.13 (was HA-49)</u>
Date	<u>January 2006</u>

(FOR PATIENT CARE SERVICES USE ONLY)

Physician Order Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies to HH & H	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performed by:		

SUBJECT: Confidentiality

Supersedes:
Policy #/Name HA-49 Confidentiality

Of (Date): May 1992 **Effective Date:** January 2006

POLICY

Workforce and volunteers are responsible to maintain and protect the confidentiality of information relating to members of the workforce, physicians, volunteers and patients.

PURPOSE

1. To comply with applicable laws and other federal and state requirements.
2. To respect the workforce, physician, volunteer and patient's right to privacy.

DEFINITION

Workforce: Employees, contract staff, and students.

SPECIAL INSTRUCTIONS

1. All members of the workforce and volunteers must hold information concerning the identity, condition, care, or treatment of patients in strict confidence. This obligation of confidentiality must be carefully fulfilled, not only regarding the information on the patients' charts and records, but also regarding confidential matters learned in the exercise of job duties. Under no circumstances will this information be discussed with



St. Nicholas Hospital

Subject
Policy #
Date

Confidentiality
HA-Co.13 (was HA-49)
January 2006

anyone – even the patient’s family or friends, except in accordance with Hospital directives.

2. Patient information may not be accessed unless such information is required to perform job duties. Information may not be discussed with others unless they need that information to do their job.
3. Confidential patient information is not to be given over the telephone unless the caller is authorized to receive it. Even acknowledging the presence of a patient’s admission to the facility may be a breach of confidentiality if the patient has requested such information restricted from the facility directory.
4. The medical record shall be accessible only to those directly involved in the care of the patient, unless access is otherwise allowed by statutory exception. Requests received from outside sources for copies of medical records are to be forwarded to the Medical Records Department.
5. Discussions involving confidential information must occur in appropriate areas to maintain confidentiality. Elevators, cafeteria, and hallways are inappropriate areas for these discussions.
6. Confidential patient health information is released only with the patient’s written authorization unless disclosure is otherwise allowed by state and federal regulations.
7. Charts, records, and information in computer systems must be safeguarded against access by those who have no right to see them. Computer systems cannot be used to access information that is not essential to perform job duties. An authorized user of the Hospital’s information system has an obligation to guard their password to prevent unauthorized access to the system.
8. Removal of any documents containing patient information from the premises is prohibited unless part of the job duties.
9. All members of the workforce and volunteers also have a right to confidentiality and privacy. Information such as medical conditions, performance, telephone numbers, etc. can only be shared on a need-to-know basis as part of their job duties. Department Operation Alert Call Trees are considered confidential and should not be released to anyone not having a need to know.
10. All members of the workforce and volunteers are held responsible for any information shared. Any breach of confidentiality is subject to corrective action, up to and including termination. In addition, both state and federal laws protect confidential information. These laws carry penalties of fines and/or imprisonment for violations. Both the Hospital and the person involved may be liable in cases where patient confidentiality is violated.



St. Nicholas Hospital

Subject
Policy #
Date

Confidentiality
HA-Co.13 (was HA-49)
January 2006

11. Tampering with incoming or outgoing Hospital mail, mail which has been placed in the Hospital mail boxes, or any communication marked "Confidential" is prohibited. Mail of a confidential nature is to be opened only by the addressee or authorized designee.
12. Employees must acknowledge and agree that any and all access and use of confidential information may be monitored by St. Nicholas Hospital. Breaches of confidentiality shall be reported to and investigated by the Privacy Officer, immediate supervisor, or Administrative Director of Human Resources in accordance with the corrective action policy.
 - a. If a supervisor/director concludes after investigation a breach has occurred by an employee, the progressive discipline process will be followed (see Policy PD-I.56 Corrective Action). The scope and severity of the breach will assist in determining what level of progressive discipline step is utilized up to and including termination of employment.
 - b. Discovery by a co-worker
 1. The individual who observes or is aware of a breach of confidentiality shall report it to his/her immediate supervisor, Administrative Director of Human Resources, or Privacy Officer.
 2. Failure to report a breach of confidentiality will result in corrective action.
 3. Reporting of a breach of confidentiality in bad faith or for malicious reasons will result in corrective action.
 - c. Breaches by non-workforce will be reported to the Privacy Officer for appropriate followup.

ATTACHMENTS

St. Nicholas Hospital Confidentiality Agreement - Workforce

REFERENCES (As applicable)

45CFR 164.502 – 164.534
Wisconsin Statute Chapter 146.81 – 146.84
JCAHO CAMH IM.2.10 & RI.2.130



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Administrative Approval:

Mary Brasseaux

(Signature)

Executive Vice

President/Administrator

(Title)

Medical Director/Chair
Approval (if applicable):

(Signature)

(Title)

Proposed by:

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Privacy Officer

(Title)

Concurrences:

Chris Jensema

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Administrative Director,
Human Resources

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(Signature)

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