
**REASONABLE SAFEGUARDS FOR
PRIVACY AND CONFIDENTIALITY OF PATIENT HEALTH INFORMATION**

I. PURPOSE

Clarian Health Partners maintains information on all patients in various mediums. Patients have the right to expect their health will be kept private and confidential. Clarian is permitted to use and disclose patient health information with certain limits and protections for treatment, payment, and health care operations. Reasonable steps shall be taken to safeguard patient identifiable health information with the use of administrative techniques, policies, procedures, education and disciplinary action against those who use individual health information improperly.

II. SCOPE

This policy includes not only the documented medical and financial information of patients, but also any patient information an employee or member of Clarian's workforce sees, hears, or otherwise learns in performing regular daily work while on Clarian premises. Electronic patient information is included. This policy applies to all members of Clarian's workforce, including staff, physicians, students, volunteers, and business associates who have access to patient health information.

III. DEFINITIONS

Confidential information - includes patient demographic information, information regarding the nature and extent of the patient's injury, illness or condition, symptoms, diagnosis and treatment, the service to which the patient is hospitalized, and any other information that documents communication between the patient and the practitioner. The patient has the right to expect the records pertaining to his or her care shall be treated as confidential and Clarian has the obligation to safeguard these records against unauthorized disclosure.

IV. POLICY STATEMENTS

- A. Clarian Health Partners shall have in place appropriate administrative, technical, and physical safeguards in each department and entity of the organization to protect individual health information against uses and disclosures not permitted by the HIPAA Privacy and Security rules, as well as those that limit incidental uses and disclosures.

- B. All Clarian departments and units shall assess and evaluate on an annual basis the needs and circumstances related to protecting individual health information, such as the nature of the protected health information it has and their potential risks to patients' privacy. The assessments, analyses, and recommendations for improvements shall consider the potential effects on patient care and the financial, administrative, operational, and technical burden of implementing specific safeguards in lieu of other compensating safeguards.
- C. Reasonable safeguards shall include Minimum Necessary policies and procedures that limit how much protected health information is used, disclosed, and reported for various purposes. The Minimum Necessary policies and procedures shall be used to determine who within the area has or should have access to protected health information and under what conditions based upon their responsibilities, circumstances, and the nature of the business. First and foremost, patient safety shall be considered in this evaluation.
- D. The protection of patient confidentiality shall be an important part of Clarian's quality health care, health information management, patient billing initiatives, and Clarian's Code of Conduct guidelines.
- E. Clarian recognizes that many customary health care communications and practices play an important or even essential role in ensuring that individuals receive prompt and effective health care. Due to the nature of these communications and practices, as well as the various environments in which individuals receive health care or other services from Clarian, the potential exists for an individual's health information to be disclosed incidentally. As long as such incidental disclosures are a part of the reasonable safeguards implemented under this and related policies and procedures, including Minimum Necessary standards, such disclosures shall not be considered a violation of the HIPAA Privacy Rule. However, Clarian shall take precautions to ensure that incidental disclosures do not have a harmful effect on the care and privacy of the patient. To the extent practical, any harmful effect that is known or becomes known caused by a member of Clarian's workforce, volunteer, or contractor shall be reviewed to determine appropriate measures to reduce the harmful effects, reverse the harmful effect, or otherwise correct the effect and possibility of future events occurring.

V. PROCEDURES

A. Confidentiality Requirements

- 1. All individuals engaged in the collection, handling, or dissemination of patient medical information shall be specifically informed of their responsibility to protect the confidentiality of the medical record and the penalties for violation of this trust. At the time of employment, all Clarian Health employees shall sign a commitment of confidentiality. Penalties for proven violation of the confidentiality of patient information shall include immediate disciplinary action up to and including termination.

2. The collection and discussion of patient data, whether by interview, observation, or review of documents, shall be conducted in a setting to the extent practical and possible, that provides appropriate privacy and protection of the information from unauthorized individuals. Discussions regarding individual patients shall also be conducted in settings which protect confidentiality, to the extent practical and possible.
3. All service organizations which process patient identifiable health information for Clarian Health (e.g., medical record photocopy services, transcription vendors, etc.) shall agree in writing to conditions which mandate the security of patient information and specify the method by which the information is handled and transported.

B. Medical Records

1. All medical records, including hospital records, clinic records, physician records, and facsimiles of the records, shall be housed in secure areas and subject to stated policies of confidentiality of patient health information. Access to areas housing records shall be limited to authorized personnel. Computer-stored information shall be protected by issuance of user identification codes and passwords.
2. Direct access to patient medical records for routine business functions shall not be permitted except to treating physicians and Clarian employees who display the proper identification, have a “need to know” to perform their job duties, and have been instructed on policies of confidentiality, including penalties arising from privacy violations as specified above. The release of the medical record is limited to individuals on a “need to know basis” for the following purposes only:
 - a. To complete permanent documentation of the course of the patient’s illness and medical treatment;
 - b. To facilitate communication between physicians and other professionals contributing to the patient’s care;
 - c. To provide continuity of patient care for subsequent providers of patient care.
 - d. To provide a basis for review, study, and evaluation of the patient care and billing processes for Peer Review, Quality Management, Risk Management, Corporate Compliance, and Internal Audit purposes;
 - e. To provide clinical data for approved research, study, and education, and

- f. For legitimate business purposes, such as provision of:
 - i. Statistical data for Clarian Health administrative decision making and planning;
 - ii. Data to third parties concerned with the patient's treatment, including insurance companies, governmental and regulatory agencies, and others as specified by law (e.g., communicable diseases, coroner's cases, burns, cancer registry reporting, etc.);
 - iii. Documentation for billing and insurance claims processing;
 - iv. Appropriate access to medical records and data as required for licensing and accreditation purposes.

C. Activities at Nursing Stations and in Clinical Units

- 1. The following practices are permissible under the Privacy Rule and Clarian policy if reasonable precautions are taken to minimize the chance of incidental disclosures to others who may be nearby:
 - a. Health care staff may orally coordinate services at hospital nursing stations.
 - b. Nurses or other health care professionals may discuss a patient's condition over the phone with the patient, a provider, a representative of the provider, or a family member that has been reasonably verified unless otherwise requested not to by the patient.
 - c. A health care professional may discuss lab test results and other diagnostic or treatment plan information with a patient or other provider in a joint treatment area.
 - d. A physician may discuss a patients' condition or treatment regimen in the patient's semi-private room.
 - e. Health care professionals may discuss a patient's condition during training rounds.
- 2. In these circumstances, reasonable precautions may include the following in addition to a general awareness of the use and disclosure of individual health information at nursing stations and other similar locations:
 - a. Using lowered voices or talking apart from others when sharing protected health information.
 - b. Proper telephone etiquette and confidentiality awareness when using telephones, cell phones, pagers, or voice message systems.

- c. Supervising and limiting access to areas where patient health information is openly discussed and escorting non-employees while in the area.
 - d. Placing patient charts in their holders with identifying information facing the wall or otherwise covered versus having it easily visible and readable.
 - e. Turning computer monitor screens away from public viewing areas or blocking the view of screen information as much as possible while in use.
 - f. Adequately verifying the identity of patients and/or family members if the person is unknown or calling by phone.
3. In an emergency situation, in a loud clinical area, or where a patient is hearing impaired, such reasonable precautions may not be practical. Caregivers are free to engage in communications as required for quick, effective, and high quality health care.

D. Clinical Whiteboards

1. The use of clinical whiteboards or other patient care signs is at the discretion of individual department and clinical directors and managers. The HIPAA Privacy Rule and Clarian policy does not prohibit departments and clinics from using a whiteboard, however, reasonable safeguards must be implemented to protect an individual's privacy as much as possible. Each department and or clinic shall evaluate how much information is needed on whiteboards for efficient health care operations and to maintain patient safety. Departments and clinics shall reasonably restrict how much information is used and disclosed as well as who within the entity has access to the information on a whiteboard. In addition, each department and clinic shall evaluate what measures make sense in their environment and tailor their practices and safeguards to their particular circumstances.
2. Reasonable safeguards for clinical areas using whiteboards include, but are not limited to:
 - a. Locating whiteboards in non-public viewing areas or areas not in the main flow of public traffic.
 - b. Limiting information to patient last name, room number, and physician name, if necessary.
 - c. Including no diagnostic or procedural information unless the Director of the area believes such information is critical for ensuring patient safety based upon volume or complexity of the activity in the area.

- d. If diagnostic or procedural information is deemed necessary, limiting such information to abbreviations and ensuring the legend for the abbreviations are maintained in an area away from the whiteboard itself.
3. No patient identifiable information shall be displayed on a whiteboard for any patient requesting non-disclosure status or requesting their name not be identified on a whiteboard.

E. Voice Mail Messaging

1. Reasonable safeguards shall be taken to limit the amount of information disclosed on an answering machine or provided to individuals who answer the phone in the patient's absence at the telephone number provided by the patient. Consider leaving only your name, telephone number, hospital name, and a brief message to have the patient call you back. If the call is for a minor message such as confirming or setting an appointment, the message may be stated as such. Discretion, however, shall be used for information anything more than confirming or setting appointments, such as relaying lab results or providing pre-operative care instructions, by determining that such disclosures are in the best interest of the patient and limiting the information disclosed.
2. When practical, determine in advance if it is acceptable to the patient to leave messages on answering machines or with other individuals in the household upon their absence. Note such acceptance in the patient's medical chart.

F. Lobbies and Family Waiting Areas

1. Sign-in sheets prior to treatment shall not display or request medical information not necessary for the purpose of signing in. Personnel shall make every effort to place a cover over the sign-in sheet after each sign-in or otherwise block out the name of each person called for treatment so that the next patient signing in has limited knowledge of prior patients in the area.
2. Directors and managers of each individual clinic shall determine the appropriate procedure for calling patient's names for treatment based upon volume of activity and waiting room layout for the area.
3. Utilize consultation rooms, if available, or otherwise use a lowered voice or talk apart from others when sharing protected health information.

VI. EXCEPTIONS

Exceptions to this policy may be granted upon the approval of Clarian's Privacy Officer and/or Director of Corporate Compliance and HIPAA.

VII. CROSS REFERENCE

- HIPAA Policy No. 0.20 (Business Associates)
- HIPAA Policy No. 2.14 (Verification of Individuals Requesting Use and Disclosure of PHI)
- HIPAA Policy No. 3.10 (Minimum Necessary Standard)

VIII. RESPONSIBILITY

Privacy Officer
Director, Corporate Compliance and HIPAA

IX. APPROVAL BODY

Administration
Privacy Officer
Director, Corporate Compliance and HIPAA
Clarian Medical Staff

X. APPROVAL SIGNATURES

David Handel, Executive Vice President & COO

Date

Valita Fedland, Esq., Privacy Officer

Date

Gary Kreigh, Director, Corporate Compliance & HIPAA

Date

William A. Engle, MD, President, Clarian Medical Staff

Date

XI. DATES

Approval Date: March 2004
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