

Children's Hospital and Health System Administrative Policy and Procedure

SUBJECT: Privacy - Confidentiality, Patient Information

POLICY

Patients have certain rights and protections against the misuse or disclosure of their health records. All patients/families will receive a Notice of Privacy Practices that informs individuals of their rights and of Children's Hospital and Health System's (CHHS) legal duties with respect to protected health information.

CHHS will comply with all regulatory standards regarding confidentiality of patient information, whether written, verbal, or electronic. CHHS will implement reasonable administrative, physical, and technical safeguards to protect protected health information. All employees, physicians, credentialed allied health staff, and students are ethically and legally bound to protect patient healthcare information, and other information about the patient under all state and federal laws. (Wis.Stats. Section 146.81-.84 Confidentiality and Access to Patient Health Care Records and Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

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A. DEFINITIONS (per HIPAA Privacy Rule):

Confidentiality

Protection given to health records and other patient information to guard personal, private information about patients and their care.

Disclosure

The release, transfer, provision of access to, or divulging in any manner of information to persons or entities outside of the hospital.

Incidental Disclosures

A secondary use or disclosure that cannot be reasonably prevented, and that occurs as a by-product of an otherwise permitted use or disclosure.

Individual

The patient or the patient's legal representative.

Legal Representative

A parent, guardian or other person who has authority to act on behalf of a minor patient in making decisions related to health care, unless the minor patient can legally consent to health care services without the consent of an adult (See consent policy-pg. 7). For adult patients, Legal Representative means the legal guardian of an incompetent patient, the health care agent designated in an incapacitated patient's health care power of attorney, or the personal representative or spouse of a deceased patient. If no spouse survives a deceased patient, Legal Representative also means an adult member of the deceased patient's immediate family.

Physicians

Members of the Medical Staff, Residents and Fellows authorized to provide care to CHHS patients.

Workforce

Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for any CHHS affiliate, is under the direct control of a CHHS affiliate, whether or not they are paid by a CHHS affiliate.

Protected Health Information (PHI)

Any information, whether oral, written, electronic, magnetic, or recorded in any form, that:

1. Is created or received by any CHHS affiliate as a health care provider
2. Relates to an individual's past, present, or future;
 - a) Physical or mental health condition
 - b) Health care treatment
 - c) Payment for health care services, and
3. That either clearly identifies an individual (i.e. name, social security number or medical record number) or can be used to find out the person's identity (address, telephone number, birth date, e-mail address, and names of relatives or employer).

Business Associate

A business associate is a person, who on behalf of any CHHS affiliate performs or assists in the performance of:

1. A function or activity involving the use or disclosure of PHI or
2. Provides, other than as a member of the Workforce, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for any CHHS affiliate.

B. General Expectations Related to Patient Confidentiality:

The confidentiality of information regarding treatment rendered to patients at Children's Hospital and Health System will be maintained at all times, and will not be discussed with any unauthorized person. Confidential information includes all health records, x-rays, lab reports, lab specimens, financial information or other patient related information available in any medium including, written, oral, and electronic format.

1. Workforce members, Physicians and Business Associates of CHHS may access only that information directly related to patients for whom they are providing care or services or for legitimate quality improvement or research activities (Refer to Administrative -Policy Minimum Necessary)
2. Workforce members, Physicians and Business Associates of CHHS will not in any way divulge, copy, print, download, release, review, alter or destroy any confidential information except as properly authorized by the individual, required by their job duties, or permitted by law.
3. Workforce members, Physicians and Business Associates of CHHS will exercise reasonable caution to prevent other patients, Workforce members, Physicians, vendors, Business Associates or visitors who do not require access to the information from seeing or overhearing confidential information.

C. Confidentiality Agreements (attached to this policy and procedure)

1. Each member of the Workforce will review and sign a Confidentiality Agreement before or on his/her first day of employment or work for CHHS or the hospital. Human Resources will provide the Confidentiality Agreement and facilitate getting it signed when employees attend "Welcome Monday". For any employee that does not attend "Welcome Monday" the applicable Human Resource Consultant will facilitate getting the confidentiality agreement signed during their one on one orientation.
2. Directors, Managers and Supervisors will review the Confidentiality Agreement with their employees during the annual evaluation process.
3. All Confidentiality Agreements for employees will be stored in the employee's personnel file.
4. Business Associates and vendors, such as pharmaceutical sales representatives or Medical device sales representatives, who are on site and are required to obtain a hospital security badge/pass will also be required to sign a Confidentiality Agreement. The sponsoring Department Director or Manager of the Business Associates will facilitate getting the Confidentiality Agreement signed. Those Confidentiality Agreements will be maintained by the Department Director or Manager.

5. Business Associates and other contracted vendors that are not on site, and/or are not required to wear a security badge, will generally not be required to sign a confidentiality agreement. Department Directors should require that the vendor sign a confidentiality agreement if the vendor will have access to PHI.
6. Individuals who come to the hospital to observe a procedure, tour a department, or conduct a site visit are also required to sign a Confidentiality Agreement through the department visited. Patient consent should be obtained for such individuals to be present for any procedure.
7. The Educational Services Department will retain all Confidentiality Agreements for students.
8. The Volunteer Services Department will retain all Confidentiality Agreements for volunteer staff.
9. The Department Director or Manager will retain all Confidentiality agreements for vendors.
10. The Director Corporate Compliance/Privacy Officer, Corporate Vice President-Human Resources or Corporate Vice President-General Counsel or their designees will have access to Confidentiality Agreements for investigation into confidentiality breaches or for audit purposes.

D. Guidelines for Protection of Health Information

1. Oral Communication:

- a) Any patient related communication should be restricted to employee work areas and away from halls, and other public areas. Full patient' names may be announced at registration or when calling for patients in waiting areas or clinics.
- b) Health information may be discussed with parents, legal guardians or a legally qualified representative in person or via telephone after the caller is identified. Other family members or visitors who request information will be referred to the parents.
- c) For telephone inquiries the staff member should ask for further identification of the caller. In addition, the caller must be able to identify the patient's name and date of birth as listed in the medical record.

2. Mail

- a) Tampering with incoming or outgoing hospital mail, or mail that has been placed in the distribution boxes is prohibited.
- b) All interdepartmental mail of a confidential nature is to be placed in a sealed interoffice envelope and labeled "Confidential", and is to be opened only by the addressee.
- c) All PHI transported by the Pneumatic Tube System, must include the recipient's name and Department.

3. E-Mail

- a) Individually Identifiable Health Information should not be typed in the non-secured "subject field" of e-mail.
- b) E-mail sent outside the CHS network containing confidential information will include the following footer:

"This message originates from Children's Hospital of Wisconsin, and may contain information that is privileged and confidential. It is intended only for the

use of the designated recipient. Any review, dissemination, distribution, or copying of this message by anyone other than the intended recipient is prohibited. All personal messages express views solely of the sender, are not to be attributed to Children's Hospital of Wisconsin, and may not be copied or distributed without this disclaimer. If you have received this message in error, please notify the sender and destroy the original message. Thank you."

4. Voicemail:

- a) Workforce members, Physicians and Business Associates should not leave diagnostic or treatment information on a patient's answering machine or voicemail without patient authorization. Appointment and/or scheduling information may be left on a patient's answering machine or voicemail unless Section b) below applies. These messages should not contain specific health information.
- b) Workforce members, Physicians and Business Associates will not leave voicemails or messages on a patient's answering machine or voicemail box that include information about treatment, condition, scheduling, appointment, or service for mental illness, alcohol or drug abuse, developmental disabilities, or HIV.

5. Overhead Hospital Paging System:

Overhead pages should be used only when necessary and may include patient and/or parent names but not other identifiable health information. (Parents should be asked to call a number for additional information, not told to return to a specific clinic or room.)

6. Census Boards:

White boards or census boards may, if necessary for patient care, be in public view and may contain patient's name, room number, and caregiver-information only.

7. Facsimile (FAX), Use of:

Patient information may be transmitted via facsimile when the original or mail delivered copies will not provide timely information.

E. Compliance with Policy and Procedure:

The CHHS "Privacy - Confidentiality, Patient Information" Policy & Procedure will be reviewed with employees during new hire orientation, and is reviewed through the core competency program at their annual performance review. Any person who intentionally violates CHHS policies and procedures governing the confidentiality and release of medical information will be subject to disciplinary action as outlined in the Human Resource policies.

F. Disposal Of Records And Other Items Containing Personal Information:

1. All paper in the hospital, office building and physician offices is considered confidential.
2. Do not re-use discarded paper for scratch paper or for children to draw on.
3. All paper must be placed in unlined containers designated and/or labeled for "paper" by the generator of the paper waste. All other trash needs to be placed into lined general waste cans. General waste containers have a clear plastic liner.
4. Environmental Services will empty all paper containers into locked or secured paper bins.

5. These locked or secured containers will be transported to storage until the Waste Contractor transports them to their facility for shredding and recycling.
6. Any non-paper items with personal identifiers need to be cut up, destroyed or otherwise modified to make personal identifiers unreadable.
 - a. Patient ID bands- cut up and place in general waste container
 - b. Addressograph plates – cut up and place in general waste container
 - c. Prescription bottles – black out or cross out with marker and place in general waste container
 - d. Formula or breast milk containers and plastic wrap used for food items – black out with marker and place in general waste container
 - e. Radiology films – store in secured storage area until pick up by contractor
 - f. Lab specimens – put in hazardous waste (red bags)
 - g. Intravenous bags or pump-syringes– black out or cross out with marker and place in general waste container

For more specific details see the Infection Control Manual, Waste Management, Chart for waste handling

G. Violations of Policy

1. Any Workforce members using information resources (computer systems, computer reports, medical records, etc.) owned or managed by CHHS are expected to know and comply with CHHS's published policies and procedures. Failure on the part of an individual to comply may result in disciplinary action up to and including discharge and/or legal sanctions when a violation occurs. It is the responsibility of all personnel to report any suspected or confirmed violations to the Director Corporate Compliance/Privacy Officer at (414) 266-2215 or using the Compliance Helpline at (414) 266-1773 or (877) 659-5200.
2. The following steps shall be taken to immediately to minimize any harmful effects:
 - a) Take action whenever possible to immediately suspend or eliminate inappropriate access to the confidential information by the individual(s) suspected of committing a privacy violation.
 - b) Report the violation to the immediate supervisor.
 - c) The supervisor will report the violation to the Director Corporate Compliance/Privacy Officer.
 - d) Complete an incident report detailing the activities witnessed. (Refer to Safety Policy & Procedure on Event and Incident Reporting).
3. A confidential report can be made at any time to the Director Corporate Compliance/Privacy Officer at (414) 266-2215 or using the Compliance Helpline at (414) 266-1773 or (877) 659-5200.
4. The Director Corporate Compliance/Privacy Officer will lead investigations of all suspected privacy violations, and will include, as appropriate, the and Corporate Vice President-General Counsel, the Director Information Technology Security/Risk Management and the Manager, Human Resources or their designees in investigations of suspected breaches of privacy.

5. Upon completion of an investigation, the Department Director, Director Corporate Compliance/Privacy Officer, Manager Human Resources, the Director Information Technology Security/Risk Management and the Corporate Vice President-General Counsel will assess the findings of the investigation and take the appropriate disciplinary action up to and including immediate termination, consistent with CHS's corporate policy.

6. Investigations of suspected or confirmed breaches of confidential information involving Physicians, Business Associates, volunteers, or students will be conducted by the Director Corporate Compliance/Privacy Officer, Corporate Vice President-General Counsel and Director Information Technology Security/Risk Management or their designees in coordination with the appropriate administrator(s) from the designated organization.

Approved by:

Peggy Troy, President & CEO
Children's Hospital and Health System
(signed copy on file)



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Confidentiality Statement Of Understanding (Employees)

I understand that information contained in medical or electronic records is the property of Children's Hospital and Health System, Inc. and that patients have the right to expect that health records will be managed confidentially. It is the responsibility of Children's Hospital and Health System to protect the confidentiality of such information. I agree to follow all CHHS policies and procedures regarding patient privacy and I understand that any violation of those policies could result in corrective action up to and including immediate dismissal, as well as federal, civil and/or criminal penalties.

1. I am responsible for protecting the confidentiality of patient information disclosed to me.
2. I will only access patient information that is necessary to do my job and I will not disclose information to other employees unless they need it to do their job.
3. I will refer all requests for copies of medical records to the Patient Health Information Department.
4. I will not discuss patient information in public places (for example, elevators or the cafeteria).
5. I will not disclose patient information outside CHHS unless I have the patient's written authorization or a business associate agreement with the outside party who needs the information to perform services on behalf of CHHS.
6. I will review CHHS privacy policies and consider how they impact my job. If I have a questions or concerns about patient privacy, I will contact the Privacy Officer at 266-1773.

Employee Name (Please Print):

Employee Signature:

Date:



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Confidentiality Statement of Understanding (Contractor/Temporary Personnel)

I understand that information contained in medical or electronic records are the property of Children's Hospital and Health System, Inc. and that patients have the right to expect that health records will be managed confidentially. Therefore, it is the responsibility of Children's Hospital and Health System to protect the confidentiality of such information. I agree to adhere to the following policies and I understand that any violation of these guidelines could result in immediate dismissal from the Children's Hospital and Health System assignment, as well as federal, civil and/or criminal penalties.

1. I am responsible for protecting the confidentiality of patient information disclosed to me.
2. I will only access patient information necessary to do my job and I will not disclose information to other employees unless they need it to do their job.
3. I will refer all requests for copies of medical records to the Patient Health Information Department.
4. I will not discuss patient information in public places (for example, elevators, or the cafeteria).
5. I will not disclose patient information outside CHHS unless I have a written authorization or a business associate agreement with the outside party who needs the information to perform services on behalf of CHHS.
6. I will review CHHS privacy policies and consider how they impact my job. If I have questions or concerns about patient privacy, I will contact the Privacy Officer at 266-1773.

Name (Please Print):

Signature:

Date: