SUBJECT: GENERAL CONFIDENTIALITY RULES FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

RATIONALE: To assure that protected health information is only used or disclosed as permitted or required.

SCOPE: All Departments

DEFINITIONS:

Covered Entity:
The definition of a covered entity is:
   I. A health plan
   II. A health care clearinghouse
   III. A health care provider who transmits information in electronic form in connection with a transaction (Craig Hospital is a covered entity)

Health Information:
Health information means any information, whether oral or recorded in any form or medium, that:
   I. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and,
   II. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Individually Identifiable Health Information:
Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and is:
I. Created or received by a health care provider, health plan, employer, or health care clearinghouse, and:

II. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

   a. That identifies the individual; or
   
   b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information (PHI):
Health Information that is individually identifiable and is transmitted or maintained in paper or electronic form

Incidental Uses and Disclosures:
Certain incidental uses and disclosures that occur as a by-product of another permissible or required use or disclosure of PHI are permitted as long as the hospital has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with respect to the primary use and disclosure.

Reasonable Safeguards:
The covered entity (Craig Hospital) must have in place appropriate administrative, technical, and physical safeguards that protect against uses and disclosures not permitted by the Privacy Rule, as well as that limit incidental uses and disclosures. Employees are responsible for taking reasonable and appropriate measures to protect the patient’s privacy.

POLICY:
It is the policy of Craig Hospital to protect a patient’s medical information and only allow permitted uses and disclosures of protected health information. Protected health information includes individually identifiable health information in any form including information that is transmitted orally (verbal), or in written/ computerized electronic form. Only staff with a legitimate “need to know” may access, use or disclose protected health information. This includes all uses and disclosures related to treatment, payment or health care operations on behalf of Craig Hospital. Staff may only access, use or disclose the minimum necessary information necessary to perform their job functions regardless of
PROCEDURE:

I. Staff acting on behalf of Craig Hospital must always use only the minimum amount of information necessary to accomplish the purpose of the use or disclosure. (See PR 03 Minimum Necessary)

II. Appropriate authorization and access will be monitored and enforced.

III. Staff is responsible for compliance with the privacy policies and procedures and signs Craig Hospital’s Confidentiality Agreement, PR02F upon hire.

IV. Appropriate discipline will be enforced for non-compliance with these privacy policies and procedures.

V. Employees may exercise their right to disclose PHI when the disclosure is to a health oversight agency, public health authority, or an attorney retained by the individual for the purposes of determining the individual's legal options with regard to the whistleblower activity and the individual believes in good faith that the conduct reported is unlawful or otherwise violates professional or clinical standards, or that the care, service, or conditions provided potentially endanger someone. There will be no retaliation against the employee in the form of disciplinary action, or loss of employment.

VI. Permitted Uses and Disclosures: Craig Hospital is permitted to use or disclose protected health information as follows:

A. To the patient and/or his designated personal representative.

B. For treatment, payment, or health care operations. (See definitions under PR 08)

C. Incidental use or disclosures.

D. In response to an authorization signed by the patient or designated representative.

E. Pursuant to other uses and disclosures authorized by the patient or required by law, and explained elsewhere in these privacy policies.

F. To a non-covered entity if a business associate agreement has been obtained, per policy PR 07 Business Associate Agreements.
Examples of Incidental Use and Disclosures:

A. A hospital inpatient in a shared room overhears two health care providers discuss the other patient’s care at his/her bedside.
B. Hospital staff and other patients hear a patient’s name when a patient is paged.
C. A hospital visitor may overhear a provider’s confidential conversation with another provider or a patient.
D. A hospital visitor sees the name of the patient on a folder containing the patient’s chart kept immediately outside of the patient’s exam room.
E. An non-clinical employee in a nurses’ station sees the names of patients on a whiteboard used to inform staff of which patients are in which rooms.
F. Displaying patient care signs (e.g., “high fall risk” or “diabetic diet”) at patient bedside or at the doors of hospital rooms.

Examples of Reasonable Safeguards for Incidental Uses and Disclosures:

A. Avoid discussing patient health information orally with another provider in proximity of others. Providers may reasonably safeguard the information by lowering his/her voice and avoid being heard.
B. Speak quietly when discussing a patient’s condition with family members in a waiting area or over the telephone if others are around to hear you.
C. Avoid using patient’s name and discussing patient information in public lobbies, hallways, elevators, cafeteria/bistro and other public areas, particularly when discussions involve highly confidential information, e.g., alcohol or drug abuse, abuse or neglect, domestic violence, communicable diseases, etc.
D. Healthcare staff may orally coordinate services at hospital nursing stations, but should avoid yelling down the hallway.

Permitted Uses and Disclosures for Notification to Those Identified or Involved in the Individuals Care:

A. When a patient is present and has the capacity to make his or her own decisions, hospital staff may disclose to the patient’s family, relatives, or friends, or to other person’s whom the patient identifies, the PHI directly relevant to that person’s
involvement in the patient’s care or payment for care, only if the staff member
1. Obtains the patient’s agreement to disclose to the parties above who are involved in their care;
2. Provides the patient with an opportunity to object to such disclosure and the patient does not express an objection; or
3. Reasonably infers from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosures. (Examples: a patient brings a spouse into the Clinic treatment room when protected health information (PHI) is being discussed; prior to the interdisciplinary patient/family team conference, the patient or minor’s parents notify the parties that they wish to have present at the conference)

B. When the patient does not have the capacity to make his or her own decisions or in an emergency situation, hospital staff may use professional judgment, determine if the disclosure is in the patient’s best interests and if so, disclose PHI that is directly relevant to the person’s involvement with the patient’s health care.

Uses and Disclosures when the Individual expires in the hospital:

A. If the patient expires at Craig Hospital, the hospital may disclose to a family member, or other persons who have been involved in the patient’s care or payment for health care prior to the death, any PHI of the patient that is relevant to such person’s involvement, unless doing so is inconsistent with any prior expressed preferences of the patient that is known to the hospital.