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Applicability WA - Providence
Northwest
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Region

Confidentiality of NWR Information

SCOPE:

All individuals and entities identified as follows:

1. All caregivers, providers, and/or agents of Providence Northwest Washington (NW), subsidiary, any affiliate, or public contractor. This policy shall apply to all providers and agents, regardless of whether or not the provider or agent has entered into a Business Associate Agreement with NW.
2. Any individuals or organizations acting as an agent of NW, whether paid or unpaid.
3. Any individuals who obtains access to NW information as the result of training, education, auditing, research, investigative, student or volunteer activities, regardless of where such activities take place.

PURPOSE:

1. To define standards for maintaining the confidentiality of all NW information, whether oral or recorded in any form or medium, related without limitation to patients, customer, member, providers, groups, physicians healthcare information, caregivers member records, and proprietary trade information.
2. To outline the NW procedures to implement Providence Health and Services (Providence) policy PROV-ICP-716 "Confidentiality" as found within PolicyStat.

DEFINITIONS:

Refer to the reference "[Privacy Policy Standards Glossary](#)" for definitions of standard terms used in this and other privacy related policies.

Confidential and/or proprietary information for purposes of this policy shall be any information, material, or data that Providence considers and treats as confidential, sensitive or proprietary, and is not in the public domain, including, without limitation:

- any medical information, also known as protected health information (as defined by HIPAA or other applicable federal or state law), or personally identifiable information held of an individual served by Providence;
- caregiver/personnel records and information;
- any privileged information from internal/external counsel;
- any board, board committee (at any level of the organization), or medical staff committee minutes, notes or actions;
- nonpublic financial, strategic or operational information; and
- trade-secrets or other confidential information or processes used by Providence in carrying out its activities.
- any information which Providence or one of its ministries has agreed to keep confidential in accordance with a duly executed confidentiality agreement.

POLICY:

- All NW caregivers, providers, and agents shall maintain the confidentiality of confidential and/or proprietary information whether oral or recorded in any form or medium in accordance with state and federal laws, accreditation, and regulatory requirements.
- All information which caregivers obtain concerning patients, any type of workforce member, and the business operations of NW is considered confidential unless it is information that is made available to the general public.
- No NW caregiver, providers, or agents shall disclose Providence information to any individual, organization or agency without proper authorization.
- No NW caregiver shall access or disclose the medical records and/or confidential information of other healthcare organizations except as appropriate to your job.
- All NW caregivers, providers and agents will sign a Confidentiality Agreement before receiving access to any NW confidential information.
- All NW caregivers, providers and agents will sign an Acceptable Use Agreement before obtaining and using the Providence network .

PROCEDURE:

1. General Standards

- a. Inappropriate handling of any confidential information is not acceptable. Confidential information of any kind is not to be shared with others except as needed to perform one's job responsibilities, or as authorized by a signed release of information. Disclosure or unauthorized use of confidential information is prohibited.
- b. Accessing information not specifically required in order to perform one's job duties, including patient records or information on any electronic system (Providence or

another health care provider's system that you access as part of your job), is unauthorized and constitutes a breach of confidentiality.

- c. Access to a patient's electronic medical record or other information related to a patient will be limited to caregivers who are providing direct care of any kind to the patient, or other authorized caregiver who need access to patient information to perform required job responsibilities.
- d. Paper copies of Medical Records generated by Providence will not be maintained in the hallway. Patient labels and forms/education material that will be reviewed at the time of discharge will be maintained in a patient folder within the patient's room or other secured location. Information that is brought in by the patient and will be returned to the patient will also be maintained in the folder until discharge.
- e. Caregivers who are patients of NW may access their own medical records directly. Employees have the right to access their NW patient medical records, but must follow all other appropriate Providence policies. See policy [Release of Information](#).
- f. All caregivers are responsible for safeguarding the confidentiality of the patient and the patient's health care information and records.
- g. Breach of confidentiality will be addressed through the caregivers disciplinary process (see NW policy Progressive Discipline/Constructive Counseling and will adhere to the guidelines established in Providence Health and Services policies as found in the [System Policy Manual](#) :
 - 1.
 - i. PROV-ICP-705 Corrective Actions and Sanctions for Integrity Violations
 - ii. PROV-PSEC-811 Corrective Actions for Privacy and Security Violations
- h. Discussion, transmission, or disclosure of protected health information (PHI) shall occur only for purpose of payment, treatment, health care operations, or as required or permitted by law. A reasonable effort will be made to limit the uses, disclosures, and requests for PHI to the minimum necessary to accomplish the purpose of the use, disclosure or request.
- i. Information concerning caregivers including home addresses, phone numbers and rates of pay should not be released to unauthorized persons.
- j. Discussion, transmission or disclosure of NW proprietary information shall occur only for purposes of legitimate business need.
- k. At no time shall a physician or other caregiver who has access to confidential information speak with the news media, or others outside of NW, without specific prior approval from NW administration. All encounters with the news media should be directed to the Marketing/Communications department. (See policy [Release of Information to the Media](#)).
- l. All caregivers are obligated to notify their manager, Human Resources, or NW Privacy Officer (filing an integrity line report through the intranet home page) in the event that these standards are violated.

2. Practical Ways to Protect Confidential Information

- a. Confidential information should be discussed only in the appropriate business setting. It should never be discussed in public areas such as elevators or the cafeteria.
- b. Areas such as nurse's stations, patient's bedsides, charting areas, report rooms, and the area immediately outside of the patient's room are not considered public areas. Hospital operations and patient care requires that patient discussions occur in these areas. Care must be taken to limit incidental disclosures in these areas. The Office of Civil Rights (OCR) has recommended the following safeguards be utilized with regard to PHI:
 - i. Close doors and pull curtains when delivering patient care.
 - ii. In semi-private areas, utilize curtains and speak in the softest voice feasible.
 - iii. Speak softly in nurse's station and outside patient rooms.
 - iv. Limit the amount of information kept at the bedside to the minimum necessary to accomplish the health care purpose.
 - v. Cover the patient name on information left at the bedside or turn the chart toward the wall or face down.
 - vi. Ask families if they would like to step to a more private area to talk with a health care professional before discussing patient information in the hall or waiting area.
 - vii. Keep whiteboards out of public view and/or limit the information on the board to the minimum amount of necessary information to accomplish the health care purpose. See next section for specific guidelines regarding whiteboards.
 - viii. Do not leave an area or office containing patient information unattended and/or unlocked.
 - ix. Speak as softly as possible when public areas must be used to discuss patient information with families.
 - x. Request overhead pages for family or patient only when absolutely necessary. Sign-in sheets and calling out a patient name in a lobby is acceptable when the name only is used.
 - xi. Keep computer screens turned from public view.
 - xii. If Wallaroos are used, keep them closed when not in use.

3. White Boards and Patient Locator boards

- a. Location may be in a semi-public area such as a unit hallway or by a HUC station.
- b. If a patient has "opted-out" of the facility directory "Privacy" will be used instead of the patient name
- c. An alias may be used for privacy patients but it is not required.
- d. Magnets or other devices may be placed on a whiteboard if they don't further identify or release information about the patient to the public.

4. **Leaving a telephone message on an answering machine or with a family member**

Privacy rules allow a hospital or clinic to leave message on an answering machine or with a family member to remind a patient of a pending appointment or to request a call-back. The privacy rules also require us to limit the amount of information disclosed.

- a. Information that you MAY leave:
 - i. your name
 - ii. a return phone number
 - iii. the date and time of an appointment
 - iv. the provider's name with professional credential such as doctor, nurse, social worker.
 - v. Providence or Providence Regional Medical Center Everett
- b. **NEVER LEAVE THE FOLLOWING INFORMATION:**
 - i. the results of a diagnostic test
 - ii. any clinical or treatment information
 - iii. the name of a specialty clinic
 - iv. the specialty of the provider
- c. In rare circumstances by **exception only** and with **approval by a manager**, you need **explicit written permission** from the patient to leave any of the information described in section 4 b on an answering machine or with a family member.

5. **Confidentiality Statements & HIPAA Training**

a. **NW caregivers**

- i. New caregivers will sign their [Employee Confidentiality and Nondisclosure Statement](#) as well as their [Acceptable Use Agreement](#) at new caregivers orientation. These statements are maintained in the official personnel file.
- ii. HIPAA/Confidentiality Training will be completed within the first 90 days of employment through coursework assigned in HealthStream.

b. **NW Volunteers**

- i. New volunteers will sign and return their [Non-Employee Confidentiality and Nondisclosure Statement](#) as part of their application process. They will sign their Acceptable Use Agreement before assuming their caregivers roles at Providence.
- ii. HIPAA/Confidentiality Training will occur at Volunteer orientation sessions.
- iii. Volunteers will review and resign the Confidentiality statement and an Acceptable Use Agreement annually.
- iv. These statements are maintained by the Volunteer Office for volunteers.

c. **NW students/residents**

- i. Students/residents will review and sign the Confidentiality statement and

an Acceptable Use Agreement prior to starting a rotation at NW. These statements are available either through the Student Portal or by the student working with the Volunteer Office.

- ii. Refer to the Student Experience policy for more information.
- iii. Exception is made for some students who receive HIPAA training at their school. The school will use the Providence HIPAA training materials as the basis for their student training and will orient their students to Providence HIPAA practices prior to their placement at Providence. They will complete a confidentiality statement that meets the intent of Non-Employee Confidentiality and Nondisclosure Statement and an Acceptable Use Agreement before starting at Providence. These statements are available from the school upon request by Providence.

d. Agency employees

- i. The contracted agency is responsible to obtain the agency employee's signature on a confidentiality agreement that meets the intent of [PSJH-RIS-715 Records Retention and Disposal](#) n policy in PolicyStat. This statement will be retained by the agency but must be retrievable for a Providence audit of their employee files.
- ii. Contracted agencies are held responsible for training their employees on HIPAA regulations. Agency employees will be offered additional training through Providence. They will receive the same written training materials as new Providence caregivers and must review these materials prior to starting work at Providence. Each agency employee will sign that they are accountable to the standards at Providence.

e. Onsite vendors accessing Protected Health Information (PHI).

- i. Vendors who are workforce members under a Supply Chain management contract will complete their privacy training and Confidentiality Statement through the VendorMate vendor management system.
- ii. Vendors working under a Providence Service Agreement will be expected to comply with the Confidentiality provisions as outlined in the Service Agreement or corresponding Business Associate Agreement.

f. Medical Staff of PRMCE

- i. This designation applies to all members of the medical staff credentialed to provide services at NW and visiting physicians providing consultative services who will encounter PHI.
- ii. These identified individuals will receive appropriate notice and education of NW privacy practices.
- iii. These identified individuals will sign and return the Non-Employee Physician Confidentiality and Nondisclosure Statement and an Acceptable Use Agreement upon receipt and review of educational materials.
- iv. All members of the medical staff will be asked to re-sign their confidentiality statement and an Acceptable Use Agreement at each re-

appointment.

g. Access by non employed providers and staff to Providence confidential information:

- i. A signed Epic Care Link organizational agreement serves as a master agreement between the other organization and PHS and outlines expectations and responsibilities.
 - I. A NW manager must serve as the "contract owner" and work with the requesting organization to complete the agreement. .
 - II. Agreements signed by the provider organization must be sent through the standard contract approval process with a cover sheet for signature by our CFO.
 - III. Signed agreements will be retained by Clinical Liaisons.
- ii. Process to obtain access for individuals working for the service provider organization:
 - I. Each individual need to have a Nonemployee Confidentiality Agreement signed; these are available at HIPAA Security intranet page under Electronic Security.
 - II. The NW contract owner should coordinate this process.

6. Ongoing Training.

HIPAA and confidentiality updates will be disseminated to all caregivers when a significant change from current policies and/or procedures occurs.

7. Destruction of Confidential Information

Destruction of confidential information will be in a manner consistent with the NW policy: [Disposing of Confidential and/or Protected Health Information](#). In addition, all caregivers members must adhere to PHS record retention guidelines outlined in [PHS policy ICP-715 Records Retention](#) as found within PolicyStat.

8. Consequences

- Violation of this policy may constitute grounds for immediate disciplinary action, up to and including termination of employment, service, or association with NW. Medical Staff may be subject to Peer review and disciplinary actions and processes as outlined in the Medical Staff Bylaws and policies. Violation of the laws and regulations upon which this policy is based may result in possible civil and/or criminal action.
- Knowledge of a violation or potential violation of this policy must be reported directly to the NW Privacy Officer (use an Integrity Line report that is available on the NW Homepage). Failure to do so is considered a violation of policy and may lead to disciplinary action.

Referenced Documents

Reference Type	Title	Notes
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Documents referenced by this document		
Referenced Documents	<u>Disposing of Confidential and/or Protected Health Information</u>	
Referenced Documents	<u>Employee Confidentiality and Nondisclosure Statement</u>	Employee Confidentiality and Nondisclosure Statement
Referenced Documents	<u>Non-Employee Confidentiality and Nondisclosure Statement</u>	
Referenced Documents	<u>Non-Employee Physician Confidentiality and Nondisclosure Statement</u>	
Referenced Documents	<u>Privacy Policy Standards Glossary</u>	
Referenced Documents	<u>Progressive Discipline/Constructive Counseling</u>	
Referenced Documents	<u>Release of Information</u>	
Referenced Documents	<u>Release of Information to the Media</u>	
Referenced Documents	<u>System Policy Manual</u>	
Documents which reference this document		
Referenced Documents	<u>Release of Laboratory Specimens</u>	

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Approval Signatures

Step Description	Approver	Date
	Darren Redick: Chief Exec Nwwa Serv Area	11/2021
	Lisa George: Dir Med Staff Svc's Reg Affairs	11/2021