

<b>Regions Behavioral Hospital</b>	<b>Section: Inpatient - Information Management</b>	<b>Policies and Procedures</b> <b># 5003</b>
	<b>Original Date: August 2018</b> <b>Revised: November: 10, 2021</b> <b>Reviewed: January 7, 2022</b>	<b>Approval: March 6, 2020</b> <b>Approval: January 29, 2021</b>
	<b>Subject: Confidentiality of Information – General Rules</b>	

- I. SCOPE:** This policy applies to all authorized individuals with access to the patient’s clinical record.
- II. PURPOSE:** To provide guidelines and expectations to maintain the confidentiality of the patient record.
- III. DEFINITION:** All information of a medical nature in the possession of Regions Behavioral Hospital **must not** be revealed by any staff member except as outlined in the policy below.
- IV. POLICY:**
  - \* Regions Behavioral Hospital shall maintain an individual’s right to privacy and confidentiality of information.
  - \* Information known or contained in the patient's medical record (known as protected health information) shall be treated as confidential and shall be released in appropriate circumstances only with the written consent of the patient or legal guardian.
  - \* Information concerning patients, visitors and staff shall be managed with the highest degree of appropriateness and confidentiality, pursuant to organization-wide policies and procedures.
- V. PROCEDURE:**
  - \* All persons employed at Regions Behavioral Hospital having access to information concerning patients, such as, facility staff members, and physicians must hold all information in strict confidence, and shall abide by the Health Insurance Portability and Accountability Act (HIPAA) regulations.
    - Confidentiality of the patient record shall be maintained at all times by keeping the record closed when not in use. If an electronic health record is used, ensure that no other individual can read the screen and log-off the computer when not in use.

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- \* Information concerning patients which may be considered ordinary facts and necessary for planning of specific care and services, shall be handled with professional discretion and on a "need to know" basis.
- \* Information regarding physicians, or staff members shall be relayed to others as appropriate to the related job function or task and/or to facilitate patient care and services only. Information regarding physicians, or staff members shall be kept on a professional level, and only discussed in relationship to the individual's purpose and function within the institution. When receiving inquiries regarding a patient's condition by family members, friends and visitors, the following must be observed:
  - \* The individual requesting information must provide evidence of his/her identity, upon which time if the patient is able to consent, verbal consent shall be obtained from the patient and documented in the medical record.
  - \* The information verbally provided by staff shall consist only of brief description on the patient's current condition in terms of "stable", "improving", etc. The clinical healthcare provider must use their judgment in providing additional information and prudence is required.
  - \* If the patient is unable to provide verbal consent due to physical or mental incapacitation and there is an assigned surrogate decision maker for the patient, consent for release of verbal information shall be obtained from the surrogate and documented in the medical record.
  - \* If the patient is unable to provide verbal consent due to physical or mental incapacitation and there is no assigned surrogate decision maker, verbal information, as outlined in this policy, may be provided to the following individuals:
    - \* Husband/wife
    - \* Adult children
    - \* Children (as appropriate to age)
    - \* Siblings
    - \* Legal next of kin

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- \* Caregiver/guardian
- \* Any other individuals requesting information regarding the patient must receive authorization from the patient's physician.
- \* Requests for patient information shall be directed to the Medical Records Department. Disposition of such requests shall be in accordance with the facility's established policy and procedure for Release of Information and pursuant to the HIPAA regulations.
  - As required by state and federal law, information pertaining to victims of abuse/violence/sexual assault shall be released to regulatory agencies.
  - As appropriate to state and federal law, any patient information requested by state and/or federal agencies shall be released accordingly.
- \* Advances in technology shall be reviewed as these are made available to the institution, to ensure that the technology maintains and protects privacy and confidentiality of personal health information.
- \* Personal opinions as to the competence of facility staff members or any staff members, are not to be expressed in a public environment and shall always be addressed to the staff member's supervisor and/or facility Chief Executive Officer for resolution.
- \* At no time shall physicians, staff members, or others associated with the facility engage in discussions of a personal nature which are unrelated to the organization's mission, vision, values and goals (i.e., gossip).
- \* At no time shall staff members or others associated with the facility, who have access to confidential patient or facility information, speak with the news media, or others outside the facility, without prior approval from facility administration. All encounters with the news media shall be directed to administration.
- \* All staff shall be educated and trained about the requirements for information privacy and confidentiality appropriate for each level of employee to carry out his/her

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healthcare function within the facility. Education and training shall include orientation, initial education and any ongoing education and training necessary related to changes with this organization’s information confidentiality and privacy practices.

- \* Enforcement of the principles of this policy shall be monitored through the combined efforts of the Medical Records Director, Compliance Officer and the Risk Management Department. Monthly monitoring of violations of this policy shall be conducted with quarterly reports submitted to the Performance Improvement Committee and Governing Body.
- \* Outcomes from monitoring activities shall be analyzed to determine if improvements can be made in privacy and confidentiality practices.
- \* Hospital records shall be retained by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of 10 years from the date a patient is discharged.
- \* In the event that Regions Behavioral Hospital closes, the Governing Body shall notify the Louisiana Department of Health in writing at least 30 days prior to cessation of operation for approval of their plan for the disposition of patients’ medical records. The hospital shall contain provisions that comply with state laws on the storage, maintenance, access, and confidentiality of the closed hospital’s patient medical records. The hospital shall assign a custodian and specific location that will provide physical and environmental security that protects against fire, water, intrusion, unauthorized access, loss, and destruction. The hospital shall also provide public notice on access in the Advocate newspaper, which has the largest circulation in close proximity to the hospital.

**VI. REFERENCES:**

U.S. Department of Health and Human Services (DHHS). (May 2003). *OCR Privacy Brief. Summary of the HIPAA Privacy Rule*. Retrieved from <https://www.hhs.gov/sites/default/files/privacysummary.pdf>

IM.02.01.01 EP 1, 3, 4; also see RI.01.01.01 EP 7

**Administrator Signature:** *Marc Crawford, CEO*

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