Policy Name: Confidentiality of Patient Information Policy

Effective Date: 10/31/12

Policy Primary: DUHS Director Health Information Management

Status: Published

Final Approval: 
Approved by: Date:

Definitions:

Level:

Personnel:

Competencies/Skills:

Required Resources:

Policy Statement:

Policy:

DUH respects and protects the confidentiality of all information concerning patient care or services. It is a part of each staff member’s job to safeguard DUH data and information under his/her control. DUH maintains medical records in physically secure locations with controlled access. Release of medical records will only occur with the patient's consent, or under statutory authority, government regulation, court order or subpoena. Any request for patient health information will be forwarded to Health Information Management. (See DUH Disclosure of Health Information from the Patient Medical Record Procedure)

Medical records are not to be removed from the entity except as required by statutory authority, government regulation, court order or subpoena.

Any violation of this policy will result in disciplinary action up to and including discharge. (See DUH Breach of Patient Confidentiality Procedure)

Medical records, hard copy and electronic, will be protected from unauthorized viewing at all times.

Rosters, Schedules, Logs, Whiteboards, Patient Room Signage

- Rosters, schedules and logs: Rosters, schedules, and logs must be maintained in such a manner as to prevent unauthorized viewing. This includes, but is not limited to, subsequent patients/families viewing a previous patient's/family's entry.

- Information listed on patient door labels may include:
  - Patient's last name and first initial
  - Service or attending physician
-Medical record number
-Non-confidential and non-diagnostic information that will facilitate patient care, e.g. NPO, I&O's, Daily weights, Isolation signs.
-Logos communicating defined meanings to staff

-Locator Boards: On locator boards in areas accessible or visible to the public (i.e., hallways, nursing stations), only the patient’s last name, first initial, medical record number, physician, care nurse or service may be listed.
- In all areas with limited public access, a coded diagnosis or acronym may be used in addition to the information listed above.
- In secure areas with no public access, the diagnosis and/or procedure may also be listed.

Alias
-Patients have the right to request an alias be established. See the Alias Procedure for additional information.

Disposal of Confidential Information - (Shredding)
-All chart copies and original documentation containing patient information will be forwarded to Health Information Management for inclusion in the medical record. Electronically stored patient data is maintained in multiple systems throughout DUHS. Disposal of duplicates, photocopies, handwritten or printed computerized patient information, as well as electronically stored data/media not intended for inclusion in the permanent medical record, and associated equipment, will be handled according to the following requirements:

-Printed Material:
  - Disposal of information must ensure that continued protection of clinical information.
  - Discarded printed or handwritten material that contains identifiable patient information will be kept in a secure container until shredded.
  - Discarded printed or handwritten material will be destroyed by means of physical shredding. Shredding is done on-site by a contracted shredding service. Shredding will be performed so as to obliterate completely any confidential information. See Disposal of Confidential Patient Information Procedure.
  - It is the responsibility of the person using the confidential material to ensure its proper handling and disposal. Discarding or disposing of confidential material in public areas is prohibited.

-Electronic Information:
  - Electronic media containing confidential information must be completely erased before discarding or reused. Disk drives, diskettes, tapes, and other such media where information can be transiently stored shall be reformatted before being reused or discarded. Other media that contain confidential information (e.g. CD-ROM) that cannot be reformatted or erased electronically must be destroyed before discard.

-Computer Equipment:
- Prior to disposing of used computer equipment (through salvage, donation, resale, etc.) all data will be removed. In order to ensure that confidential data is permanently erased from computer hard drives an Information Systems specialist will be consulted.

- NOTE: Staff who terminate employment at DUH will return any information in any form at any off-site location, including the employee's home. No copies will be retained without expressed permission.

Confidentiality Agreement

- Each DUH staff member will sign, during orientation, a confidentiality agreement describing the responsibilities of the employee relating to access and handling of confidential information. Contract employees, vendors, visiting observers, and students with access to confidential patient information will also be required to sign a confidentiality agreement.

Developed By: DUH Administrative Policy Work Group

Policy Primary: Director, Health Information Management

REFERENCES

Citations:

Policies:
Electronic Communication
Alias Procedure

Authoritative Source:

Additional References:
DUHS Alias Policy
DUH Breach of Confidentiality Procedure
DUH Disclosure of Information from the Patient Medical Record Procedure

Attachment Names:
DUKE CONFIDENTIALITY AGREEMENT 10-16-12.pdf

Entities:
DUH