

SUBJECT: DISCLOSURE OF PROTECTED HEALTH INFORMATION DURING DISASTER RELIEF EFFORTS	REFERENCE #1004
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DEPARTMENT: HEALTH INFORMATION MANAGEMENT	OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- Providers and healthcare plans covered by the HIPAA Privacy Rule may share patient protected health information to assist in disaster relief efforts and to assist patients in receiving the care they need. Information relevant to the following areas may be shared:
  - Treatment
  - Notification
  - Imminent danger
  - Hospital directory

**PROCEDURE:**

- Treatment:
  - Healthcare providers may share patient protected health information as necessary to provide treatment.
    - Treatment includes:
      - ◆ Sharing information with other providers (including hospitals and clinics)
      - ◆ Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated)
      - ◆ Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate healthcare services)
  - Providers may share patient protected health information to the extent necessary to seek payment for these healthcare services.

## POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Health Information Management Department Director Supervised by: Chief Executive Officer

Prepared by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Job Summary:** Responsible for successful maintenance of patient records and organizational and administrative operation of the Health Information Management Department. Oversight responsibility for operational aspects of department. Serves as resource for faculty regarding medical record content and regulatory requirements. Assures availability of the medical records at all times.

### DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance

2 = Expected Performance

1 = Needs Improvement

#### Demonstrates Competency in the Following Areas:

Plans, develops and directs the health information system that meets accrediting and state and federal requirements.	3	2	1
Participates in development, design and maintenance of computer software for computerized health information systems.	3	2	1
Establishes, reviews and updates short-term and long-term goals in order to be consistent with hospitalwide plans.	3	2	1
Analyzes, selects and implements programs necessary to achieve the goals and strategic plans of the hospital.	3	2	1
Executes problem identification, data gathering and implementation of strategy actions that are in the best interest of the department and its mission, values and philosophy.	3	2	1
Develops comprehensive realistic annual budgets that reflect departmental needs based on external and internal environments and the application of cost-effective management.	3	2	1
Manages the department in a cost-effective manner by utilizing current materials management techniques, maximizing human resources and continuously reevaluating the manner in which services are delivered.	3	2	1
Develops and determines, annually, a capital budget for administrative approval.	3	2	1
Establishes policies and procedures necessary for effective and efficient systems and management of human resources. Establishes and monitors standards of performance among all subordinates and ensures that standards are being consistently met.	3	2	1
Establishes and monitors standards of performance among all subordinates and ensures that standards are being consistently met.	3	2	1
Improves subordinate performance through ongoing counseling, coaching, delegation and feedback practices.	3	2	1
Assumes responsibility for a comprehensive departmental orientation program that is documented for each new employee.	3	2	1
Establishes specific and necessary planning, control and quality assurance mechanisms that monitor patient care, administrative and economic outcomes.	3	2	1
Maintains a sensitive, fair and impartial approach to dealing with employees.	3	2	1
Supports and maintains a culture of safety and quality.	3	2	1

SUBJECT: HEALTH DATA INTEGRITY	REFERENCE #5006
DEPARTMENT: HEALTH INFORMATION MANAGEMENT	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

\_\_\_\_\_ Hospital shall protect the privacy of individual identifiable health information. Believing that confidentiality is essential in developing the trust between patients and their providers of healthcare, we are committed to ensuring that patient medical information be disclosed only with informed consent or by statute.

**PROCEDURE:**

- The Information Management Committee is responsible for the development of organizational standards, policies and procedures concerning timeliness, accuracy, security, privacy and confidentiality, access, integrity and uniformity of data of both paper and electronic records consistent with law or regulation.
- Security/Confidentiality of Information:
  - To provide a balance between data sharing and data confidentiality, individuals/ departments have been identified with specific policies/procedures outlining the access to, and need for, data and information.
  - Health Information Management Department staff will have access to all documentation present in the medical record in accordance with Information Management Committee approved policies and procedures.
  - Nursing staff will have access to all pertinent patient information to allow for optimum assessment, treatment and care of the patient in accordance with general nursing policies and procedures.
  - Medical staff will have access to all pertinent patient information that will allow them to render optimum treatment to any patient for whom they are the attending, covering or consulting physician in accordance with the medical staff bylaws.
  - Clerical staff will have access to all necessary patient information that allows for appropriate billing, insurance and financial procedures.
  - The Health Information Management Department will have access to patient information for reporting purposes in accordance with departmental policies and procedures.

SUBJECT: PATIENT ACCESS TO MEDICAL RECORDS	REFERENCE #5024
DEPARTMENT: HEALTH INFORMATION MANAGEMENT	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

**BACKGROUND:**

- Law and regulations provide that any adult patient, any minor patient, authorized by law to consent to the treatment to which the record pertains, or any patient’s representatives, is entitled to inspect the patient record or obtain copies pursuant to the laws, conditions and limitations.
- Since a patient can authorize release of information to any individual, it is assumed that the patient may authorize disclosure to him/herself. The provider may honor such an authorization if the provider determines that such disclosure will not harm the patient. In this case, the provider may give, but is not required, to allow patient access to his/her own alcohol and/or drug abuse records.
  - Alcohol and drug abuse records are subject to federal alcohol and drug abuse regulations (42 CFR, Section 2).

**POLICY:**

- The Health Information Management Department will be responsible for responding to all requests for patient access to medical records, paper or electronic.
  - Requesting individuals must be notified of a decision to release protected health information within 30 days of the hospital receiving the request.
- Health Information Management Department staff will not attempt to explain or interpret any part of the record. The patient, or patient's representative, will be referred to the physician or other responsible healthcare professional, for any necessary assistance in understanding the information contained in the record.
- The attending physician will be notified of all requests and he/she will approve or deny access to medical records.
- All requests will be filed separately in the patient's medical record together with documentation as to the disposition of the request, type of access, date and name of person processing the request.

SUBJECT: LEGIBILITY OF MEDICAL RECORD DOCUMENTATION	REFERENCE #8003
DEPARTMENT: HEALTH INFORMATION MANAGEMENT	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- \_\_\_\_\_ Hospital shall set legibility standards for medical record documentation and to monitor compliance with these standards as part of our performance improvement and medical error reduction activities.
- This policy is applicable to all documentation within the medical record.

**PROCEDURE:**

- Whenever possible, all consults, histories and physicals, interpretations of diagnostic testing, and post operative/procedure results shall be dictated.
- Only abbreviations listed in the organization’s list of approved abbreviations will be allowed for use in medical record documentation.
- Medication Orders:
  - Should include a brief notation of purpose.
  - All prescription orders are to be written in the metric system.
  - “Units” should be spelled out.
  - The order must include drug name, exact metric weight or concentration and dosage form.
  - A leading zero must precede a decimal expression of less than one.
  - A terminal zero is not to be used after a decimal.
  - Prescribers are to avoid the use of abbreviations for drug names and Latin directions for use.
  - The age and weight of the patient (especially geriatric and pediatric patients) should be included where appropriate.