

SUBJECT: CONSENT FOR USES OR DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS	REFERENCE #1011
	PAGE: 1
DEPARTMENT: HOSPITALWIDE	OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital to have a patient sign a consent form as formal permission prior to using or providing their confidential healthcare information.

POLICY POINTS:

- The consent to release patient healthcare information is a stand-alone document. It is not to be combined with any other requested or required consent.
- The consent to release patient healthcare information is not needed if the information is required from another healthcare provider to either provide a service, for payment, or other healthcare operations.
- In the event that the patient is going to participate in research, a consent form must be provided which identifies how the confidential patient information will be used.

PROCEDURE:

- Determine if a consent is needed from a patient prior to proceed to disclose confidential healthcare information.
- Review the purpose of the consent with the patient.
- Explain that the consent is needed prior to releasing healthcare information about the patient's treatment, payment for healthcare services or to support healthcare operations.
- Ask the patient to read, sign and date the consent form on the designated areas.
- Recognize the situations in which a consent form may be waived:
 - In an emergency situation in which there is no time to have a patient read, agree to and sign a consent to release their healthcare information. Attempts are to be made as soon as possible to have the patient sign a consent to release their confidential healthcare information as soon as the patient is physiologically stable to do so.
 - If the healthcare provider is bound by law to deliver needed healthcare.
 - If the healthcare provider has attempted to obtain the patient's consent however has been restricted due to communication barriers.

SUBJECT: DE-IDENTIFYING AND RE-IDENTIFYING PERSONAL HEALTH INFORMATION	REFERENCE #1020
	PAGE: 1 OF: 1
DEPARTMENT: HOSPITALWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital to accept information that has been de-identified as being not individually identifiable health information and to have a method to re-identify healthcare information that has been de-identified.

PROCEDURE:

- The hospital submits the healthcare information to a researcher or other person with knowledge of how to de-identify information.
- The researcher or other person determines that the risk is very small if the information could identify the individual who is the subject of the information.
- The researcher documents how the decision regarding risk to identify the individual was made.
- Information that has been de-identified has the following removed:
 - Name
 - Geographic subdivision smaller than a state including street address, city, county, precinct, zip code
 - Any and all dates (except the year) to include birth date, admission date, discharge date, date of death and all ages over 89 except if the age can be grouped into a category of age 90 or older.
 - Telephone numbers
 - Fax numbers
 - Electronic mail addresses
 - Social Security number
 - Medical record numbers
 - Health plan beneficiary numbers

SUBJECT: VERIFICATION OF IDENTITY AND AUTHORITY OF PERSONS REQUESTING PERSONAL HEALTH INFORMATION	REFERENCE #1024
	PAGE: 1
DEPARTMENT: HOSPITALWIDE	OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital to verify the identity of any individual requesting access to confidential patient healthcare information.

PROCEDURE:

- Employees of the hospital are to request identification from any person requesting confidential patient healthcare information if the identity or the authority of the person is not known to the employee.
- Employees of the hospital are to obtain any documentation, statements or representations from the person requesting confidential healthcare information. The documentation, statements or representations can be either verbal or written. The decision to release confidential patient healthcare information can be made based upon written documentation if it is signed and dated by the individual making the request.
- The hospital may rely on the following as verification of identity when the release of confidential healthcare information is being requested by a public official:
 - If the request is made in person, the person provides an ID badge, official credentials or other proof of status.
 - If the request is in writing, the letter is written on the appropriate government letterhead.
 - If the request is made by another person on behalf of a public official, a written statement on appropriate letterhead or other evidence or documentation such as a contract for services, memo or purchase order that establishes that the person is acting on behalf of the public official.
 - An oral statement of legal authority if a written statement would be impractical.
 - If the request is made in the form of a warrant, subpoena, order or other legal process issued by a grand jury or other judicial body.

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the hospital for the purpose of providing you with quality healthcare.
 - Your confidential healthcare information may be released to your insurance provider for the purpose of the hospital receiving payment for providing you with needed healthcare services.
 - Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
 - Your confidential healthcare information may be released to other healthcare providers in the event of a need for emergency care.
 - Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
 - Your confidential healthcare information may not be released for any other purpose that that which is identified in this notice.
 - Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
 - You may be contacted by the hospital to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
 - You may be contacted by the hospital for the purposes of raising funds to support the hospital's operations.
 - You have the right to restrict the uses of your confidential healthcare information however, the hospital may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
 - You have the right to receive confidential communication about your health status.
 - You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.

SUBJECT: INFORMATION ACCESS CONTROL	REFERENCE #2009
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- It is the policy of _____ Hospital to determine the need for access to and appropriate levels of security and confidentiality of healthcare information. Individuals/departments are identified with specific policies/procedures defining the degree of access and need for healthcare information.
 - Information Department personnel will have access to all documentation present in the medical record.
 - Nursing personnel 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 provide optimum treatment to any patient for which they are attending, covering or serving as a consulting physician in accordance with the medical staff performance expectations.
 - Clerical personnel categorized as business office will have access to all necessary patient information that allows for appropriate billing, insurance and financial procedures.
 - Quality Improvement, Utilization Review, Case Management and Risk Management Department personnel will have access to all pertinent patient information, both clinical and financial, to allow for optimum assessment to perform the expected function within the department.
 - All other ancillary and administrative personnel will have access to patient information on an as needed bases, restricted to level of authority, according to hospitalwide policies and procedures which govern the security and confidentiality of patient information.

Once degree of access has been established, the employee is issued a log-in and passcode to use when accessing the medical record by the Information Department. The Information Department controls the degree of access of computerized medical records by electronically granting privileges to portions of the record and subsequent database.