

Home Health Foundation, Inc.

SUBJECT: CONFIDENTIALITY

PURPOSE: To ensure patient-client, organizational, and employee information remains secure.

Policy

1. All HHF employees, volunteers, and students must keep organizational, patient, and employee information in the strictest confidence. Non-clinical staff responsible for the processing, input, or filing of agency information will not discuss with other staff or non-employees any patient information. Staff are expected to (a) ensure confidentiality whenever making telephones calls regarding patient care with particular attention paid to cell phone use due to the possibility of monitoring; (b) secure all patient documentation upon removal from the office; (c) maintain medical records and patient information in appropriate locations; and (d) not review or use patient information in the HealthWyse or Archive Plus systems, except for their own patients. Breach of agency or patient confidentiality may result in disciplinary action up to and including dismissal. (Refer to *Policy #4000 - "Privacy Violation Disciplinary Process."*)
2. All employees, volunteers, and students requiring access to any of the HHF organizational patient, or employee information must sign a copy of a "*Confidentiality Statement*" – *Attachment #1*.
3. Confidentiality policies and procedures are included as part of new employee orientation and annual employee education.
4. Please refer to *Policy #2102 - "Agency Issued Computer Equipment"* for additional information regarding protecting equipment and maintaining confidentiality of information.

Responsibility: All Employees
Distribution: Leadership

Nature of Change	no change
President/CEO Signature:	_____ / ____ / ____ Date

Home Health Foundation, Inc.

“Confidentiality Statement”

I, the undersigned, acknowledge and agree that:

1. One of the most serious responsibilities of all employees is the patient’s right to privacy. I will not disclose information concerning a patient’s treatment without authorization to other providers unless they require the information to carry out their duties.
2. In the course of performing assigned tasks or exercising clinical privileges I may have access to patient, organizational, and employee information. Such information is the property of Home Health Foundation. This information may contain data that is confidential in nature. Maintaining confidentiality is essential in my access to and use of patient and employee information.
3. This access to information may also include access to various electronic information systems which include, but are not limited to, personal computers, agency, clinical, and financial electronic information systems, local and wide area networks as well as Internet access. Access to these various systems will be permitted according to approved policies and procedures.
4. If permitted access, **I will use this access only to obtain information that I am authorized and required as part of my job duties or exercise of clinical privileges to access. I will not redisclose information except to those authorized.**
5. Information Systems USER ID(s) and passwords issued to me are the equivalent of my signature and must remain confidential and known only to me. I understand that my password(s) is representation that I personally retrieved, transmitted, or verified information. I will not reveal my USER ID or password to anyone unauthorized.
6. All activity on information systems owned or maintained by Home Health Foundation, including electronic mail and voice mail, will be monitored for compliance with security standards. Home Health Foundation specifically reserves the right to review all entries made on any system(s) as well as attempts to access the system(s).
7. If I have reason to believe that the confidentiality of my password(s) has been compromised, I will contact my supervisor and/or the Information Systems manager immediately, so that my password(s) may be inactivated and a new password(s) assigned to me, and other appropriate corrective action taken.
8. In accepting employment and/or clinical privileges, I agree to adhere to all policies and procedures of the Home Health Foundation dealing with information, integrity, and security and understand that it is my responsibility to become familiar with the information and security policies and procedures.

9. In the event that remote access to the information systems owned and/or maintained by the Home Health Foundation is authorized for the performance of assigned tasks and/or clinical privileges granted by Home Health Foundation:
- a) No organizational, patient, or employee information is to be stored or left out where it can be observed by unauthorized persons.
 - b) All back-up or printed material such as drafts and copies of patient, organizational, and employee information will be treated with the same degree of security as the final document.
 - c) All virus scanning software required by the Information Systems Department will be used as prescribed.
 - d) No informational, patient, or employee information is to be placed on the Internet system without encryption and authentication processes approved for use by the Information Systems Department.
 - e) I will be subject to all remote access physical security requirements prescribed by the Information Systems Department.
 - f) All organizational, patient, and employee information is the property of the Home Health Foundation and remains subject to all the policies that govern its use. The Information Systems Department will monitor all activity and specifically reserves the right to access, review and audit any system(s) and delete any organizational or patient information that is not appropriate to be on the system(s) used in the remote access of information.
 - g) All organizational, patient, and employee information is the property of the Home Health Foundation. I further understand that actions which violate the intent of this statement shall be brought to the attention of management for appropriate action in accordance with the applicable disciplinary policies and may include a written warning, suspension, and termination of employment and/or privileges. (Refer to *Policy #4000 - "Privacy Violation Disciplinary Process."*)

User Name (Please Print)

Manager

Signature

Date ____ / ____ / ____

Attachment #1