

UNIVERSITY OF ROCHESTER
Strong Memorial Hospital

3DWLHQW ¶ V 5LJKWV

7KH 1HZ <RUN 6WDWH 'HSDUWPHQW RI +HDOWK UHTXLUHV WKDW D
areas and given to patients upon admission, or when receiving outpatient or emergency care. Hospitals make this
information available in different languages, Braille, and in a signed format.

A designated person must meet with the patient about his/her rights, document that the patient has received all the
information needed to understand their rights. It is the responsibility of the hospital staff to safeguard and preserve the
SDWLHQW ¶ V ULJKWV

17. Formulate advance directives and appoint a health care proxy.
18. Participate in the consideration of ethical issues that arise in their care.
19. Authorize those family members and other adults who will be given priority to visit consistent with their ability to receive visitors.
20. Make known their wishes in regard to anatomical gifts. Patients may document their wishes in their health care proxy or on a donor card, available from the hospital.
21. Receive timely assessment and treatment of pain, including education about how to manage their pain.
22. Complain without fear of reprisal about the care and services they are receiving and the hospital respond to them and, if they request it, a written response. They should first speak to the nurse or doctor caring for them and if they are not satisfied with the hospital's response, they can request review by The Grievance Committee or complain to the New York State Department of Health. The hospital must provide them with the Department of Health phone number. If concerns cannot be resolved through the hospital or Department of Health patients may contact The Joint Commission 800-994-6610 or via email at complaint@jointcommision.org
23. Inpatients who have been admitted from, or are awaiting readmission to, a residential health care facility have the right to meet with designated budsmen, unless such meeting is medically contraindicated.
24. The hospital recognizes the special needs of dying patients and their families and the importance of receiving care that optimizes the comfort and dignity of the patient. This includes primary and secondary symptoms as desired by the patient or the patient's representative, ef(i)-7(n)-22 129.17 0.47998 re f* EMCatieer

Patient Privacy and Confidentiality

Our patients trust us with some of their most personal health information. HIPAA, the Health Insurance Portability and Accountability Act, provides rules to protect the privacy and security of that information. These requirements apply to any form of health information including oral communication and paper or electronic records. All healthcare providers as well as organizations that bill or pay for medical care (such as insurance companies) are mandated to follow HIPAA and train their employees in these regulations. We all share in the obligation to keep protected health information private and secure.

Protected Health Information (PHI) is defined as information that relates to

- The past, present or future physical or mental health or condition of an individual
- The provision of healthcare to the individual
- The payment for the provision of healthcare to that individual.

An identifier is any information that can be linked to an individual patient. Examples of identifiers are name, birth date, address, medical record number or any other data that can identify a specific patient.

During your observational experience you are responsible for making sure you do not release PHI to anyone who does not need to know it as part of his or her work. You must also protect PHI is kept in an electronic format (ePHI) by safeguarding any computer, handheld electronic device, k. 7(o) TJ ET BT 03(g)-82(a)-7891.35

- To a family member or person identified in the patient's records

PHI is released regardless of a patient's written authorization required by law

- Child abuse is suspected
- Public Health issues are identified
- Specified law enforcement purposes
- Medical devices/supplies are recalled

Both HIPAA and New York State have laws concerning confidentiality of patient information. When they differ, we must comply with the law that is either more protective of patient privacy, or gives patients more access to their PHI. For example, the release of HIV information requires a special authorization form required by the State. There are also special federal and state protections for records pertaining to genetic testing and treatment for substance abuse.

Breaches of Unsecured PHI

Unauthorized access, use, disclosure or acquisition of unsecured PHI may be a breach, including:

- Looking up PHI without a job-related reason
- Misdirected faxes or e-mails containing PHI
- Discussing patient care on a social networking site
- Loss or theft of PHI
- Improper disposal of PHI (computer files, paper, etc.)

There are both civil and criminal penalties for violations of the HIPAA regulations. A confidentiality violation may also result in a Type I recommendation from JCAHO and a citation from CMS.

5(0(0%(5 « DQ\ LQIRUPDWLRQ UHODWHG WR D SDWLHQW¶V KHDWK FD
RU VRPHRQH DFWLQJ RQ WKH SDWLHQW¶V EHKDOI RU XQOHVV SHUPLV

FOUR ACTIVITIES TO WATCH AS YOU WORK WITH PHI

SEEING ±What might others see?

- You have a schedule on a clipboard in the open?
- You send a fax containing PHI?
- Your computer screen is faced outward?
- Printed material is not hidden?
- Schedules are on public walls?
- Patient charts are not face down on your desk?
- You leave a copier unattended?
- You are discarding confidential records?

TALKING ±What might others hear?

- You communicate PHI in an open area?
- You discuss PHI with someone who is not authorized to receive it?
- You share information with someone who is not authorized to receive it?

You leave a message containing details regarding tests?

HEARING ±What might you hear when?

Overhead pages say names and facts?

Others do not speak softly or in private places?

Others are speaking about patients in an open area?

MEDICAL RECORDS ±How might others see PHI when

Access is used to find out non-work related information?

Your password is not a secret?

You do not check the ID of a person you do not know?

Your file rooms or cabinets are not kept locked?

Your computer files are open on your screen?

Confidentiality of Patient Related Information

Every patient has a right to privacy and a right to know that the hospital personnel providing care will not share medical information with persons or students not involved in that care. Any information concerning the patient including source of payment, facts documented in the medical record, and information learned from other sources, is to be kept confidential.

Any patient information to which you are exposed during your observational experience may not be discussed with anyone who is not part of that experience.

Confidentiality is protected by federal and state statute. Failure to maintain confidentiality can result in disciplinary measures being taken by the hospital. Refrain from discussing patients in public areas or social settings such as corridors, elevators, and cafeterias. It is also the responsibility of every employee to report any breach of confidential information they encounter.

Confidentiality of HIV -Related Information

The following persons are required to understand legal requirements prohibiting unauthorized disclosure of HIV related information:

- Those who order HIV-related tests.
- Those who receive confidential HIV-related information in the course of providing any health or social services.
- Those who receive confidential HIV-related information pursuant to a release.
- Those who disclose any confidential HIV-related information in the course of providing any health or social services.

It is required that hospitals have a policy that includes the following provisions:

- Confidential HIV-related information must be recorded in the medical record so that it is readily accessible to provide proper care and treatment.
- No person who obtains confidential HIV-related information, in the course of providing any health or social service or prior to obtaining a release of confidential HIV-related information, may disclose or be compelled to disclose such information, except as permitted by law.
- All employees, contracted individuals, students, or affiliated persons at the hospital who may have access to HIV-related information disclosed to them in the course of their duties will receive inservice education regarding the policy.
- A list of job titles and specific employee functions within those titles for which employees are authorized to access such information is maintained by hospital administration. This describes the limits of such access to information, and employees receive this information during orientation, as required by law.
- Only employees, contracted employees, and students who have received such inservice education will be allowed access to confidential HIV-related information while performing authorized functions at a hospital.

The New York State Department of Health is now testing all newborn PKU samples. This requires hospitals to have a mechanism for written consent by the mother for the testing and the release of information.

Patients are entitled to have pre and post test counseling and may choose to have confidential or anonymous HIV testing. Patients must sign a written consent for HIV testing and release of HIV-related information. There are some exceptions when testing is done without patient consent such as ordered testing or testing prior to organ and/or tissue donation.

