DEFINITIONS

HIPAA – Health Insurance Portability and Accountability Act of 1996 is a federal law that establishes minimum safeguards to protect privacy of protected health information whether electronic, written, or oral form. This law also establishes patient rights.

Protected Health Information – Any patient information created or received by health care providers or health plans that relates to past, present, or future information related to the physical or mental health of the patient. PHI identifies or could be used to identify an individual, is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse.

Privacy – Control over the extent, timing, and circumstances of sharing personal health information with others.

Confidentiality – Pertains to the treatment of information that a patient discloses within the relationship of trust with their health care providers and team members with the expectation that this information will not be divulged to others in ways that are inconsistent with the understanding of privacy, without their express knowledge and permission.

POLICY

Registration Area:

As a patient presents for an appointment, every effort is made to conduct business in such a manner as to protect the privacy of the patient. If it is necessary to discuss personal matters with the patient, the patient should be directed away from the waiting area to maintain privacy and others present in the area should be asked to step back to allow for privacy.

Exam Areas:

All patient screening is conducted separately from the general waiting room. All patient visits/rooming is conducted in private exam rooms.

Confidentiality:

Patient specific information is not released or discussed with others unless it is authorized by law, by the patient’s written/verbal consent, or by departmental policies. All federal and state laws regarding HIPAA apply. All discussions with or about patients is conducted in strictest confidence and with an awareness to maintain auditory privacy.
Written Materials:

All written material concerning patients shall be secured and kept away from areas where unauthorized persons could have access or exposure. This includes computer screens displaying patient information that should be turned off, minimized, or privacy screens to protect unexpected exposure. MedStar privacy brochures are to be available at the front desk and to be distributed to all new patients and anyone who requests it. Additional brochures may be obtained from CPS Gumpert at 410-329-1941 (main number).

SCOPE

Applies to all protected health information of all patients, caregivers, significant others in our care.

REQUIREMENTS

Written consent of the patient is required for release of any protected health information. The compliance office should be contacted for further instruction or information.

EXCEPTIONS

No exceptions to this policy.

LEGAL REPORTING REQUIREMENTS

Privacy and information security breaches must be reported to the Corporate Privacy Office and certain types of breaches must be reported to the individual affected, state agencies, the U.S. Department of Health and Human Services, and potentially the media.

RIGHT TO CHANGE OR TERMINATE POLICY

The MedStar Medical Group President has the final sign off authority on all policies. Changes in policy must be reviewed and approved by the leadership of the disciplines affected as well as any applicable committees that are responsible for oversight of the clinical practice prior to final sign off by the MMG President and the Chief Privacy Officer.

Reference:


Approved By: _______________________

Dr. Edward Miller, President

Additional Signature Information: _______________________

Catherine A. Zimmerer MSN RN, Director Quality/Education