

PATIENT CONFIDENTIALITY PROTOCOL

Purpose: To preserve and protect the privacy and confidentiality of all patient health care and information and to prevent civil or criminal prosecution for illegal disclosure of such information

Policy: It is the policy of this office to ensure that health care information of all members is kept confidential.

General information: It is the right of all members to receive full consideration of privacy and confidentiality with regard to all information and records about their care. Health plan and reviewers acting as their agents, however, do have certain rights of access to patient medical information for quality-of-care purposes.

Responsibility: This office maintains confidentiality of patient information.

Procedure:

1. All employees, contractors, consultants and anyone who may have access to Individually Identifiable health Information (IIHI) will sign a statement not to disclose or release confidential information for any reason not medically indicated to any persons other than those legally authorized to receive same.
2. Except when required in the regular course of business, the discussion, use, transmission, or narration, in any form, of any member information, which is obtained in the regular course of job functions, is strictly forbidden.
3. Temporary placement of member records in unattended areas should be avoided and all records are to be maintained in secure files and in a manner that allows access to authorized individuals only.
4. Facsimile transmission of member data should be limited to documents necessary for the purpose of completing a transaction or communication of specific member data to an authorized individual to whom it is addressed.
5. Electronic access to member data should be password protected to limit data retrieval to what is needed for job functions.

PATIENT NAME: _____ **ACCT#** _____

PATIENT SIGNATURE: _____ **DATE:** _____

I have been given a Patient's Rights and responsibilities form: _____(initial)