

# **POLICY AND PROCEDURE**

Title: Confidentiality of Client Health Information

**Department**: Compliance

Effective Date: 9/2006

**Annual Review Date**: 9/2018

**Date Revised**: 9/2019

### Policy

Adirondack Health Institute (AHI) has a legal and ethical responsibility to safeguard the privacy of all clients and protect the confidentiality of their health and personal information. It is the policy of AHI to restrict access to all client information to individuals who have a need to know and permission for access. Confidentiality must be safeguarded by the restrictive use of the information obtained from and about a client. Information from the client's file shall be secured by departmental policies regarding authorized users and authorized release of client data. Confidentiality shall be exercised in all manual and electronic forms, including, but not limited to, the use of fax machines, copiers, computers and cellphones.

#### **Definitions**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides federal protection for personal health information held by covered entities and gives clients an array of rights with respect to that information.

The HIPAA Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.

"Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, date of birth, Social Security Number).

Workforce member means employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

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#### **Procedure**

- 1. Upon joining AHI, each workforce member will be educated on the importance of and responsibility related to confidentiality.
- 2. Upon receipt of education, each workforce member will be required to sign a Confidentiality Agreement. This agreement will be maintained in the personnel file for all employees and the Compliance Binder for all other workforce members. (See attachment).
- 3. Workforce members will interview, counsel and work with clients in a confidential manner.
- 4. At no time will workforce members discuss a client's case with any employee other than staff directly involved with that client.
- 5. At no time will workforce members discuss the client's case with other clients, family or friends, or in areas in which a conversation could be overheard.
- 6. Workforce members will ensure that the client's record is maintained in a confidential manner at all times.
- 7. To continue to uphold AHI's commitment to confidentiality, each workforce member will be required to review and sign a Confidentiality Agreement on an annual basis.
- 8. Divulging or accessing information without authority will be grounds for immediate termination/dismissal.
- 9. Confidential information will be viewed by AHI workforce members on an AS NEEDED BASIS only.
- 10. Workforce members will maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information.

**Contact Person**: Corporate Compliance and Privacy/Security Specialist

**Responsible Person**: Chief Compliance Officer

Approved by: Chief Executive Officer

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#### **CONFIDENTIALITY AGREEMENT**

Adirondack Health Institute (AHI) addresses rapid changes and challenges to the health care industry by working with local providers and community-based organizations through the coordination of planning, recruiting, clinical activities, outreach and oversight of grant-supported programs.

In the course of this business, we receive considerable information about our clients and their family members which is of a highly personal and confidential nature, including information about income, health care status and other general personal information.

It is important that our clients know that they can fully discuss their personal matters with the workforce members of AHI in total confidence. As a workforce member of AHI, you understand that information concerning any of our clients must be held in strict confidence at all times. Under no circumstances, should this information be discussed with anyone, even the client's family or friends, unless you are authorized to do so. You understand that such information shall not be discussed with other AHI employees unless it is required directly to meet the needs of the client. You also understand that such information is never discussed outside of AHI offices/work areas.

This agreement also pertains to the technical and business information relating to AHI's ideas, patentable ideas, copyrights and/or trade secrets, existing and/or contemplated products and services, software, schematics, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.

My signature below indicates that I have read and understand the Confidentiality of Client Health Information Policy, and that violation of this policy is an extremely serious offense that may result in immediate termination of employment, contract, or affiliation with AHI.

Workforce Member Name (print)	Signature	Date