



Adirondack Health Institute

Lead Empower Innovate

## 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.



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

### 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

