

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

<b>Subject:</b> <u>STAFF CONFIDENTIALITY</u>	<b>No.</b> HIPAA-25
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	<b>Effective Date:</b> <u>12/07</u>
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**I. PURPOSE**

To ensure that all SUNY Downstate staff members remain committed to protecting the privacy and confidentiality of protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

**II. POLICY**

**A. Confidentiality Statement**

1. All SUNY Downstate SUNY Downstate employees, physicians, volunteers, students, trainees, residents, interns, temporary personnel, consultants and contractors must abide by the documented HIPAA privacy policies and procedures to ensure the privacy protection of patients' PHI.
2. All SUNY Downstate staff members are required to sign a confidentiality statement (See attached form on Staff Confidentiality of Protected Health Information). All signed statements must be retained by the respective department.

**B. Sanctions & Mitigation-** SUNY Downstate will apply appropriate sanctions against SUNY Downstate staff members who fail to comply with the HIPAA privacy policies and procedures.

1. All breaches, or suspicions of breaches, of the HIPAA privacy regulations must be reported to the Office of Labor Relations for its investigation.
2. Depending upon the severity of the violation, appropriate disciplinary measures will be applied:
  - a. For employees represented by a collective bargaining unit, appropriate action will be taken, pursuant to the applicable collective bargaining agreement, to implement an appropriate disciplinary penalty. Such penalty may include, but is not limited to the following:
    - i. Letter of reprimand;
    - ii. Suspension;
    - iii. Fine;
    - iv. Loss of accrued leave credits;
    - v. Demotion;
    - vi. Termination.
  - b. For employees not represented by a collective bargaining unit, sanctions may include actions up to and including termination of employment.
3. SUNY Downstate will then mitigate, to the extent possible, any known harmful effects of a use or disclosure of PHI made in violation of the HIPAA privacy standards.

### **C. Whistleblowers**

1. There will be no retaliation against a SUNY Downstate staff member or a business associate who believes in good faith that there was a violation of the HIPAA privacy standards and discloses PHI to:
  - a. A health oversight agency or public health authority authorized by law to investigate the violation;
  - b. An appropriate healthcare accreditation organization to report a failure to meet professional standards; or
  - c. An attorney retained on the staff member's behalf for the purpose of determining his/her legal options with regard to the violation.
2. SUNY Downstate will not have violated the HIPAA privacy standards if a staff member who is the victim of a criminal act discloses PHI to a law enforcement official, provided that:
  - a. The PHI disclosed is about the suspected perpetrator of the criminal act; and
  - b. The PHI disclosed is limited to the information delineated in the policy on Uses & Disclosures Not Requiring Patient Authorization.

### **III. DEFINITION(s)**

None

### **IV. RESPONSIBILITIES**

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital

**V. PROCEDURE/GUIDELINES**

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

**VI. ATTACHMENTS**

Staff Confidentiality of Protected Health Information

**VII. REFERENCES**

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.502(j), § 164.530 (e) (f)

	<b>Revision</b>	<b>Required</b>	<b>Responsible Staff Name and Title</b>
	<b>Yes</b>	<b>No</b>	<b>Adeola O. Dabiri, Director of Regulatory Affairs</b>



## **STAFF CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION STATEMENT**

*This statement applies to all SUNY Downstate employees, physicians, volunteers, students, trainees, residents, interns, temporary personnel, consultants and contractors.*

*SUNY Downstate Medical Center is committed to protecting the privacy and confidentiality of health information about its patients while complying fully with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protected health information is strictly confidential and should never be given, nor confirmed, to anyone who is not authorized under our policies or applicable law, statute, and/or regulation to receive this information.*

### **Definitions:**

**Protected Health Information (PHI)**- Any patient information, including very basic information such as their name or address, that (1) relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and (2) either identifies the individual or could reasonably be used to identify the individual.

Our policies apply to protected health information in any form, including spoken, written or electronic form. It is the responsibility of every hospital staff member and medical staff member to protect the privacy and preserve the confidentiality of all protected health information. This includes, but is not limited to, compliance with the protective procedures below.

### **1. Public Viewing/Hearing**

All SUNY Downstate staff members are required to keep protected health information out of public viewing and hearing. Protected health information should not be left in conference rooms, out on desks or on counters or other areas where the information may be accessible to the public or to other employees who do not have a need to know the protected health information. SUNY Downstate staff members must also refrain from discussing protected health information in public areas, such as elevators and reception areas, unless doing so is necessary to provide treatment to one or more patients. SUNY Downstate staff members must review the patient's record for documented patient restrictions or objections before sharing information with friends and family of the patient.

### **2. Databases and Workstations**

SUNY Downstate staff members are required to exit any confidential database upon leaving their workstations so that protected health information is not left on a computer screen where it may be viewed by individuals who are not authorized to see the information. Notepad may not be used to document protected health information, as it is not password protected. SUNY Downstate staff members are (also expected) not to disclose or release to other persons any item or process which is used to verify their authority to access or amend protected health information, including but not limited to, any passwords, personal identification numbers, access cards or electronic signature. Staff members will be held responsible and accountable for all activities occurring under his/ her account. These activities may be monitored.

**3. Downloading, Copying or Removing**

SUNY Downstate staff members are not to download, copy or remove from SUNY Downstate any protected health information, except as necessary to perform their duties. Upon termination of employment or contract with SUNY Downstate, or upon termination of authorization to access protected health information, staff members must return any and all copies of protected health information in their possession or under their control. In addition, staff members must ensure that all protected health information is disposed of in an appropriate manner. Health information in old PC's that are being removed must be deleted.

**4. Emailing and Faxing Information**

SUNY Downstate staff members are not to transmit protected health information over the Internet (including email) and other unsecured networks unless using a secure encryption procedure. Appropriate policies must be followed when faxing patient information, including using a cover sheet containing a confidentiality notice, ensuring that the fax machine is located in a secure location and verifying receipt with the intended recipient, when appropriate.

**5. Curiosity/ Concern/ Personal Gain/ Malice**

SUNY Downstate staff members are not to access, review or discuss information for purposes other than their stated duties. Staff members may not look up birth-dates, addresses of friends or relatives or review the record of a public personality. SUNY Downstate staff members are nor to access, review or discuss patient information for personal gain or for malicious intent.

**6. Policies & Procedures**

SUNY Downstate staff members are required to adhere to all of SUNY Downstate's HIPAA privacy policies and procedures, including campus and department specific policies. All HIPAA Privacy policies can be located at [www.downstate.edu/hipaa](http://www.downstate.edu/hipaa). The appropriate supervisor should be consulted if a staff member is unsure how to proceed in a specific circumstance.

**7. Training**

SUNY Downstate staff members are required to complete Downstate's HIPAA training program within two (2) weeks of orientation.

**8. Violations**

Violators of this policy are subject to employment, civil and criminal penalties. A staff member who has reason to believe that another person has violated SUNY Downstate Policies is to report the matter to his/her immediate supervisor for further action.

I acknowledge that I have received SUNY Downstate Medical Center's Staff Confidentiality of Protected Health Information Statement.

\_\_\_\_\_  
Print Name of Staff Member

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date