

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. HIPAA-23

Subject: SAFEGUARDS FOR INCIDENTAL DISCLOSURES

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I. PURPOSE

To ensure that protected health information (PHI) is reasonably safeguarded from intentional or unintentional use or disclosure to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

SUNY Downstate will have appropriate administrative, technical and physical safeguards to protect the privacy of PHI. Where possible, medical record number will be used instead of patient name. In addition, on all occasions, minimum necessary guidelines will be followed.

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.

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

A. Verbal Communications

1. Professional Discussions- SUNY Downstate staff members must refrain from discussing patient information in public areas, such as elevators and cafeterias.
 - a. In semi-private rooms, staff members are expected to draw the curtains and talk in low tones.
 - b. When PHI must be discussed with a patient in a waiting room, the patient should be taken to an area with less people and spoken to in low tones.
2. Voice Messages
 - a. Scripts should be developed for repetitive voice messages, such as appointment reminders, to ensure that no information linking the patient to a particular condition or information about services being provided is indicated. For example, the following message would be appropriate:

“This is Paula Green from SUNY Downstate Medical Center. I am calling to remind Mrs. Jones of her appointment with Dr. Smith tomorrow at 1:00 PM.”

- b. Lab and other test results should never be left in a message.
 - c. Dictations should not be made within earshot of other individuals.
 - d. When processing information left on answering machines, the information should not be played over speakerphone.
3. Telephone Requests for Patient Information- The guidelines delineated in the policy Telephone Requests for Patient Information should be followed.
4. Intercom Announcements- Intercom announcements should never reveal the:
 - a. Nature of the patient’s condition; or
 - b. Specialty of services being provided.The patient should be referred to the reception desk if protected health information must be disclosed.

B. Paper Based Data

1. Sign-In Sheets
 - a. Sign-in sheets should never contain PHI, such as the reason for visit, chief complaint or diagnosis. Patient name, date and time would be appropriate elements.
 - b. If possible, patients should be given a sticking label to sign-in, where their name, date and time could be documented. The receptionist should then stick the label on the main sign-in sheet maintained by the staff behind the

counter. In this manner, the unintended disclosure of the names of the patients who have already signed in will be minimized.

2. Patient Charts
 - a. Patient medical records on the nursing floors should be placed in the designated closed trays outside each patient room.
 - b. In all other areas, patient charts should be placed in the trays outside the patient rooms with the name of the patient facing the wall.
3. Patient Names on Doors- Patients who have opted out of being included in the facility directory should not have their names posted on the doors.
4. Patient Care Signs/ Logs- This information can continue to be posted as long as access is limited. Examples include:
 - a. "High Fall Risk" sign at patient bedside;
 - b. "Diabetic Diet" sign at patient bedside;
 - c. Use of X-ray lightboard at nursing station; or
 - d. Use of Inpatient logs at nursing station.
5. Leaving PHI
 - a. SUNY Downstate staff members are expected to place any PHI in closed drawers before going on breaks, to lunch and at the close of business each day.
 - b. Information should not be left in conference rooms or on counters where the information may be accessible to the public.
6. Postcards- Postcards sent to patients should not contain any PHI.
7. Interoffice Mail
 - a. Reasonable safeguards should be taken to ensure the confidentiality of PHI during delivery.
 - b. Such safeguards may include personally delivering the information, sealing the envelope or marking it as confidential.
8. Closets & Cabinets- All closets and cabinets containing PHI and confidential files must be locked when the area is unsupervised and access must be monitored.
9. Transporting PHI- PHI should be placed in bags or envelopes that are made inaccessible for viewing by the transporter.
10. Shredding- All printed materials and copies, including faxes, emails and reports, containing PHI, including just a patient's name, must either be shredded or placed in secure bins designated for shredding. Under no circumstances may this information be placed in regular trash bins.
11. Faxing- The guidelines delineated in the policy Faxing Patient Information should be followed.

C. Electronic Data

1. Computer Terminals
 - a. PC monitors should be turned away from the public.
 - b. For those PC's that are located in high traffic areas that cannot be moved to another location, shields should be placed on the monitors.
 - c. SUNY Downstate staff members are expected to log off of terminals before leaving their workstations.
 - d. Notepad cannot be used for documenting protected health information as it is not password protected.
 - e. Passwords and ID's cannot be shared. Staff will be held liable for all activity occurring under their account.

- f. The department supervisor is responsible for ensuring that old PC's that are being removed are referred to Information Services so that any protected health information is deleted appropriately.
2. Diskettes & CD's- PHI on diskettes or CD's must be deleted. SUNY Downstate department supervisors are responsible for inspecting the diskettes or CD's for any valuable necessary information and then breaking the diskette film, cutting the CD or placing these electronic materials in secure bins designated for shredding.
3. Emails- All internal emails containing PHI should be encrypted.

D. Physical Security

1. Ample Space
 - a. Ample space should be provided to discuss information with patients and other providers, to answer telephone calls and to conduct other operations involving PHI.
 - b. When ample space cannot be provided, physical barriers should be erected to decrease sound penetration (Ex: cubicle walls, dividers, shields, potted plants).
2. Key Distribution
 - a. Distribution of keys to areas containing PHI must be supervised and controlled.
 - b. Keys, access cards and tokens may not be shared.
 - c. Upon termination, all keys must be returned.
3. Locked Doors- Doors must be locked and access to sensitive work areas must be monitored.

VI. ATTACHMENTS

None

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.530(c)

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