

**UNIVERSITY PHYSICIANS OF BROOKLYN, INC.**

**POLICY AND PROCEDURE**

**No:** \_\_\_\_\_

**Subject:** STAFF CONFIDENTIALITY **Page** 1 **of** 3

<b>Prepared by:</b>	<u>Shoshana Milstein</u>	<b>Original Issue Date:</b>	<u>NEW</u>
---------------------	--------------------------	-----------------------------	------------

<b>Reviewed by:</b>	<u>HIPAA Policy &amp; Procedure Team</u>	<b>Supersedes Date:</b>	<u>NONE</u>
---------------------	------------------------------------------	-------------------------	-------------

<b>Approved by:</b>	<u>HIPAA Oversight Committee</u>	<b>Approval Date:</b>	<u>12/02</u>
---------------------	----------------------------------	-----------------------	--------------

**Distribution:**

**Issued by:**

- I. **Purpose:** To ensure that all UPB 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 UPB 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 UPB staff members are required to sign a confidentiality statement (See attached form on Staff Confidentiality of Protected Health Information) on an annual basis. All signed statements must be retained by the respective practice.

**B. Sanctions & Mitigation-** UPB will apply appropriate sanctions against UPB 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 appropriate manager for investigation.
2. Depending upon the severity of the violation, appropriate disciplinary measures will be applied, up to and including termination of employment.
  3. UPB 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 UPB 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. UPB 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. Procedure**

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

- IV. Responsibilities:** It is the responsibility of all medical staff members and practice staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Practice staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the practice.
- V. Reasons for Revision-** Regulatory changes
- 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)



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

*This statement should be signed by all UPB employees, physicians, volunteers, students, trainees, residents, interns, temporary personnel, consultants and contractors.*

*University Physicians of Brooklyn, Inc. is committed to protecting the privacy and confidentiality of health information about its patients. 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 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 practice 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 UPB staff members are expected 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. UPB staff members must also refrain from discussing protected health information in public areas, unless doing so is necessary to provide treatment to one or more patients. UPB 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**

UPB staff members are expected to ensure that they 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. UPB 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 liable for all activities occurring under his/ her account. These activities may be monitored.

**3. Downloading, Copying or Removing**

UPB staff members should not download, copy or remove from UPB any protected health information, except as necessary to perform their duties. Upon termination of employment or contract with UPB, 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**

UPB staff members should not 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 or Concern**

UPB staff members may not 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.

**6. Personal Gain or Malice**

UPB staff members may not access, review or discuss patient information for personal gain or for malicious intent.

**7. Policies & Procedures**

UPB staff members must adhere to all of UPB's HIPAA privacy policies and procedures. The appropriate manager should be consulted if a staff member is unsure how to proceed in a specific circumstance.

**VIOLATIONS**

UPB staff members who violate this policy will be subject to disciplinary action, up to and including termination of employment. Staff members who have reason to believe that another person has violated UPB's policies should report the matter promptly to his/ her manager. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. UPB will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of UPB's policies may result in disciplinary action.

*I agree to abide by the above statements and adhere to all of University Physicians of Brooklyn, Inc.'s HIPAA policies and procedures.*

---

Print Name of Staff Member

---

Signature of Staff Member

---

Date