

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED	RESPONSIBILITY	EFFECTIVE DATE	NUMBER	PAGE
	Administration Medical Records Management Information Services	3/03	6100-30	1 to 8
TITLE: CONFIDENTIAL INFORMATION				

PURPOSE: To establish clear expectations regarding all aspects of confidentiality.

POLICY: It is the policy of the Guam Memorial Hospital Authority to respect and protect the privacy rights of patients, their families, employees, and third parties. All information (either hard copy, electronic, or verbal) associated with medical records, human resources, performance improvement, quality/risk management, research, or organizational of any kind is strictly confidential and release of information should be directed to the source department for proper release. In addition, any information about the Hospital’s business, patients, families, employee’s job must be kept confidential.

It is the expectation of the Hospital that all parties (including but not limited to staff, physicians, volunteers, nursing students, third parties, etc.) thoroughly understand that violation of any aspect of this policy will result in corrective action. All parties must sign the Confidentiality Statement (See attachment A) upon review of this policy and procedure.

The Hospital places significant trust in all who have access to sensitive information and with that trust comes a high level of responsibility. Any breach of these confidentiality rules and expectations listed below is considered extremely serious and may result in the immediate termination of the violator.

Patients are required to consent (see attachment B) to uses and disclosures of their protected health information (PHI) for the purposes of treatment, payment or health care operations prior to using or disclosing his or her PHI to carry out treatment, payment, or health care operations.

PROCEDURES AND DEFINITIONS:

Confidential information discussed within this policy include:

- *Protected Health Information (PHI) which is defined as any individually identifiable health information
- *Patient Related Information (i.e. hardcopy medical records and electronic medical records including multi-media of sounds, voice recognition, graphic video and data)
- *Verbal Information which is defined as patient related information communicated via telephone, conversation, or other verbal exchange
- *Aggregate Demographic, Clinical and Financial Information (i.e. computer printout)
- *Other Hospital-Related Information (i.e. employee, financial and overall business records of the Hospital)

Reviewed: 3/03
Revised:
Approved: 3/25/03(Interim Approved)

A. Patient Related Information and Protected Health Information

1. Ownership of the Medical Record: Patient related information is the property of the Hospital; however, the information in the medical records belongs to the patient.
2. Storage and Security: Hardcopies of the medical record are physically secured in all patient care areas controlled by the Medical Records Department. Electronically stored patient related information (PHI) is maintained in both physically and technologically secured environment according to established policies.
3. Removal of Patient Related Information From the Hospital: Original source patient information is the property of the Hospital and may be removed from the facility only upon receipt of a court order, subpoena duces tecum or administrative approval/departmental policy.
4. Access to Patient Related Information: It is the responsibility of the Hospital and its personnel to safeguard information of patients and to see that pertinent information is available to properly authorized individuals or parties. Patient information may be given without authorization to nurses and other medical professional employed by the hospital for direct patient care purposes. Hospital staff, when acting in the course of business, may review patient information without authorization. A treating physician may have access to all of the patient's previous records although a *non-treating* physician must obtain valid authorization to review privileged information from the attending physician. Request form from the Medical Records Department must be completed and approved by the Privacy Officer and the attending physician prior to the release of the medical record. There will be a 72-hour waiting period.

Patient information shall be available for direct patient care purposes only to authorized nursing students enrolled in educational programs affiliated with the Hospital. Patient information shall be made available for research to individuals who have obtained approval of their research projects from the Hospital's Institutional Review Board or the Hospital Administrator/CEO and/or designee.

5. Release of Patient Information: Any questions regarding release of medical information should be referred to the Medical Records Department. All patient related information is confidential and the release of information will be closely controlled. A properly completed and signed authorization is required for release of medical information and all requests for information should be referred to the Medical Records Department, except in the following cases:
 - a. Family Request for Patient Condition (Patient currently under treatment): Staff shall verify the identity and relationship to the patient, the nurses and/or other health care professionals will instruct the caller that his/her identity and his/her request for information will be forwarded to the patient or the patient's family member. The patient or the patient's family member will be responsible for disclosing the patient's condition; unless specifically requested (in writing) by the patient or the patient's

family member that limited patient information may be given. Professional judgement should be used at all times and reasonable precaution should be taken to ensure patient privacy such as lowering voices

- b. *Health Care Facility Request for Patient Condition (Patient Currently Under Treatment)*: Staff shall verify the identity and relationship of the health care facility representative to the patient and after verification the nurses and other health care professionals may provide a description of the patient's general condition. Information will only be provided to facilities that the staff knows will have a provider relationship with the patient post discharge.
- c. *Media Request for Patient Condition (Patient Currently Under Treatment)*: Request for information from the media shall be directed to the Public Information Officer during regular business hours and to the **Nursing Supervisor** after normal business hours. If the patient or family refuses disclosure of information, the information will not be released to the media. Information will be released to the media only if the media can identify the patient's name. Medical information, which can be released, includes patient condition (satisfactory, fair, serious, or critical) which is determined by nursing. All other medical information regarding the patient shall not be released to the news media without the express written authorization of the patient or his/her designee.
- d. *Mandatory Reporting to Medical Agencies*: Authorization is not required to report communicable diseases to the local **Department of Public Health**. Authorization for disclosure is not required to report certain information pertaining to events specified below:
 - Suspected child abuse or neglect
 - Suspected disabled adult abuse or neglect
 - Accidental deaths which occur in the hospital
 - Agricultural-related accidents, illness or poisoning
 - Cancer, by Cancer Registry
 - Deaths
 - Illnesses, injuries or deaths due to medical devices
 - Injury caused by discharged of firearms
 - Live births, stillbirths, abortions
 - Metabolic diseases in newborns (PKU, hypothyroidism, galactosemia)
 - Narcotic thefts and thefts of controlled substances
 - Ophthalmia neonatorum
 - Vaccination reactions
- e. *Patient Transfers to Other Health Care Facilities*: If a **Patient Consent for Use and Disclosure of Health Care Information for Treatment, Payment, and Health Care Operations Form** (See Attachment B) is signed and the patient is directly transferred from the Hospital to a health care entity (hospital or nursing home) a signed authorization is **not**

required to disclose medical information to the receiving facility for patient care purposes.

- f. *Follow-up Care:* If the ***Patient Consent for Use and Disclosure of Health Care Information for Treatment, Payment, and Health Care Operations Form*** (See Attachment B) is signed and the patient is referred to a physician or clinic for follow-up care, an additional signed authorization is not required to disclose medical information to that receiving physician or clinic.
- g. *Insurance Approval for Continued Stay:* If the patient has signed the ***Patient Consent for Use and Disclosure of Health Care Information for Treatment, Payment, and Health Care Operations Form*** (See Attachment B) upon admission, provided the Hospital their third party payment source, authorized hospital staff may release pertinent medical information to third parties to justify approval continued patient stay.
- h. *Patient's Immunization Records:* Patient's immunization records may be shared among healthcare providers, healthcare facilities, federal or local health agencies, child welfare agencies, schools or family day care facilities, without the consent of the patient or the person acting on the person's behalf unless the patient's signed refusal to release immunization information is part of the patient's medical records.

B. Aggregate Demographic, Clinical and Financial Information: Confidential aggregate demographic, clinical and financial information will be released only after appropriate Hospital Administrator approval is attained.

C. All Other Health Information: To assure confidentiality, release of information is allowed only according to the following:

- 1. Only authorized hospital staff, Administration or the Personnel Department may release information about employees to third parties. The Medical Staff Office will be responsible for the release of information on members of the medical staff upon approval of the Associate Administrator of Medical Services and the concurrence of the Hospital Administrator/CEO or his/her designee. The Volunteers Coordinator will be responsible for the release information on members of the volunteers upon the approval of the Hospital Administrator/CEO.
- 2. **Computer Access/Information Items:** Any hospital staff and other parties who have access to computers are held responsible for the proper use of their access code and maintaining the confidentiality of computer files. Any tampering, duplication, unauthorized or improper use or release of codes or automated system is prohibited. Examples of the above would include, but not be limited to offensive message(s) via electronic mail, excessive personal messages via electronic mail, unauthorized access without permission, and/or solicitation. The Management Information System Department monitors the Information System, including electronic mail. Random audits of access to the Hospital systems are performed by the Management Information staff.

All business records, in any medium (paper, electronic, etc.) are the property of the Hospital. Any hospital staff who have access to such records are held responsible for the integrity and confidentiality of those records. No business record may be copied, electronically transmitted or removed from the premises without the approval of the responsible department director in accordance with this policy.