


**GUAM MEMORIAL HOSPITAL AUTHORITY
HIPAA POLICIES AND PROCEDURE MANUAL**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
 Peter John D. Camacho, MPH Hospital Administrator/CEO	Hospital-wide	11/20/2017	6420-1	1 of 10
TITLE: CONFIDENTIAL INFORMATION				
LAST REVIEWED/REVISED: 9/2017				
ENDORSED: HIPAA C/P/S 10/2017				

PURPOSE:

To establish clear expectations regarding all aspects of confidentiality pertaining to protected health information.

POLICY:

It is the policy of the Guam Memorial Hospital Authority (GMHA) to respect and protect the privacy rights of patients, their families, employees, and business associates. 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. Requests for release of information should be directed to the source department for proper release. In addition, any information about the hospital's business, patients, families, and 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 I) upon review of this policy and procedure.

The hospital places significant trust and a high level of responsibility in all who have access to sensitive information. 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 II) to uses and disclosure of their protected health information (PHI) for the purpose 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.

The hospital honors patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

DEFINITIONS:

Confidential information discussed within this policy includes:

Protected Health Information (PHI): Any individually identifiable health information held or transmitted in any form or media, whether paper, electronic, or oral including demographic data, that relates to:

- The individual's past, present, or future physical or mental health or condition; or
- The provision of health care to the individual; or
- The past, present, or future payment for the provision of healthcare to the individual; or
- Common identifiers such as name, address, birth date, social security numbers, diagnosis.

PROCEDURE:

I. PATIENT-RELATED INFORMATION AND PROTECTED HEALTH INFORMATION

A. Ownership of the Medical Record

Patient related information is the property of the hospital; however, the information in the medical record belongs to the patient.

B. 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 is maintained in both physically and technologically secured environment according to established policies.

C. 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 only by the Custodian of Records or his/her designee.

D. 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. A request form from 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 GMHA Institutional Review Board or the Hospital Administrator/CEO and/or designee.

E. 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:

1. **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 who has "power of attorney" or is the legal guardian. 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 judgment should be used at all times and reasonable precautions should be taken to ensure privacy such as lowering voices.
 - The patient's location may be included in the hospital census patient location directory to facilitate visits by friends and family as well as the delivery of flowers, cards, and gifts; however, the hospital using its professional judgment, shall not release this information if it could prove harmful to the patient (as in the case of abuse).
 - For **Labor and Delivery (maternity) patients**, information that the patient is in labor or has been released from the Labor and Delivery Unit shall NOT be disclosed without prior authorization from the patient; however, information may be provided ONLY to those family members that are presently and actively involved in the patient's care.
2. **Clergy:** GMHA may release the patient's name, location in the hospital, general condition and religion to clergy members, unless the patient has asked that the information not be released. Clergy do not need to ask for the individual by name. For example, clergy could request information regarding patients of a particular religion.
3. **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 Hospital Nursing Supervisor after normal business hours. The Hospital Administrator should be informed of all media requests.
 - If the patient or family refuses disclosure of information, no information will be released to the media.
 - Only a one-word general description of the patient's condition and his/her location within the hospital may be released only upon the patient's written consent. The following terms will be used:
 - Undetermined:** Patient is awaiting physician and/or assessment.
 - Good:** Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
 - Fair:** Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.

Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Treated and Released: Received treatment and released. The date, time, or where the patient went upon release may NOT be disclosed without patient authorization.

- The patient's location shall NOT be provided to any members of the media without prior written permission from the patient.
- The following activities require informed consent from the patient:
 - (1) Drafting a detailed statement (that is, anything beyond the one-word condition) for approval by the patient or the patient's legal representative
 - (2) Recordings, films, or other images of patient. (The term recordings, films, or other images refer to photographic, video, electronic, or audio media.)
 - (3) Interviewing patients

Refer to *Attachment II* for the **Interview/Photo/Video Authorization of Use Form**. If the patient is a minor, permission for any of these activities must be obtained from a parent or legal guardian. In addition, the Hospital Administrator must give prior approval for photos and videos. All other medical information regarding the patient shall not be released to the news media without the expressed written authorization of the patient or legal guardian.

- When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the production **may not occur**.
- When recordings, films, or other images of a patient are made for external use, a signed informed consent is obtained from patient or legal guardian prior and includes an explanation of how the recordings, films, or other images will be used.
- Before engaging in the production of recordings, films, or other images of patient, anyone who is not already bound by the hospital's confidentiality policy must sign a confidentiality statement to protect the patient's identity and confidential information.
- The hospital informs the patient of his or her right to request cessation of the production of the recordings, films, or other images even after informed consent was obtained from the patient.
- The hospital accommodates the patient's right to rescind consent before the recording, film, or image is used.
- The hospital reserves the right to deny media access to a patient if the hospital determines that the presence of photographers or reporters would aggravate the patient's condition or interfere with patient care.

- A hospital representative shall accompany the media at all times while they are in the hospital.

4. ***Matters of Public Record and Public Figures:***

- Matters of public record are those situations that are reportable by law to public authorities (for example, the Department of Public Health and Social Services). While laws and regulations require the hospital to report a variety of information to public authorities, it is not the responsibility of the hospital to provide that information in response to calls or other inquiries from the media or other parties, *including law enforcement officials*. These inquiries shall be referred to the appropriate public authority. (See also section II-E-5 below.)
- Victims of accidents, explosions, falls, shootings, stabbings, and injury from fire, natural disasters or terrorism, and public figures have the same privacy rights as all other patients. Inquiries requesting patient information shall be answered with only one-word condition. (See section I-E-3 above.)

5. ***Law Enforcement:*** GMHA may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a death GMHA believes might be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

6. ***Patients under Psychiatric Care, or Treatment for Alcohol or Substance Abuse:*** Information shall not be released on any psychiatric patients. The Federal Mental Health Act and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitative Act of 1970 strictly forbid disclosure of any information about mental patients, drug users, or alcoholic patients.

7. ***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 II) 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.

8. ***Healthcare 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.

9. ***Withholding information if patient pays in full and requests for non-disclosure***

The hospital must honor a patient's request to restrict disclosure of protected health information to a health plan for purposes other than carrying out treatment (namely, payment or health care operations) if the patient pays the hospital out of pocket in full [Section 13405 of Subtitle D of the HITECH Act (42 USC 17935)].

10. ***Business Associates*** of the hospital must comply with the HIPAA Security Rule. This requirement to comply will be incorporated into the business associate agreements. In addition, penalties that apply to the hospital will also apply to Business Associates for noncompliance with the provisions of the Security Rule. Business Associates must comply with the required notifications for breaches. This requirement regarding the obligation for compilation and reporting of information pertaining to a breach will be incorporated into the business associate agreements.
11. ***Patient's Immunization Records***. Patient's immunization records may be shared among healthcare providers, healthcare facilities, federal or local health 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.
12. ***Community Disasters***: Disasters require special management. Every attempt shall be made to keep the community informed. In accordance with the hospital's Emergency Preparedness Manual policies and procedures, the Public Information Officer is responsible for creating/drafting press releases and obtaining approval for their release from the Incident Commander or designee prior to submission to the Joint Information Center at the Office of Homeland Security/Office of Civil Defense.
 - Patient information may be disclosed to a public or private organization assisting in relief efforts for the purpose of notifying family members or others responsible for a patient's care about the patient's location, condition, or death.
 - Understanding that the public may benefit from the release of general information when specific information cannot be released, the number of patients who have been brought to the facility by gender or age group (adults, children, teenagers, etc.) may be provided.
 - Current and appropriate information shall be made available to the media as soon as possible after obtaining patient authorization and/or notifying next-of-kin. A location shall be provided for all media to gather so that information can be released in a press conference format that does not compromise patient safety or the hospital's need for added security in a disaster situation.

NOTE: The Public Information Officer will coordinate all press releases with the Incident Commander or his/her designee.

13. ***Releasing Information in order to Locate Next-of-Kin***: No photographs of the patient shall be released without the patient's authorization. At the hospital's professional judgment regarding the best interests of the patient with respect to

publicity, information describing the patient's general characteristics (for example, age, gender, height, and weight) may be released.

14. ***Death of patient:***

- The death of a patient shall be reported to the appropriate authorities by the hospital as required by Guam Law.
- Public information about a death shall be disclosed only after notifying the family of deceased or next-of-kin.
- Information released by the hospital about the cause of death must come from the patient's physician, and a legal representative of the deceased must approve its release.

II. PATIENT-SPECIFIC AGGREGATE DEMOGRAPHIC, CLINICAL AND FINANCIAL INFORMATION

Confidential aggregated demographic, clinical, and financial information will be released only after appropriate Hospital Administrator approval is attained.

III. ALL OTHER HEALTH INFORMATION

To assure confidentiality, release of information is allowed only according to the following:

- A. 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 professional (but not personal) 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 of information on the members of the volunteers upon the approval of the president of the Volunteers Association.
- B. 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 include, but not limited to, offensive message(s) via electronic mail, excessive personal messages via electronic mail, unauthorized access without permission, and/or solicitation. The Management Information Services Department monitors the Information System, including electronic mail. Random audits of access to the hospital systems are performed by the Management Information staff.
- C. All business records, in any medium (paper, electronic, etc.) are the property of the hospital. Any hospital staff that 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.
- D. Physicians and staff are prohibited from saving or copying PHI to any portable data storage device(s) or on personal computers.

RESCISSIONS:

Policy No. 6100-30, *Confidential Information*, of the GMHA Administrative Manual made effective March 2003.

Policy No. 6100-18, *Release of Information Guidelines*, of the GMHA Administrative Manual made effective April 1988.

REFERENCES:

- HIPAA Security Rule, CFR 45 Final Rule 2013-01073: <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- HITECH § 13402(h):
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/hitechenforcementifr.html>
- The Joint Commission Hospital Accreditation Program Information Management Standards.
- “CMS Information Systems Security Policy, Standards and Guidelines Handbook”, CMS, Version 1.0, February 19, 2002. <http://www.hipaassoc.com/Anonymous/CMS%20Handbook.pdf>
- International Standards Organization (ISO/IEC 17799:2005).
http://www.iso.org/iso/home/store/catalogue_ics/catalogue_detail_ics.htm?csnumber=39612.

ATTACHMENTS:

- I. [Confidentiality Statement](#)
- II. [Interview/Photo/Video Authorization of Use](#)

ATTACHMENT I

Guam Memorial Hospital Authority

CONFIDENTIALITY STATEMENT

This statement is to include, but not be limited to, employees, volunteers, students, physicians, and business associates.

It is the policy of Guam Memorial Hospital Authority to respect and protect the privacy rights of patients, their families, staff and business associates. ALL information contained in medical records, staff files, computer banks/systems and hospital records of any kind is strictly confidential. In addition, any information about the hospital's business, patients, families, staff or business associates (and/or agents of) which is disclosed or becomes known in the course of one's job must be kept confidential.

IT IS THE EXPECTATION OF THE HOSPITAL FOR ALL INDIVIDUALS TO THOROUGHLY UNDERSTAND THAT VIOLATION OF ANY ASPECT OF THIS POLICY WILL RESULT IN CORRECTIVE ACTION.

The use of automated systems with the hospital has added another dimension in the safeguarding of confidential material. Anyone who is authorized to access the electronic patient and/or employee records will be issued a confidential password. The use or disclosure of another individual's password or unauthorized accessing of past or present patient or employee information is grounds for immediate corrective action.

The electronic information systems will list and record injuries and transactions involving system access. This record includes: application/module, user, date/time/duration of inquiry, patient name and terminal location. Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the director of the department involved. This information will then be presented to the Director of Human Resources for review.

Breach of this policy by individuals of the hospital regarding information about past or present patients or employees will be cause for corrective action, which may include termination.

I have read and understand the above statements.

Print Name

Date

Signature

Date

Cc: Personnel File
Department File
Credentials File

ATTACHMENT II



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

Interview/Photo/Video Authorization of Use

Name of patient: _____

GMH Room Number: _____

I hereby grant permission to the Guam Memorial Hospital Authority, and/or, _____ to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others to do the same, including but not limited to those from newspaper, magazine, radio, video, and/or Internet media outlets. I authorize the use of the aforementioned interview, images and/or video in a reasonable and respectful manner without compensation as follows:

This authorization will be valid from (date) _____ to (date) _____.

- I understand that I have the right to request that the interview or photography/video session end at any time during the session.
- I understand that I have the right to withdraw my consent at any time, until a reasonable time before the interview, photo or video are used.
- I understand that my medical care or that of my minor child is not dependent upon my agreement to allow this interview or have these photos/videos taken.

Signature: _____ Date: _____

Name of Parent or Guardian: _____

(If the individual to be photographed and/or videotaped is under the age of 18.)