

SUBJECT: INFORMATION MANAGEMENT PLAN	REFERENCE #6001
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**PURPOSE:**

- To obtain, manage and use information to improve patient outcomes and individual and organization performance in patient care, governance, management and support policies
- To ensure that the amount of information accessible in response to a request for information is limited to the minimum amount needed to perform a specific type of work or to complete a function

**GOAL:**

To obtain, manage and use information to enhance and improve individual and organizational performance in patient care, governance, management and support processes.

**SCOPE AND DIRECTION:**

- Human, hardware and software resources are utilized to supply information to support the organization's information management requirements. To meet these requirements, the Health Information Management, Information Management Systems and HHA administration have paramount shared responsibility for the overall management of information.
- There are organized Health Information Management and Information Management Systems with financial resources allocated by the Governing Body to provide for optimal departmental operations. As the information management environment is constantly changing and becoming more sophisticated, all additional needs for information management, as well as for patient safety considerations related to evolving information management, are assessed with appropriate financial considerations granted through the Governing Body.

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**OBJECTIVES:**

- Information management is a function, a set of processes and activities focused on meeting \_\_\_\_\_ HHA's information needs. Issues of timeliness, accuracy, security/confidentiality, access, efficiency, collaboration, integrity and uniformity of data are considered in the overall management of information. Objectives, specific to \_\_\_\_\_ HHA include:
  - Timely and easy access to complete information throughout the organization
  - Improved data accuracy
  - Demonstrated balance of proper levels of security versus ease of access
  - Use of aggregate data, along with external knowledge bases and comparative data, to pursue opportunities for improvement
  - Use of aggregate patient safety-related data and information to identify risk to patients and to apply knowledge-based information to reduce these risks
  - Redesign of important information-related processes to improve efficiency
  - Greater collaboration and information sharing to enhance patient care
  - Emphasis on ensuring patient safety while harnessing the most effective and efficient information management technologies available
  
- As the field of information management is constantly changing with improvements in technology, and as the services of \_\_\_\_\_ HHA respond to meet the needs of the community, it is understood that these objectives will achieve compliance over time, with revisions as appropriate to changes in the healthcare environment.

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**ASSESSED INFORMATION MANAGEMENT NEEDS:**

- Viewing information management as a function, a set of processes and activities focused on meeting the HHA’s information needs, a comprehensive assessment and continued reassessment of information management needs shall be performed. Needs assessment shall be performed through review of the overall categories:
  - Setting or services providing care
  - Patient care, treatment and service needs
  - Provider needs, physician needs, family needs, insurance company needs, internal/interdepartmental needs
  - Licensing, accrediting, and regulatory body needs
  - Quality Assessment and Performance Improvement (QAPI) needs
  - Data and information required for the HHA to adequately perform planning activities
  - Relevant federal and state guidelines needed to obtain data set parity and data connectivity in interfacing information systems
  - Internal and external transmission requirements of the organization
  - Reporting needs over time (longitudinal reporting)
  - Cost of technology
  - Necessary data requirements for optimum support of customer and supplier relationships
  - Necessary data and information to enhance cost-effectiveness (resource analysis)
  - Necessary data and information which will enhance work flow

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- Necessary data and information requirements which will support clinical and administrative decision making
- Short term and/or long term planning which may increase the organization's information needs (i.e., expansion or redesign of services)
- Appropriate technology to meet short and long term goals

The following is a nonexhaustive list of areas considered in assessment:

- The HHA mission, goals and scope of services
- Mode(s) of service delivery
- Patient safety considerations
- Quality of care
- Identification of barriers to effective communication among caregivers
- Resources and access to affordable technology
- Individuals/entities served through information management:
  - Patients and families
  - Governing Body
  - Administration
  - Department managers/supervisors and HHA staff, both clinical and clerical
  - Physicians
  - Payers/Purchasers
  - Licensing, accrediting and regulatory bodies, i.e., State Department of Health, accrediting organization, CMS
  - National research and databases

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- Resources and support necessary for planning information and educational services:
  - Time
  - Space
  - Staff
  - Equipment
  - Financial allotment
- Requirements for internal and external transmission of data and information:
  - Staff
  - Training
  - Equipment
  - Mode of transmission
  - Time factors
- Requirements for internally and externally generated data to support organizationwide quality assessment and performance improvement:
  - Types of data required
  - Confidentiality of data
  - Generation of data
  - Receipt of data
  - Responsibility
- Requirements for benchmarking with comparative agencies and national databases

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- Appropriateness of the technologies utilized:
  - Knowledge of staff
  - Capabilities of computer database (size, speed, ease of networking capabilities, ease of interfacing with national computer databases)
  - Financial consideration
  - Reporting formats
- Need to support customer/supplier relationships:
  - Patient satisfaction surveys
  - Community assessment
  - Physician evaluation
  - Staff evaluation
- Enhancement of work flow activity:
  - CQI teams
  - Interdepartmental evaluations
  - Healthcare systems utilized by vendors, physicians and third party payers
- Support needed for clinical and administrative decision making:
  - Types of information required
  - Individuals responsible for data generation, aggregation and analysis
  - Equipment
  - Confidentiality

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- Through the assessment of information management needs, a list of priorities for improving the information management function is developed. Those areas where it has been determined to have the greatest impact on direct patient care and outcome of the delivery system will receive the highest priority for process revision and/or enhancement.
  
- The need for coordination across the organization, of all elements of the information management function, is considered a primary focus for staff development. Those individuals/departments identified as requiring knowledge and proficiency in the principles of information management are:
  - Governing Body members
  - Medical staff
  - Nursing staff
  - QAPI staff
  - Clinical service staff
  - Business Department staff
  - Risk and Safety Management staff
  
- Basic principles of information management shall be discussed with the appropriate individuals during initial orientation. Inservice updates shall be provided on an as-needed basis and/or during annual performance evaluation. Medical staff service chairpersons shall be provided with basic principles upon acceptance of position. Advanced principles shall be reviewed with the leaders of the organization as appropriate to their knowledge base and complexity of information usage.

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**STANDARDS:**

- The standards of timeliness, accuracy, completeness, security, confidentiality, protection and safeguarding, access, efficiency and collaboration, integrity and uniformity of data are considered in the overall information management function.
  
- Security and Confidentiality of Information:
  - The HHA ensures the confidentiality of all patient-identifiable information, including OASIS data.
  
  - The organization has considered the need for and appropriate levels of security and confidentiality of data and information. To provide a balance between data sharing and data confidentiality individuals/departments have been identified with specific policies/procedures outlining the access to, and need for, data and information.
    - Administrative staff will have access to any and all patient information that will allow them to fulfill their job responsibilities relative to the overall functions of the organization.
  
    - Heads of departments and supervisory staff will have access to appropriate patient information specific to their departments and their scope of responsibility to the care, treatment and services provided.
  
    - Clinical staff will have access to pertinent patient information relative to the assessment, treatment and care of the patient based on the scope and complexity of care, treatment and care provided and in accordance with usual and customary practice guidelines.
  
    - Physicians will have access to all pertinent patient information that will allow them to render optimum treatment to any patient for which they are the attending, covering or consulting physician.



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- Clerical staff with job functions directly related to billing, insurance and/or financial processes will have access to the patient information relative to their responsibilities that allows for appropriate processing of billing, insurance and financial information.
    - All other individuals will have access to patient data and information on a “need to know” basis, restricted to level of authority, in accordance with policies and procedures governing information security and confidentiality.
  - The HHA policies and procedures address the sensitive nature of patient confidentiality and identify the issues of release, retrieval and security of information.
- All policies and procedures address the sensitive nature of patient confidentiality and identify the issues of release, retrieval and security of information.
- Protection and Safeguarding of Data:
- Information management policies and procedures outline the mechanisms undertaken by the facility to protect and safeguard data against loss, destruction and tampering. Measures outlined in related information management policies and procedures (which are understood to be addenda to this plan) include:
    - Guidelines for the removal of records
    - Prevention of falsification of data and information
    - Prevention of unauthorized intrusion, corruption or damage to data or records
    - Prevention of accidental or unauthorized destruction of data or records
    - Guidelines for the approved destroying of copies of records
    - Protection of data and records from fire and water damage or destruction
    - Retrieval of baseline data in the event original records are lost, tampered with or destroyed

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- Disaster recovery and business continuity for organizational computer systems includes:
  - Plans for scheduled and unscheduled interruptions
  - Contingency procedures for operations interruptions
  - Plans for minimal interruptions due to scheduled downtime
  - Plan for emergency services
  - Plan for a “back-up” system
  - Data retrieval, including data retrieval from storage, information presently in the computer system, retrieval of data in the event of a system interruption and retrieval of back-up data
  
- Data Definitions and Information Integration:
  - There is an approved list of data definitions, accepted HHA abbreviations and unacceptable abbreviations distributed to all departments in the facility. All data definitions are standardized to allow for integration of data throughout the facility.
  - While some information (coding information for example) is managed in a computerized format, other information is managed manually. Sharing and integration of information is necessary to provide care in an effective manner. Integration of information is managed according to the flowchart attached. (see attachment)

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- Timeliness:
  - Timeliness of information is felt to be of paramount importance. In accordance with nursing, ancillary and administrative policies and procedures, information is managed in the time frames described.
  
- Patient Records:
  - The patient record is an accurate description of the patient's home health care. The HHA's policies and procedures outline all necessary elements of the patient record, which include:
    - ◆ Identification data; patient's name, sex, address, date of birth, authorized representative/caregiver name and contact information
    - ◆ The patient's language and communication needs
    - ◆ Medical history, including the chief complaint; details of the present illness; recent hospital and/or healthcare facility admission/discharge dates; relevant past, social and family histories (appropriate to the patient's age), and an inventory by body system
    - ◆ Allergies to medications and foods
    - ◆ A summary of the patient's psychosocial needs, as appropriate to the patient's age
    - ◆ Advance Directives
    - ◆ Medical Power of Attorney and/or Power of Attorney, as applicable
    - ◆ Referral source
    - ◆ Signed release of information
    - ◆ Signed receipt of Patient Rights and Responsibilities
    - ◆ A report of relevant physical examinations

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- ◆ A statement on the conclusions or impressions drawn from the admission history and physical examination
- ◆ A statement on the course of action planned for the patient for this episode of care and of its periodic review, as appropriate
- ◆ Reassessments and revisions of plan of care, signed and dated
- ◆ Evidence of care coordination
- ◆ Patient's/family's response to care, treatment and services
- ◆ Medications:
  - List of current medications
  - Medication orders
  - Medication reconciliation documentation
  - Medication Administration Record
  - Dosage of medication ordered and administered:
    - ◇ Strength
    - ◇ Dose
    - ◇ Rate of administration
    - ◇ Administration devices used
    - ◇ Route
  - Allergies, adverse drug reactions
  - Medications prescribed at discharge
- ◆ Diagnostic and therapeutic orders

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- ◆ Evidence of appropriate informed consent
- ◆ Clinical observations, including the results of therapy
- ◆ Progress notes made by the medical staff and other authorized staff, signed and dated
- ◆ Reports of any diagnostic and therapeutic procedures, such as Pathology and Clinical Laboratory examinations and Imaging and Nuclear Medicine examinations or treatment
- ◆ Final diagnosis(es)
- ◆ Conclusions at termination of home health care
- ◆ Clinical resumes and discharge summaries
- ◆ Discharge instructions to the patient or family
- ◆ Patient communication, i.e., telephone calls, e-mail
- ◆ Patient-generated information
- Medical record review for pertinent content, timeliness, completeness and legibility is based on a representative sample (a sample representing the practitioners providing care and of the care provided). Nursing and other relevant clinical professionals conduct the review process. The focus of the review is on information available at the point of care.
- Findings from the medical record review, shall be forwarded to \_\_\_\_\_.

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- Library:
  - To allow for current knowledge-based information there is an established library system. The library system consists of systems, resources and services to:
    - ◆ Allow healthcare professionals to acquire and maintain the knowledge and skills they need to maintain and improve professional competence
    - ◆ Support clinical and management decision making
    - ◆ Support patient care
    - ◆ Support quality assessment and performance improvement and patient safety
    - ◆ Provide needed information and education to individuals and families
    - ◆ Satisfy research related needs
  - Knowledge-based information refers to current authoritative print and nonprint information resources including, but not limited to:
    - ◆ Recent and archival clinical and managerial literature in the form of periodicals, journals, texts, documents, databases, indexes and abstracts in print or electronic format
    - ◆ Practice guidelines, best practices and consensus development standards
    - ◆ Research studies
    - ◆ Satellite television services
    - ◆ Stored audio and/or video material

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- ◆ On-line computer linked information services via the Internet
- ◆ Lists, drug lists, articles, letters and notices from regulatory and/or authoritative agencies such as the Federal Drug Administration (FDA), Centers for Disease Control (CDC) and the Poison Control Center
- External Databases:
  - The facility provides information to external reference databases as required by law or when appropriate within the organization.

**QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) INFORMATION:**

- To allow for appropriate designing of processes that provide for systematically measuring, assessing and improving performance to improve patient health outcomes, information is required that will facilitate this goal. Quality assessment and performance improvement shall be performed on a organizationwide basis and shall require integration of all information and data gathered throughout the facility. The following areas are key components of the information management function that integrate with organizationwide Quality assessment and performance improvement:
  - Reporting formats, aggregated data:
    - Who requires reports, for what reason, type of information needed, security of information, timeliness of data
  - Risk Management:
    - Organizationwide
  - Safety Reporting:
    - Organizationwide
  - Coding/Medical Record Retrieval

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- QAPI Program:
  - IOP key aspects, clinical service groups, functions, priority focus areas and performance dimensions
  - Performance measures and related outcomes
  - Sentinel Event Reporting/Root Cause Analysis and Action
- RM/UM/IC/Safety integration:
  - Summary of actions
- Medical/Professional staff profiles:
  - How information is reported to credential file
  - Impact of information on credentialing/reappointment
- Tools:
  - Ability to gather necessary data in usable format

All areas defined above are included in detail in the IOP plan.



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**INFORMATION-BASED DECISION MAKING:**

- Information management activities support timely and effective decision making at all levels throughout the institution. Information management processes support administrative, managerial and QAPI activities (as listed above). Information management processes also support patient care, treatment and service decisions. The support of clinical decision making is based on information contained in the patient record. This information shall be readily accessible throughout the organization, accurately recorded, complete, organized for efficient retrieval of needed data and timely. Data and information shall be collected and aggregated to support care, treatment and service delivery and operations, including the following:
  - Individual care and care delivery
  - Decision making
  - Management and operation
  - Analysis of trends over time
  - Performance comparisons over time within the HHA and with other organizations
  - Quality assessment and performance improvement
  - Infection prevention and control
  - Patient safety
  - Coding/medical record retrieval
  - Emergency Department and outpatient logbooks

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### **CONSIDERATIONS:**

- With the ongoing improvements in information management technology considerations are given to the following strategies:
  - Patient safety
  - The effect of the improvement/new technology on workflow processes and procedures
  - Application and implementation of programs
  - Database communication and operating system strategy
  - Hardware strategy
  - Organizational strategy

### **REFERENCES:**

- Bandy, Margaret; Doyle, Jacqueline Donaldson; Fladger, Anne; Frumento, Katherine Stemmer; Girouard, Linné; Hayes, Sheila; & Rourke, Diane. (April 2008). Standards for Hospital Libraries, 2007. *Journal of the Medical Library Association*, Volume 96, Number 2, pages 162-169. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2268237/>
- For additional information:
  - U.S. Department of Health and Human Services (DHHS). (January 24, 2013). Standards & Interoperability (S&I) Framework. Retrieved from <https://www.healthit.gov/policy-researchers-implementers/standards-interoperability-si-framework>
  - U.S. Department of Health and Human Services (DHHS). (n.d.). Health Information Technology. Retrieved from <http://www.healthit.gov/>
  - U.S. Department of Health and Human Services (DHHS). (n.d.). Health Information Technology. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html>

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**POLICY:**

- \_\_\_\_\_ HHA shall protect the electronic data media source and equipment from damage or loss.
- This HHA contracts with \_\_\_\_\_ to maintain computer systems.
  - Contact number is: \_\_\_\_\_

**PROCEDURES FOR REDUCING RISKS:**

- Preventive Maintenance of Hardware will be Performed on the Following:
  - Central processing unit and drives:
    - Quarterly by: \_\_\_\_\_ (name of company)
  - Peripheral hardware:
    - Bimonthly by Information Systems staff, or on an as-needed basis
- Protection of Computer Data will be Performed by "Back-up" Storage of Information:
  - Back-up policy:
    - Entire system will be copied onto magnetic tapes, CDs and/or jump drives each evening as part of the nightly system shutdown procedure. There are no exceptions to this policy.
  - Back-up storage policy:
    - Tape rotation and storage:
      - ◆ Nightly back-up tapes are to be rotated on a daily basis, seven (7) days per week, 365 days per year.
      - ◆ All back-up tapes are stored off site located \_\_\_\_\_.

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- Back-up server is located\_\_\_\_\_.
- A back-up file shall be tested at least annually to ensure that it can be re-installed.

**COMPUTER INTERRUPTION OR FAILURE:**

Partial Interruption or Failure:

- If a situation occurs during off hours, HHA administration shall be notified immediately.
  - Information Systems shall assess the situation immediately upon arrival and notify HHA administration.
  - Information Systems shall attempt to identify:
    - ◆ The nature of the problem
    - ◆ An estimated timeframe for resolution of the problem
  - Administration will notify all other departments if services have not or will not be restored within\_\_\_\_\_(timeframe).

Downtime Procedures:

- Service interrupted less than two (2) hours
  - Registrations may need to be completed manually.
    - ◆ When service is restored, office staff will enter all registrations in chronological order.

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**RECOVERY PROCEDURES:**

- Emergency recovery for organizational computer systems includes:
  - Plans for scheduled and unscheduled interruptions
  - Contingency procedures for operations interruptions
  - Plans for minimal interruptions due to scheduled downtime
  - Plan for emergency services
  - Plan for a back-up power system for servers and cooling systems
  - Data retrieval, including data retrieval from storage, information presently in the computer system, retrieval of data in the event of a system interruption and retrieval of back-up data
  
- Loading Back-up Tapes:
  - Back-up tapes will be loaded as instructed by Information Systems Director or alternate.
    - Daily reports will be printed from back-up microfiche tapes and data entry will be keyed at this time.
  
- Multiple "Daily System Closing":
  - Information Systems will perform daily system closing after each day's registrations have been entered.
    - Processing weekend room and board as an alternative to daily system closing must be authorized by the Information Systems Director or alternative.

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**TRAINING:**

- Staff and licensed independent practitioners shall be trained on downtime procedures for scheduled and unscheduled interruptions of electronic information systems.
- Training shall be provided by \_\_\_\_\_ and shall occur at the time of orientation, annually and as needed.

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**PURPOSE:**

An electronic signature establishes authorship and validity of a statement, order, document, report or record by an electronic means.

**DEFINITIONS:**

- Attestation - The act of applying an e-signature to the content, showing authorship and legal responsibility for a particular unit of information
- Electronic Signature - an automated function which replaces a handwritten signature with a system-generated signature statement, utilized for medical records as a means for authentication of transcribed documents, computer-generated documents and/or electronic entries

**POLICY:**

- Healthcare providers shall be permitted to utilize electronic signature in accordance with this policy and applicable State and Federal regulations.
- Request for an electronic signature must be approved by the Information Systems Department.
- Before assigning the unique user name, the system administrator shall verify the user.
- All individuals authorized to use an electronic signature in the medical record must complete and sign an Electronic Signature Authorization/Confidentiality form attesting that he or she is the only one who has access to his/her signature codes, that the electronic signature will be legally binding and that passwords and/or PIN numbers will not be shared. HIPAA regulations shall be followed at all times.
- The following types of electronic signatures can be utilized:
  - Digital signature (cryptographic signature, digital key)
  - Digitized image of a signature (actual signature converted to electronic image)
  - Button, PIN, Biometric or Token

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- The full printed name of the author shall appear at the end of an entry or document, with the date and time, the digitized signature or a signature statement with the author's credentials.
- The author of the entry shall be required to review his/her entries for completeness and accuracy prior to applying electronic or digitized signature.
- Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of addendum to the original entry. The addendum should also be signed electronically and date/time stamped.
- Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Information Management Director. Sanctions shall be imposed as appropriate.

**REFERENCE:**

Downing, Kathy. (2013 update; this update supersedes the November 2009 practice brief "[Electronic Signature, Attestation, and Authorship](http://library.ahima.org/PB/ElectronicSignature)"). Electronic Signature, Attestation, and Authorship. AHIMA Practice Brief. Retrieved from <http://library.ahima.org/PB/ElectronicSignature>



# ELECTRONIC SIGNATURE AUTHORIZATION/CONFIDENTIALITY FORM

An electronic signature establishes authorship and validity of a statement, order, document, report or record by an electronic means.

Request for an electronic signature must be approved by the Information Systems Department.

Electronic Signature Name: \_\_\_\_\_ User ID: \_\_\_\_\_

Confidentiality of systems' accounts, passwords, personal identification numbers (PINs) and other types of authorization assigned to individual users must be maintained and protected, and not inappropriately shared.

Documents that are available to electronically sign are as follows:

_____	_____
_____	_____
_____	_____
_____	_____

I understand that when I am no longer affiliated with \_\_\_\_\_ HHA, I or my direct supervisor will notify the Information Systems Department that I am no longer on staff.

By signing this Authorization/Confidentiality Form, I acknowledge that I am a user of the electronic signature system and will not release my user identification code or password to anyone, or allow anyone to access or alter information using my identity.

I also understand that the electronic signature system I use is intended to be the legally binding equivalent of my authorized personal handwritten signature.

I am also responsible for the security of information stored in the Information Systems Department.

Name of Physician/Employee (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Physician/Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date Request Approved: \_\_\_\_\_

## **NOTES:**

- Please check your state for specific laws or regulations addressing electronic signatures.
- Please have your legal department review this form prior to implementation for compliance with HHA practices and state and local regulations.

SUBJECT: PRIVACY AND CONFIDENTIALITY OF INFORMATION	REFERENCE #6005
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**PURPOSE:**

To effectively and efficiently preserve and maintain the privacy and confidentiality of patient, staff and business entity information in accordance with the Health Insurance Portability and Privacy Act (HIPAA) and other applicable federal and state laws, regulations and standards.

**DEFINITIONS:**

- Privacy: An individual’s right to limit disclosure of personal information.
- Confidentiality: The safekeeping of data/information so as to restrict access to individuals who have need, reason and permission for such access.
- Protected Health Information: Health information that contains information such that an individual person can be identified as the subject of that information.
- OASIS: The Outcome and Assessment Information Set

**POLICY:**

- \_\_\_\_\_ HHA operates in accordance with the HIPAA Privacy Rule of 1996.
- Confidentiality of data and information within the HHA applies across all systems and automated, paper and verbal communications, as well as to clinical/service, financial and business records and employee-specific information. Confidentiality of OASIS data is outlined in the HHA's OASIS policies and procedures.
- All new staff members shall receive instructions about the HHA’s Privacy and Confidentiality of Information policy and procedure during orientation.
- Significant changes to the HHA’s Privacy and Confidentiality of Information policy are communicated to staff members, including contracted staff, in verbal and written formats. These formats include inservice programs, staff meetings, memos, e-mails, etc. Receipt of the information by staff members is documented by staff signatures (may include electronic signatures) and retained by the HHA.

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- All patients' personal health information and billing data is considered confidential and will be disclosed at the direction of Administration only when authorized to do so by the patient or his/her legal representative, when required by law or on a "need to know" basis as necessary to carry out the day to day business activities.
- Patient information designated as "sensitive", i.e., psychotherapy notes, HIV/AIDS diagnosis, will be disclosed at the direction of Administration only when authorized to do so by the patient or his/her legal representative, in response to a court order or when required to provide care, treatment or services.
- All staff members' personal data, personnel records, work related information and pay records are considered confidential to be disclosed at the direction of Administration only when authorized to do so by the employee or the employee's legal representative, when required to do so by law or on a "need to know" basis as necessary to carry out day-to-day business activities.
- All HHA business records and/or dealings are considered confidential to be disclosed only when authorized to do so by Administration when required to do so by law, or on a "need to know" basis as necessary to carry out day-to-day business activities.
- Home care medical records, personnel records, computerized data systems and billing records shall be protected from loss, alteration, unauthorized use or damage and stored in a locked, secure location.
- Computer files are password protected against unauthorized use, alteration or damage.
- Passwords are not to be shared and are not to be displayed. Passwords are changed periodically at the discretion of Administration.
- Patient, employee and company privacy is protected during Quality Assessment and Performance Improvement (QAPI) activities.
- Information regarding patients shall not be displayed in areas that are available to the public and/or unauthorized staff.
- All staff shall limit discussions of patient care, treatment and services to appropriate staff within the HHA and/or pertinent individuals under contract who have legitimate needs for accessibility of the information for delivery of care, treatment or services, effective functioning of the organization, research and/or education.

SUBJECT: PRIVACY AND CONFIDENTIALITY OF INFORMATION	REFERENCE #6005
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**PROCEDURE:**

- Patient Care Services Director or the Administrator will review all requests for information to determine whether the request will be honored.
- Access to information and records, including computer access, is determined by the requesting individual's "need to know" as follows:
  - Professional and field staff directly involved in providing care and/or services to the patient are permitted access to the patient's medical records.
  - Operational and professional HHA staff who require access to patient records, employee records or HHA records in order to accomplish their day-to-day tasks, are permitted access to needed records.
  - Telephone requests for employee or patient information are referred to the Patient Care Services Director or the Administrator.
  - Requests for disclosure of patient information to reimbursement organizations, healthcare organizations, physicians, licensing and/or accrediting agencies require a completed and signed consent form and are referred to the Patient Care Services Director or the Administrator.
- Consents or Release of Information Signatures:
  - Must be the original signature of the patient or employee.
  - May be the signature of the legal representative if the subject has a court appointed guardian.
  - May be a legally authorized representative of the patient or employee.
  - May be the signature of a family member if the patient is unable to sign. If signed by a family member the signature should be witnessed and the reason for the patient's inability to sign documented.
  - If the validity of a signature is questioned, the HHA has the right to require a notarized signature.

SUBJECT: PRIVACY AND CONFIDENTIALITY OF INFORMATION	REFERENCE #6005
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☐ Safeguarding of Records:

- Original paper or computer patient medical records, personnel files, payroll records and billing records shall be filed and shall not be removed from the site of origin except by court order or for transfer to and from storage facilities or other authorized sites as needed to accomplish the day-to-day business of the HHA upon direction of Administration.
- Records should not be left in unattended areas accessible to unauthorized individuals.
- Records shall be stored in a manner that minimizes the possibility of damage from wind, fire and water.
- Back-up copies of computer records shall be maintained as necessary to maintain the integrity of the system.
- Records may be photocopied by authorized staff as necessary to accomplish the day-to-day business of the organization. Clerical and professional staff may copy documents when authorized to do so as outlined below:

<b>Document(s)</b>	<b>Authority</b>
Medical Records or parts thereof	Administrator, DPS, Supervisors, Staff Development, others as designated by Administrator
Personnel Records or parts thereof	Administrator, Clinical Supervisors, Support Service Managers, others as designated by Administrator
Billing Records	Administrator, Billing Supervisor, others as designated by Administrator
Payroll Records	Administrator

SUBJECT: PRIVACY AND CONFIDENTIALITY OF INFORMATION	REFERENCE #6005
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- Relevant copies of the patient's medical record may be left in the patient's home as is necessary to assist the home healthcare staff in providing care or services to the patient.
- All copies of records, except those left in the patient's home for the express purpose of providing education and/or for reference, shall be destroyed by shredding by the HHA at the time of the patient's discharge. Copies used in the patient's home shall be returned to the HHA office for that purpose.

Orientation and Education of Staff Includes:

- Review of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- Review of the HHA's confidentiality policies and procedures
- Review of OASIS policies and procedures (if applicable to position)
- Guidelines for photocopying records
- Guidelines for prevention of unauthorized disclosure of patient and employee information
- The signing of a confidentiality statement that becomes a permanent part of each employee's personnel file

**REFERENCE:**

U.S. Department of Health and Human Services (DHHS). (n.d.). Health Information Privacy. *The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules*. Retrieved from <http://www.hhs.gov/ocr/privacy/index.html>

SUBJECT: CONFIDENTIALITY OF INFORMATION - GENERAL ISSUES	REFERENCE #6006
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**POLICY:**

- \_\_\_\_\_ HHA shall maintain an individual’s right to privacy and confidentiality of information.
- Information known or contained in the patient's medical record (known as protected health information) shall be treated as confidential and shall be released in appropriate circumstances only with the written consent of the patient or legal guardian.
- Information concerning patients, visitors and staff shall be managed with the highest degree of appropriateness and confidentiality, pursuant to organizationwide policies and procedures.
- Patient-identifiable OASIS information shall not be released to the public.

**PROCEDURE:**

- All persons employed at \_\_\_\_\_ HHA having access to information concerning patients, such as volunteers, HHA staff members and physicians must hold all information in strict confidence, and shall abide by the Health Insurance Portability and Accountability Act (HIPAA) regulations.
  - Confidentiality of the patient record shall be maintained at all times by keeping the record closed when not in use. If an electronic health record is used, ensure that no other individual can read the screen and log-off the computer when not in use.
- Information concerning patients which may be considered ordinary facts and necessary for planning of specific care and services, shall be handled with professional discretion and on a "need to know" basis.
- Information regarding physicians, staff members or volunteers shall be relayed to others as appropriate to the related job function or task and/or to facilitate patient care and services only. Information regarding physicians, staff members or volunteers shall be kept on a professional level, and only discussed in relationship to the individual’s purpose and function within the institution.

SUBJECT: CONFIDENTIALITY OF INFORMATION - GENERAL ISSUES	REFERENCE #6006
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- When receiving inquiries regarding a patient’s condition by family members, friends and visitors, the following must be observed:
  - The individual requesting information must provide evidence of his/her identity, upon which time if the patient is able to consent, verbal consent shall be obtained from the patient and documented in the medical record.
    - The information verbally provided by staff shall consist only of brief description on the patient’s current condition in terms of “stable”, “improving”, etc. The clinical healthcare provider must use their judgment in providing additional information and prudence is required.
  - If the patient is unable to provide verbal consent due to physical or mental incapacitation and there is an assigned surrogate decision maker for the patient, consent for release of verbal information shall be obtained from the surrogate and documented in the medical record.
  - If the patient is unable to provide verbal consent due to physical or mental incapacitation and there is no assigned surrogate decision maker, verbal information, as outlined in this policy, may be provided to the following individuals:
    - Husband/wife
    - Adult children
    - Children (as appropriate to age)
    - Siblings
    - Legal next of kin
    - Caregiver/guardian



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- Any other individuals requesting information regarding the patient must receive authorization from the patient's physician.
- Requests for patient information shall be directed to Medical Records. Disposition of such requests will be in accordance with the HHA's established policy and procedure for Release of Information and pursuant to the HIPAA regulations.
  - As required by state and federal law, information pertaining to victims of abuse/ violence/sexual assault shall be released to regulatory agencies.
  - As appropriate to state and federal law, any patient information requested by state and/or federal agencies shall be released accordingly.
- Advances in technology shall be reviewed as these are made available to the institution, to ensure that the technology maintains and protects privacy and confidentiality of personal health information.
- Personal opinions as to the competence of HHA staff members or any staff members, are not to be expressed in a public environment and shall always be addressed to the staff member's supervisor or HHA Administrator for resolution.
- At no time shall physicians, staff members, volunteers or others associated with the HHA engage in discussions of a personal nature which are unrelated to the organization's mission, vision, values and goals (i.e., gossip).
- At no time shall staff members, volunteers, or others associated with the HHA, who have access to confidential patient or HHA information, speak with the news media, or others outside the HHA, without prior approval from HHA administration. All encounters with the news media shall be directed to administration.
- All staff shall be educated and trained about the requirements for information privacy and confidentiality appropriate for each level of employee to carry out his/her healthcare function within the HHA. Education and training shall include orientation, initial education and any ongoing education and training necessary related to changes with this organization's information confidentiality and privacy practices.

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- Enforcement of the principles of this policy shall be monitored through the combined efforts of the HHA Administrator and the Risk Management Department. Monthly monitoring of violations of this policy shall be conducted with quarterly reports submitted to the Quality Assessment and Performance Improvement (QAPI) Committee and Governing Body.
- Outcomes from monitoring activities shall be analyzed to determine if improvements can be made in privacy and confidentiality practices.

**REFERENCE:**

U.S. Department of Health and Human Services (DHHS), Office for Civil Rights (OCR). (April 3, 2003). *Summary of the HIPAA Privacy Rule*. OCR Privacy Brief. Retrieved from <http://www.hhs.gov/sites/default/files/privacysummary.pdf>

SUBJECT: CONFIDENTIALITY OF THE MEDICAL RECORD	REFERENCE #6007
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

To preserve the confidentiality, security and integrity of patient information.

**POLICY:**

- \_\_\_\_\_ HHA and \_\_\_\_\_ (computer agent) ensures the confidentiality of all patient identifiable information, including OASIS data.
- \_\_\_\_\_ HHA is responsible for the safety and confidentiality of the patient record. Access is restricted to authorized individuals only and includes:
  - HHA staff as outlined in HHA policy
  - The physician(s) responsible for the medical care of the patient
  - Licensing, accrediting and regulatory bodies
  - Staff involved with peer review and Quality Assessment and Performance Improvement (QAPI)
  - Patients, as determined by individual state law
- Patient identifiable OASIS information shall not be released to the public.
- All other requests are by subpoena, court order or must have written authorization from the patient or legal guardian.
- Travel charts are removed as necessary for providing care and are returned to the office files as soon as feasible.
- The medical records are stored in a locked file away from public access.
- Laptop computers or travel charts removed from the office require confidentiality protection. Do not leave these items unattended or viewable by others.

SUBJECT: CONFIDENTIALITY OF THE MEDICAL RECORD	REFERENCE #6007
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- Lists of patients and patient information must be sequestered and protected from the view of those not involved in care.
- If a portion of the clinical record must stay in the patient's home, HHA staff shall educate the patient/family regarding the protection of the health information.

SUBJECT: ELECTRONIC HEALTH RECORDS	REFERENCE #6008
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 5
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**POLICY:**

- The \_\_\_\_\_ HHA shall provide the highest level of confidentiality of individually identifiable patient healthcare information, whether paper or electronic, shall be achieved.
  
- Strategies for protecting health information shall include:
  - Technical measures for improving computer and network security
  - Organizational measures for ensuring that healthcare workers understand their responsibility to protect information and that processes are in place for detecting and reporting violations
  
- Technical Measures shall Include:
  - Individual authentication of users:
    - Unique identifier or log-on ID for use in logging into patient care information systems
    - Passwords shall be changed no less frequently than every six (6) months
      - ◆ Names, English-language words and common acronyms shall not be used as passwords. Passwords should include letters, numbers and other characters.
    - Clear and strict procedures for each patient care unit for issuing and revoking identifiers
  - Access controls:
    - Healthcare workers shall have access to only that information for which they have a legitimate need to know for patient care, treatment and services.

SUBJECT: ELECTRONIC HEALTH RECORDS	REFERENCE #6008
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- Audit trails:
  - The HHA shall maintain, in retrievable and usable form, audit trails that log access(es) to patient information.
  - The logs may include information, such as the date and time of access, the information or record accessed, the user ID under which access occurred and, if possible, the reason for the access.
  - Audit trail information shall be kept in a safe place to prevent erasure or modification.
  - Audit logs shall be regularly reviewed and analyzed to detect inappropriate accesses.
  - Audit trails shall be used together with system-generated prompts or warning screens informing users of the sensitive content of patient records and reminding them about audit logs and sanctions for unauthorized access.
  
- Physical security and disaster recovery:
  - The HHA shall limit unauthorized physical access to computers by positioning monitors and keyboards so they are not easily seen by anyone other than the user.
  - Other precautions include displaying password protected screen savers if left idle for a specified period of time, properly disposing of outdated equipment, tapes, disks, paper printouts and other media that contain confidential information.
  - Plans shall be established for providing basic system functions and ensuring access to healthcare records in the event of a natural emergency or mechanical or software failure by means such as redundant processing facilities, regular full-system back-ups and annual practice drills.
  - Back-up data shall be stored in safe places or in encrypted form.
  - Ensure that contractors used to transport and store back-up tapes have adequate policies and procedures to protect the integrity and confidentiality of the information.

SUBJECT: ELECTRONIC HEALTH RECORDS	REFERENCE #6008
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- Protection of remote access points:
  - The HHA shall install and monitor a firewall and/or other forms of protection that provide strong centralized security to host machines that allow external public or insecure connections, such as the Internet or dial-in telephone lines.
  - Outside access shall be allowed only to those systems critical to outside users or for the conduct of HHA business. There shall be an additional secure authentication process (either encrypted or single-session passwords) for remote and mobile users, such as those using home or portable computers, or remote access shall be allowed only over dedicated lines.
- Protection of external electronic communications:
  - All patient-identifiable information should be encrypted before transmission over open public networks, such as the Internet, or such transmission should be only over secure dedicated lines. The inclusion of patient-identifiable information in unencrypted e-mail is forbidden.
- Software discipline:
  - Virus-checking programs shall be installed on all servers. An inventory shall be maintained of all software on all workstations and servers. Vendor licensing agreements must be adhered to.
- System assessment and technological awareness:
  - The security of the HHA's information systems shall be assessed on an ongoing basis, i.e., running "hacker scripts" and password "crackers" against the systems, and routinely using software protection tools, such as virus-detection software and software checksum protection.

SUBJECT: ELECTRONIC HEALTH RECORDS	REFERENCE #6008
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Organizational Measures Shall Include:

- The HHA shall develop explicit and clear confidentiality procedures governing both paper and electronic media that:
  - State the types of information considered confidential
  - Stipulate who may have access to which elements of patient information and for what purposes
  - Identify individuals authorized to release patient information and the procedures that must be followed to make a release
  - Specify a method of disposal of paper records containing patient identifiers that ensures their complete destruction (i.e., shredding or bonded disposal)
  - Enforce sanctions that will be applied for breaches of confidentiality and unauthorized access
  - Provide annual inservices for staff, LIPs, volunteers and students in privacy, confidentiality and security.
  - Policies and procedures shall be reviewed annually.
- Staff education:
  - The HHA shall provide staff education to ensure that all users of information systems receive education regarding professional responsibilities and personal accountability for security and confidentiality.
  - Log-in screens shall be developed to remind users that healthcare information is limited to legitimate healthcare or research purposes, and that misuse of healthcare information is a violation of HHA policy and can lead to sanctions.



SUBJECT: ELECTRONIC HEALTH RECORDS	REFERENCE #6008
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- User confidentiality agreements:
  - Any staff accessing patient-information systems shall sign a form stating that she or he has read, received a copy of, understood and will comply with the HHA confidentiality policy.
  - This form should be signed prior to access being given, and retained in the pertinent department.
- Informing patients:
  - Patients shall be informed of the existence of electronic health records and the confidentiality of said records.
- Patient access to audit logs:
  - Patients shall have the right to request and review audits of all accesses to their health records, as well as the right to review the contents of their health records and annotate or supplement information they believe to be inaccurate, incorrect or incomplete (without removing any information). Patients' primary care physicians also have the right to review audit logs of their patients' health records.

SUBJECT: USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION - GENERAL RULES	REFERENCE #6009
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**DEFINITIONS:**

- Protected Health Information - Individually identifiable health information, held or maintained by a covered entity or its business associates acting for the covered entity that is transmitted or maintained in any form or medium. This includes identifiable demographic and other information relating to the past, present or future physical or mental health or condition of an individual, or the provision or payment of healthcare to an individual that is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse.
  - Protected health information excludes individually identifiable health information:
    - In education records covered by the Family Education Rights and Privacy Act, as amended
    - In records described at 20 USC 1232 g(a)(4)(B)(iv)
    - In employment records held by a covered entity in its role as an employer, *and*
    - Regarding a person who has been deceased for more than 50 years
  
- Unsecured Protected Health Information: Protected health information that is not rendered unusable, unreadable or indecipherable to unauthorized persons through the use of a technology or other methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of the Public Law 111-5.
  
- Secured PHI: PHI that has been rendered unstable, unreadable or indecipherable to unauthorized individuals by either encryption or destruction by a method approved by the National Institutes of Standards and technology.
  
- Record - Any item, collection or grouping of information that includes protected health information (PHI) and is maintained, collected, used, or disseminated by or for the covered entity. See 45 CFR §164.501 (definition of “designated record set”).
  - The right of access applies regardless of the information’s format; therefore, the term “designated record set” cannot be limited to information contained in an electronic record, but also will include any non-duplicative, electronic or paper-based information that meets the term’s definition.

SUBJECT: USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION - GENERAL RULES	REFERENCE #6009
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**PURPOSE:**

- Basic Principle - A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose PHI, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.
- An individual's right of access generally applies to the information that exists within a covered entity's designated record set(s), including:
  - A healthcare provider's medical and billing records
  - A health plan's enrollment, payment, claims adjudication, and case or medical management record systems
  - Any information used, in whole or in part, by or for the covered entity to make decisions about individuals

**POLICY:**

\_\_\_\_\_ HHA shall protect the privacy of individual PHI. Because of this, the amount of information accessible in response to a request for information is limited to the purpose or need for the information.

**PROCEDURE:**

- Determine if the request for individual PHI is permitted. Permitted reasons include:
  - In response to a request for information by the patient
  - To carry out treatment, payment or healthcare operations after receiving a consent from the patient

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- To carry out treatment, payment or healthcare operations without a consent, if a consent is not required, as seen in:
  - An indirect treatment relationship with the individual
  - The individual is an inmate of correctional facility
  - An emergency situation and attempts to obtain consent occur as soon as reasonably possible
  - The healthcare organization is required by law to treat the individual, however, cannot gain consent until a later time
  - Attempts to obtain consent from an individual are unsuccessful because of communication barriers with the individual, and it is determined that the individual's consent to treatment is inferred from the situation
- To provide care, treatment and services, to support training programs, to provide legal defense, or is the author of psychotherapy notes
- To maintain a directory of individuals in its facility
  - The information in this directory is limited to:
    - ◆ The individual's name
    - ◆ The individual's location in the facility
    - ◆ The individual's condition described in general terms that does not communicate specific medical information about the individual
    - ◆ The individual's religious affiliation; and can communicate this information:
      - To members of the clergy
      - Except for religious affiliation, to other persons who ask for the individual by name

SUBJECT: USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION - GENERAL RULES	REFERENCE #6009
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- To support public health activities, as seen in:
  - The purpose of preventing or controlling disease, injury or disability, including reporting a disease or injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority
  - To receive reports about child abuse or neglect
  - To comply with Food and Drug Administration activities, as seen with:
    - ◆ Tracking adverse effects
    - ◆ Product recalls
- To employers, if:
  - The employee is a member of the healthcare organization’s workforce
  - The purpose of the information is to provide and follow-up work-related occurrences or injuries
- To support:
  - Marketing of future healthcare services
  - Fundraising of the HHA
  - Health plan premium or plan information

The healthcare organization is required to provide PHI to the Secretary of Health and Human Services (HHS) to investigate or determine if the HHA is in compliance with this standard.

SUBJECT: USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION IS REQUIRED	REFERENCE #6010
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**POLICY:**

- \_\_\_\_\_ HHA shall receive authorization from a patient prior to releasing or utilizing protected health information (PHI). Authorization is needed prior to releasing psychotherapy notes and prior to releasing PHI for the purposes of marketing.
  - Authorization is not needed if the notes are needed to carry out treatment, payment or healthcare operations by the originator of the notes.
  - Authorization is not needed if \_\_\_\_\_ HHA is using the notes for its own training programs in which students, trainees or practitioners in mental health learn under the supervision of HHA staff.
  - Authorization to use psychotherapy notes is not needed to defend a legal action or any other legal proceeding brought forth by the patient.
  - Authorization to use psychotherapy notes is not needed when used by a medical examiner or coroner.
  - Authorization for marketing is required:
    - If the marketing involves direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is involved.

**PROCEDURE:**

- Authorization is needed prior to releasing psychotherapy notes or for the purpose of marketing:
  - \_\_\_\_\_ shall review the purpose of the authorization with the patient.
  - Ask the patient to read, complete, sign and date the authorization form on the designated areas.
  - Place the completed authorization form on the patient’s medical record.

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- Explain to the patient that the authorization form can be revoked at any time. This revocation must be in writing.
- Provide a signed copy of the authorization to the patient.
- The signed authorization form shall be retained for a period of six (6) years.

SUBJECT: USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION SUBJECT TO AN AGREED-UPON RESTRICTION	REFERENCE #6011
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**POLICY:**

- \_\_\_\_\_ HHA shall ensure that individuals have the right to request that his/her individual protected health information (PHI) be treated as confidential and private except if needed for treatment, insurance payment or for healthcare operations.
  - A patient has the right to restrict access to his/her PHI.
  - A patient can request that his/her PHI not be provided to family members.
    - This healthcare organization will comply once the patient has completed the Restriction of Information Agreement form.
  - A patient can verbally request that access to his/her PHI be restricted.
    - It shall be documented in the medical record the agreement to restrict access to the patient's PHI.
  - The HHA can terminate the agreement to restrict a patient's PHI if the information is needed to provide emergency care or treatment. Any information obtained to help provide emergency care cannot be used beyond the provision of emergency care.
  - Should the HHA decide to terminate a restriction agreement with a patient without the patient's agreement, any information prior to the termination shall be maintained as confidential and private. Medical information after the date and time of the notice of agreement termination would not be held as confidential and private.
  - The HHA shall maintain a record of agreed restrictions.
    - This record shall be retained for six (6) years from the date it was created or the date it was last in effect, whichever is later.



SUBJECT: USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION SUBJECT TO AN AGREED-UPON RESTRICTION	REFERENCE #6011
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**PROCEDURE:**

- Inform the patient of his/her rights to have his/her PHI maintained as confidential and private.
- Inform the patient of who will have access to his/her PHI.
- Inform the patient that they have the right to restrict access to his/her PHI.
- Should the patient request his/her PHI be restricted, the patient must complete and sign the Restriction Agreement Release of Patient Information Consent Form.
- The completed Restriction Agreement Release of Patient Information Consent Form shall be maintained in the patient's medical record.
  - A record of the completed Restriction Agreement Release of Patient Information Consent Form will be maintained for a period of six (6) years from either the date created or the date in which it is was last in effect.
  - The HHA can terminate the Restriction Agreement Release of Patient Information agreement only after informing the patient of the termination of the agreement.
    - Once the patient is notified, the HHA shall maintain the confidentiality of the information in the original agreement prior to the termination of the agreement. Information accumulated after the notification to terminate the agreement would not be covered or restricted by the terms of the previous agreement.

**RESTRICTION AGREEMENT  
RELEASE OF PATIENT PROTECTED HEALTH INFORMATION  
CONSENT FORM  
SAMPLE**

Release Information to: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

**Please Initial:**

\_\_\_\_\_ I hereby authorize \_\_\_\_\_ HHA to provide the above-named individual or company with all medical data and information they may request, as listed below, concerning my illness or injury.

\_\_\_\_\_ I hereby authorize \_\_\_\_\_ HHA to provide the above-named individual or company with specific elements of my medical data and information as designated below, concerning my illness or injury.

\_\_\_\_\_ I hereby refuse \_\_\_\_\_ HHA to provide the above-named individual or company with medical data and information concerning my illness or injury.

**MEDICAL DATA/INFORMATION**

\_\_\_\_\_ Name, address, phone number

\_\_\_\_\_ Social security number

\_\_\_\_\_ Date of admission

\_\_\_\_\_ Admitting diagnosis

\_\_\_\_\_ Findings of physical examination

\_\_\_\_\_ Clinical Laboratory data

\_\_\_\_\_ Reports of diagnostic tests

\_\_\_\_\_ Reports of surgical procedure

\_\_\_\_\_ Listing of medications

\_\_\_\_\_ Listing of treatments

\_\_\_\_\_ Information from physician consults

\_\_\_\_\_ Ancillary personnel notes (check all those that apply)

Nursing       Social Service       Nutritional Services

Pharmacy       Psychiatric Services

Date: \_\_\_\_\_

\_\_\_\_\_ Patient Signature

\_\_\_\_\_ Print Name

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Print Name

(original to be placed in patient's medical record)

SUBJECT: RELEASE OF MEDICAL INFORMATION	REFERENCE #6013
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 5
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

Any information of a medical nature in the possession of \_\_\_\_\_ HHA must not be revealed by any staff member of the HHA except as outlined in the procedure below.

**PROCEDURE:**

- The medical record shall not be used in any manner that will jeopardize the interests of the patient, except that the HHA interests are priority when necessary to defend itself, or its agents, against accusations made by the patients or others.
- Release of information to patients/legal representative:
  - A patient's clinical record shall be made available to the patient and/or the patient's legal representative upon request.
  - Clinical records shall be provided free of charge to patients and/or the patient's legal representative.
- Upon request of the patient and/or the patient's legal representative, the Case Manager shall retrieve, print and/or copy the requested patient's clinical record (whether hard copy or electronic).
- The patient's requested clinical record shall be provided free of charge to the patient/legal representative within the following time frames:
  - At the next home visit, or
  - Within four (4) business days (whichever comes first)

SUBJECT: RELEASE OF MEDICAL INFORMATION	REFERENCE #6013
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 5
	EFFECTIVE:
APPROVED BY:	REVISED:

- Release of information to attorneys, insurance company investigators and physicians other than those caring for the patient for Worker’s Compensation cases:
  - Medical records may be inspected, or copies furnished, only upon receipt of written authorization signed and dated by the patient, guardian, if a minor, conservator if mentally incompetent, next of kin, administrator or executor, in case of death. The authorization and a statement as to date and type of information furnished shall be filed with the patient’s medical record.
  - Identification must be shown by the party wishing to inspect the medical record.
  - A minimum charge of \$\_\_\_\_\_ shall be made to insurance companies and attorneys wishing copies of the medical record with an additional fee of \$\_\_\_\_\_ per page of the medical record that is copied.

Release of Information to HHA Staff:

- HHA staff inspect records only when necessary for their own routine departmental work.
- HHA staff may inspect the medical records only upon signed, written authorization from the patient.
- HHA staff may inspect the medical records of relatives only upon signed, written authorization from the patient.

Note: Student nurses must have authorization from their supervisor when asking for medical records for case studies.

SUBJECT: RELEASE OF MEDICAL INFORMATION	REFERENCE #6013
DEPARTMENT: HOME HEALTH	PAGE: 3 OF: 5
APPROVED BY:	EFFECTIVE:
	REVISED:

- Release to FBI, Veterans Administration, Induction Centers, Armed Forces, State or National Government Agency:
  - Name of the patient, address and dates of admission and discharge may be released without authorization.
  - It is not required that confidential information be released to governmental or police agencies without a subpoena or a written, signed authorization from the patient.
  - If a person desires to inspect medical records in the name of the above agencies and has proper authorization, identification must be verified. The requester will also need to sign and date the authorization which has been signed by the patient. If copies are requested, there shall be no charge.
  
- Release of Information to Other HHAs:
  - Information may be released to other HHAs, without authorization, upon receipt of a request form from the HHA stating the patient is presently under their care in their institution.
  
- Release of Information on a Patient Transferred to a Skilled Nursing Facility or Extended Care Facility:
  - Requires no authorization after the patient has been accepted by the receiving facility.
  - Upon written request for copies of records from an employer, its insurance company, or its attorney, such request shall be honored, providing that the request states that a Worker's Compensation claim is pending. In this case, the patient's authorization is not required.
  
- Confidential Information:
  - Data or information from a record is considered confidential if it may have adverse effect upon an individual's family or HHA staff member. It may be information that:
    - Could be prejudicial to a person's mental or physical health
    - An individual could not be expected to fully understand or accept because it is contrary to his/her own views

SUBJECT: RELEASE OF MEDICAL INFORMATION	REFERENCE #6013
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APPROVED BY:	EFFECTIVE: REVISED:

- Contains implications requiring explanation or interpretation to assist in its acceptance and assimilation in order to preclude misinterpretation, adverse reaction or retaliatory consequences toward reaction, or retaliatory consequences toward others
- Could be construed as personally embarrassing to an individual or a member of his/her family
- The four (4) principal categories of confidential, AKA sensitive information are as follows:
  - ◆ Medical information including information concerning alcohol abuse, drug abuse, social diseases, sickle cell anemia and/or HIV
  - ◆ Psychological/psychiatric information
  - ◆ Information in criminal, civil or administrative records
  - ◆ Child abuse information for those patients considered to be a minor
- Medical records meeting any of the above criteria will be flagged with a confidential sticker to alert HHA staff to obtain specific authorization from the patient if information is requested from this record.
- All correspondence is logged upon receipt in the Correspondence Log. This will enable ease of answering telephone inquiries without pulling the patient's medical record. The information logged would be the patient name, HHA number, the requester's name, the date of receipt of inquiry, the material sent and the date mailed. This log shall be an alphabetical file in a notebook, for ease of access.
- The request is then verified for validity, checking signatures, dates, etc. If valid, the medical record and request will be forwarded to the copy service for processing.
- The original request and consent to release information is filed in the patient's medical record. It shall contain the date, the information released, and the signature of the person releasing the information.

SUBJECT: RELEASE OF MEDICAL INFORMATION	REFERENCE #6013
DEPARTMENT: HOME HEALTH	PAGE: 5 OF: 5
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Release of Information for External Database Reporting:

- Aggregate patient information outcomes may be released for external database reporting without prior consent when patient information is “de-identified”. “De-identification” includes listing patient information in statistical format, without any identifying patient information. Aggregated information only will be released for reporting of performance data. Only external database system vendors approved by the institution for use will receive information. Only authorized staff will have access to the reporting system.

# RELEASE OF PATIENT INFORMATION CONSENT FORM SAMPLE

Release Information to: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Reason for Release: \_\_\_\_\_

Please initial:

\_\_\_\_\_ I hereby authorize \_\_\_\_\_ HHA to furnish the above-named individual or company with all medical data and information they may request, as listed below, concerning my illness or injury.

\_\_\_\_\_ This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate six (6) months from the date of consent without express revocation.

\_\_\_\_\_ I hereby consent to the release of any and all records containing alcohol and/or drug abuse and/or psychiatric diagnosis under the same consideration as outlined above. I understand that such information cannot be released without my specific consent, except in accordance with a court order.

\_\_\_\_\_ I further understand that I have a right to receive a copy of this authorization upon request.

Copy Requested:  Yes  No Copy Received:  Yes  No

## Identifying Information:

Patient's Name at Time of Treatment: \_\_\_\_\_  
(Please Print)

Attending Physician: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

## Information Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signed:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Patient/Patient Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If signed by other than Patient, indicate relationship

Address: \_\_\_\_\_  
City State Zip Code



SUBJECT: RELEASE OF PATIENT IDENTIFIABLE OASIS INFORMATION	REFERENCE #6016
	PAGE: 1 OF: 2
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

**PURPOSE:**

To maintain confidentiality of OASIS data

**POLICY:**

- \_\_\_\_\_ HHA and any agent acting on behalf of this HHA in accordance with a written contract shall ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable information to the public.
  
- The following HHA staff have access to OASIS information:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  
- If this HHA has a contract with a vendor for the transmission of its OASIS data, there shall be a written agreement that addresses the confidentiality of data that must be in place.
  - Violations of data confidentiality by an entity contracted by the HHA are still the responsibility of the HHA and would constitute condition-level non-compliance; therefore, the HHA is ultimately responsible for compliance with the confidentiality requirements and is the responsible party if the contractor does not meet the requirements.
  
- Access to and transfer and delivery of OASIS information is limited to only authorized staff.
  - HHAs that contract with accrediting organizations, such as the Joint Commission and the Community Health Accreditation Program (CHAP), for determining compliance with the Medicare Conditions of Participation may share Outcome-Based Quality Improvement/Monitoring (OBQI/M) reports with representatives of the appropriate accrediting organization on survey.

SUBJECT: RELEASE OF PATIENT IDENTIFIABLE OASIS INFORMATION	REFERENCE #6016
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
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- The accrediting organization has a responsibility to review the OBQI/M reports and the HHA must provide the reports in the course of normal HHA business.
- State Agencies and Regional Offices may not share OBQI/M reports with the accrediting organization because no data use agreement exists with the State Agencies/Regional Offices and the accrediting organization.

**REFERENCE:**

Centers for Medicare and Medicaid Services (CMS). (December 12, 2016). OASIS User Manuals. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

SUBJECT: REPORTING OASIS INFORMATION	REFERENCE #6017
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- \_\_\_\_\_ HHA shall encode and electronically transmit each completed OASIS assessment to the State agency or the CMS OASIS contractor, regarding each beneficiary with respect to which such information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.
- Data shall be encoded and transmitted using the software available from CMS or software that conforms to CMS standard electronic record layout, edit specification and data dictionary, and that includes the required OASIS data set.
- Data shall be transmitted using electronic communications software that complies with the Federal Information Processing Standard (FIPS 140-2 issued May 25, 2001) from the HHA or the HHA contractor to the CMS collection site.
- Test data shall be transmitted to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing System (ASAP) or CMS OASIS contractor.
- The encoded OASIS data shall accurately reflect the patient’s status at the time of assessment.
  - Some tips for establishing a program to monitor the quality and accuracy of OASIS data can be found in Chapter 12 of the OASIS Implementation Manual - Data Quality Audits.
- Transmitted data includes the Centers for Medicare and Medicaid Services (CMS) assigned branch identification number, as applicable.

SUBJECT: REPORTING OASIS INFORMATION	REFERENCE #6017
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
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**PROCEDURE:**

- After OASIS data are collected and completed by the qualified clinician as part of the comprehensive assessment at the required time points (i.e., start of care, resumption of care, follow-up, transfer to inpatient facility with or without discharge, discharge to community, death at home), \_\_\_\_\_ shall enter (encode) the OASIS data into the agency’s computers using HAVEN or HAVEN-like software.
  - If the HHA has an arrangement with an outside entity acting on behalf of the HHA to electronically submit OASIS data to the State agency, there must be a written contract that describes the arrangement the HHA has with the outside entity to enter and transmit OASIS data on behalf of the HHA.

**ADDITIONAL TOOL:**

OASIS website, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/index.html>

SUBJECT: CONSENT FOR USES OR DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS	REFERENCE #6018
	PAGE: 1
DEPARTMENT: HOME HEALTH	OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- \_\_\_\_\_ HHA shall use or disclose protected health information (PHI) if:
- The information is used to carry out the HHA's treatment, payment or healthcare operations.
  - The information is used for treatment activities by a healthcare provider.
  - The information is used for a healthcare provider to receive payment.
  - The information is used for healthcare operations by a healthcare provider that has a relationship with the patient in efforts to detect healthcare fraud and abuse or compliance.
  - The information is used or was created while providing care to an individual who is an inmate of a correctional facility.
  - The information is used to provide care during an emergency situation.
  - The information is used in the course of providing treatment to an individual where the HHA is required, by law, to provide care.
  - Attempts shall be made to obtain consent for care provided during emergency situations or attempts to obtain consent are unsuccessful because of communication barriers, but consent for treatment is inferred from the circumstances.
  - Attempts to obtain consent shall be documented with the reason why consent was not obtained.

Note: The language in the final rule says the healthcare entity MAY obtain consent. So, if the HHA wants to continue to use a consent form, the following policy can be used instead:

- The HHA shall have a patient sign a consent form prior to using or providing the patient's PHI.

SUBJECT: CONSENT FOR USES OR DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS	REFERENCE #6018
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APPROVED BY:	REVISED:

**PROCEDURE:**

- Determine if an authorization is needed from a patient prior to disclosing PHI. Authorizations are needed for the disclosure of psychotherapy notes and for marketing. (See Uses and Disclosures for Which an Authorization is Required policy)
- Determine if additional authorization is required, such as for participating in research, in which case authorization can be combined.
- Review the purpose of the consent with the patient.
- Explain that the authorization of consent can be revoked at any time; however, the revocation must be in writing.
- The consent form must:
  - Be written in plain language
  - Refer the patient to the Privacy Notice for more information
  - Inform the patient that his/her PHI may be used and disclosed to carry out treatment, payment or healthcare operations
  - State how the patient has the right to request that the HHA restrict how PHI is used or disclosed to carry out treatment, payment or healthcare operation
  - State that the HHA is not required to agree to requested restrictions
  - State that if the HHA agrees to a requested restriction, the restriction is binding on the covered entity
  - State that the patient has the right to revoke the consent in writing, except to the extent that the HHA has already taken action
  - Ask the patient to read, sign and date the consent form on the designated areas
- The HHA must retain the signed consent form for a period of six (6) years.

**STAFF CONFIDENTIALITY STATEMENT  
SAMPLE**

I, \_\_\_\_\_ agree to respect and maintain the policy of

\_\_\_\_\_, which states that all information regarding patients, contractors, employers, customers and others with whom there is a business or fiduciary relationship, is private, confidential and privileged in accordance with state and federal laws, rules, regulations and/or statutes. The term information is understood to include, but is not limited to, verbal, electronic, telephonic and written information such as documents, records, medical records, discussions, recorded messages, video tape or any other type of information or communication.

I agree not to make any voluntary disclosure of any such confidential information obtained in the course of my employment to any unauthorized individual or agency.

I recognize that if I voluntarily divulge or release such confidential information without express permission from an authorized individual, I may be subject to civil action under the provisions of the Welfare and Institutions Code. Additionally, breach of this confidentiality statement shall be sufficient cause for the termination of my employment at

\_\_\_\_\_.

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Staff Member: \_\_\_\_\_

Department: \_\_\_\_\_

**This statement will be kept in your personnel file.**

# CONFIDENTIALITY AGREEMENT SAMPLE

The healthcare organization has a legal and ethical responsibility to safeguard the privacy of all patients, employees and agents and to protect the confidentiality of information. Strict standards are adhered to within the organization concerning patient and employee records and all other information which is considered to be of a confidential nature.

As an employee, you recognize that in the course of your employment with the organization you will have access to create or acquire confidential, privileged, or proprietary patient, employee, provider, or trade information, secrets or processes. All employees must recognize that that this information is solely the property of the organization regardless of its format or changing formats over time. Each employee recognizes the right of the employer to determine questions of ownership.

Each employee recognizes that the disclosure of any of the above information would directly damage the organization's business and integrity and could subject the organization to a serious business loss. Accordingly, each employee promises as a condition of employment that during and after employment with the organization or any of its affiliated subsidiaries, he/she will not disclose any such information to any person or entity without first obtaining written consent from the organization.

Furthermore, each employee understands that his/her position within the organization is one of trust and confidence. Each employee understands that he/she must pledge his/her best efforts and utmost diligence to protect and keep the trade secrets and confidential or proprietary business information of the organization secure.

As a condition of my employment/assignment, I hereby agree that, unless directed otherwise by my supervisor, I will not at any time during or after my employment/assignment with the organization disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession or under my control, or use patient information for any purpose other than to provide patient care.

I understand that the disclosure of my computer password, attempts to discover another person's password or unauthorized use of a password are not permitted. I will treat the information I have access to as strictly confidential and will share information only with those who have a "need to know". I will access only that information that is within the scope of my job function/responsibilities.

I understand that upon termination of employment I must promptly return all such confidential information or other organization property to the Human Resources/Personnel Department.

I attest that I have read and understand the above information regarding confidentiality and understand that any willful or intentional breaches of confidentiality will result in disciplinary action up to and including possible termination.

I hereby agree to adhere to the confidentiality standards of the organization.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



SUBJECT: DOCUMENTATION AND THE USE OF ABBREVIATIONS, ACRONYMS AND SYMBOLS	REFERENCE #6021
	PAGE: 1 OF: 1
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- Abbreviations denoted on the Joint Commission’s “Do Not Use” List will not be utilized for documentation throughout the organization to assure the highest quality of patient care and to prevent medical/health care errors.
- The “Do Not Use” List includes abbreviations, acronyms, symbols and dose designations.
- Only those abbreviations from the medical staff list of approved abbreviations will be utilized for documentation.
- The list of “Do Not Use” abbreviations applies to all orders (not just medication orders) and all medication documentation that is handwritten or uses free text entry into a computer.
- Pre-printed forms shall not include any abbreviations identified as not to be used.
- All pre-printed forms include, but are not limited to, physician order forms, protocols, clinical practice guidelines and pathways.
- Nurses and pharmacists shall clarify orders that contain “do not use” abbreviations with the prescriber when the order is not clear.

**NOTE:**

Healthcare organizations may be required by state regulations to have an approved abbreviations list. Healthcare organizations may use resources, i.e., Lexikon: Dictionary of Healthcare Terms, Organizations and Acronyms, Stedman’s Medical Abbreviations, Acronyms and Symbols, Centers of Disease Control’s Approved List of US Vaccine Abbreviations, to develop individualized lists.

## UNACCEPTABLE ABBREVIATION AND SYMBOL LIST

**Do Not Use Any of the Following When Ordering, Prescribing or in Documentation:**

- \* The Joint Commission’s “do not use” list of abbreviations. **(BOLDED)**
- \*\* Institute of Safe Medication Practices (ISMP) list of dangerous abbreviations relating to medication use. The ISMP recommends these abbreviations should be explicitly prohibited.

Unacceptable Abbreviation/Symbol	Code	<u>Why</u> this is <u>not</u> to be used	What <u>is acceptable</u> practice
Decimal point preceding dose <b>without</b> preceding zero Example: .5 mg	**	Can be mistakenly read as multitudes of the intended amount without notice of the decimal	Include the preceding zero (0) before a decimal point when the dose is less than a whole unit Example: 0.5 mg
Trailing or terminal zero after decimal point - prohibited for all medication orders and other medication-related documentation Example: 3.0 mg	**	Can be mistakenly read as multitudes of the intended amount without notice of the decimal point	Do not use trailing or terminal zeros. Write doses as whole numbers Example: 3 mg <i>Acceptable practice does include reporting laboratory values and in certain other numeric notations, i.e., equipment size where the precision of the numeric value is indicated by the digits after the decimal point</i>
IU	**	Can be mistaken for intravenous or 10 (ten)	Write out the words “international units”
MgSO <sub>4</sub>	**	Can be mistaken for morphine sulfate	Write out the complete name of drug
MS, MSO <sub>4</sub>	**	Can be mistaken for magnesium sulfate	Write out the complete name of drug
q.d., qd, Q.D. or QD (every day)	**	Can be mistaken for q.i.d., four times daily	Write out the word “daily” or “every day”
q.o.d., qod, Q.O.D. or QOD (every other day)	**	Can be mistaken for daily or four times daily	Write out the phrase “every other day”
U or u	**	Frequently mistaken for the number zero or the number four	Write out the word “unit”
A.D., A.S., A.U.	**	Can be mistaken for each other or for O.D., O.S., O.U.	Write out the term “left ear”, “right ear” or “both ears”
Apothecary symbol for the word dram	**	Can be mistaken for the number three (3)	Use the metric system instead of this apothecary symbol
Apothecary symbols for the word minim	**	Can be mistaken for the abbreviation mL	Use the metric system instead of this apothecary symbol

## UNACCEPTABLE ABBREVIATION AND SYMBOL LIST (continued)

Unacceptable Abbreviation/Symbol	Code	<u>Why</u> this is <u>not</u> to be used	What <u>is acceptable</u> practice
BT	**	Can be mistaken for BID (twice daily)	Write out the phrase "at bedtime"
cc	**	Can be mistaken for units (with the cc looking like a "u")	Use the term mL or write out the term "cubic centimeters"
D/C	**	Can be interchanged to mean discontinue or discharge	Write out your intent, either "discontinue" and the name of the drug or "discharge the patient"
HS, qhs	**	Can be mistaken for every hour or half-strength	Write out the word "nightly" or the phrase "nightly at bedtime"; write out "half-strength"
IJ (injection)	**	Can be mistaken for IV, intravenous or intrajugular	Write out the word "injection"
IN (intranasal)	**	Can be mistaken for IM or IV	Write out the word "intranasal"
OD or o.d. (once daily)	**	Can be mistaken for "right eye"	Write out "daily" or "once a day"
O.D., O.S., O.U.	**	Can be mistaken for each other or for A.D., A.S., A.U.	Write out the term "left eye", "right eye" or "both eyes"
OJ (orange juice)	**	Can be mistaken for OD or OS (right or left eye)	Write out the words "orange juice"
per os	**	The abbreviation "os" can be mistaken for left eye	Write out the term "per mouth", or the word "orally" or use the abbreviation "PO"
qn	**	Can be mistaken for every hour	Write out the word "nightly"
q1d (daily)	**	Can be mistaken for q.i.d, four times daily	Write out the word "daily"
q6PM, etc.	**	Can be mistaken for every six (6) hours	Write out "6PM nightly" or "6PM daily"
ss (sliding scale or 1/2 apothecary)	**	Can be mistaken for the number 55	Write out the phrase "sliding scale" or write out "one half" or "1/2"
SSRI (sliding scale regular insulin)	**	Can be mistaken for selective-serotonin reuptake inhibitor	Write out "sliding scale insulin"
SSI (sliding scale insulin)	**	Can be mistaken for Strong Solution of Iodine (Lugol's Solution)	

## UNACCEPTABLE ABBREVIATION AND SYMBOL LIST (continued)

Unacceptable Abbreviation/Symbol	Code	<u>Why</u> this is <u>not</u> to be used	What <u>is acceptable</u> practice
Sub q	**	The "q" can be mistaken for the term "every"	Write out the word "subcutaneous" or the abbreviation "subcut"
SC	**	SC can be mistaken for sublingual	
SQ	**	Can be mistaken for "5 every"	
TIW or tiw	**	Can be mistaken for three times per day	Write out "three times per week"
> and <	**	Can be misinterpreted to mean the opposite of what is intended	Write out the terms "greater than" or "less than"
1/2	**	Can be mistaken for 55	Write out the phrase "one-half" or use quotes around the numbers "1/2"
Use of the slash mark (/)	**	Can be mistaken for the number 1	Do not use a slash mark to separate doses, write out the word "per"
µg (for microgram)	**	Can be mistaken for mg (milligram), which can result in a ten-fold dosing overdose	Use the abbreviation "mcg" or write out the word "microgram"
x3d	**	Can be mistaken for three doses	Write out the phrase "for three days"
@	**	Can be mistaken for the number 2	Write out the word "at"
&	**	Can be mistaken for the number 2	Write out the word "and"
+	**	Can be mistaken for the number 4	Write out the word "and"
Symbol of hour (°)	**	Can be mistaken for zero (0)	Write out "hour" or "h" or "hr"



## UNACCEPTABLE ABBREVIATION AND SYMBOL LIST (continued)

<p>The following Drug Abbreviations are not to be used because they can be mistaken for other drugs:</p> <p>ARA-A - Vidarabine **</p> <p>AZT- Zidovudine (Retrovir) **</p> <p>CPZ - Prochlorperazine (Compazine) **</p> <p>DPT - Abbreviation for Demerol-Phenergan-Thorazine **</p> <p>HCl - Hydrochloric Acid **</p> <p>HCT - Hydrocortisone **</p> <p>HCTZ- Hydrochlorothiazide **</p> <p>MTX - Methotrexate **</p> <p>PCA - Procainamide **</p> <p>PTU - Propylthiouracil **</p> <p>T3 - Tylenol with Codeine No. 3 **</p> <p>TAC - Triamcinolone **</p> <p>TNK - TNKase **</p> <p>ZnSO4 - Zinc sulfate **</p>	<p>Write out the complete name of the drug</p>
--	--

<b>Unacceptable</b>	<b><u>Why this is not to be used</u></b>	<b><u>What is acceptable practice</u></b>
<p>Do not Shorten Names of Drugs Example: "Nitro drip"</p>	<p>Can be mistaken for other drug names, such as in the example - "Nitro" drip can mean nitroglycerin or sodium nitroprusside</p>	<p>Write out the complete name of drug</p>
<p>The name of the drug and dose run together Example: Inderal40 mg</p>	<p>Inderal 40 mg is mistaken for Inderal 140 mg</p>	<p>Ensure adequate space between the name of the drug, the dose and the unit of measure</p>
<p>The dose of the drug runs together with the unit of measure Example: 10mg</p>	<p>The "m" is mistaken for another zero</p>	<p>Place a space between the dosage and the unit of measure Example: 10 mg</p>
<p>A period is placed after an abbreviation Example: mg. or mL.</p>	<p>If poorly written, the period could look like the number 1</p>	<p>Do not place a period after abbreviations, such as: Example: mg, mL</p>
<p>Commas not placed when large doses are written Example: 10000 units of heparin</p>	<p>Orders are not clear without the commas; wrong dosages are given</p>	<p>Remember to place commas appropriately at or above 1,000 units, or to write out the complete dosage Example: 10,000 units of heparin</p>

**UNACCEPTABLE ABBREVIATION AND SYMBOL LIST (continued)**

**Approval by Pharmacy and Therapeutics Committee**

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Approval Date

**Approval by Medical Executive Committee**

\_\_\_\_\_  
Chief of Staff Signature

\_\_\_\_\_  
Approval Date

**List Revision Dates:**

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SUBJECT: KNOWLEDGE-BASED INFORMATION	REFERENCE #6023
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

**PURPOSE:**

To establish guidelines for the maintenance of relevant literature and information.

**POLICY:**

\_\_\_\_\_ HHA shall maintain clinical, scientific and management literature and identify community resources for use in designing, managing and improving patient-specific and organizational processes.

**PROCEDURE:**

- HHA shall maintain authoritative and up-to-date resource information.
- Resource Information shall include, but is not limited to:
  - HHA journals
  - HHA manuals
  - Clinical resources
  - Quality Assessment and Performance Improvement (QAPI) resources
  - DVDs/videos
  - Community resource information
  - Pamphlets
  - Internet



SUBJECT: KNOWLEDGE-BASED INFORMATION	REFERENCE #6023
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- The resource information (knowledge-based information) will be maintained in the clinical records room.
- All HHA staff will have access to the resource information.
- Requests for additional resource information can be made to the HHA Manager who will respond in a timely manner to the request.
- Information that is needed but not accessible internally, such as practice guidelines, will be secured, if applicable and accessible through the hospital library.

SUBJECT: UTILIZATION OF THE FACSIMILE MACHINE	REFERENCE #6024
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

**POLICY:**

\_\_\_\_\_ HHA shall utilize facsimile (fax) machines, in emergency situations only, to enhance patient care, while maintaining the confidentiality of information.

**PROCEDURE:**

- A fax machine network shall be established whereby documents may be sent only to fax numbers previously authorized to receive such information. (Please see phone list below.)
- The sender must confirm that an individual is standing by to receive the document(s).
- The receiving party must notify the sender upon receipt.
- Access to areas in which fax machines are located are limited:
  - Administration Phone # \_\_\_\_\_
  - Medical Records \_\_\_\_\_
  - \_\_\_\_\_ \_\_\_\_\_
  - \_\_\_\_\_ \_\_\_\_\_
- When faxing any patient-related information the attached cover sheet shall be included as the first page of the transmission. Should a medical record be transmitted, the cover sheet shall be placed in the correspondence section of the record.
- Patient-related information may be faxed only if confidentiality may be maintained or if the patient, or the patient's representative has consented to the release of information.
- Fax transmission of physician's orders is allowed only if the information constitutes an order that could be transmitted verbally.
- Emergency transmission of patient-related information to another facility, when patient consent is not available, is allowed upon HHA executive approval.

SUBJECT: UTILIZATION OF THE FACSIMILE MACHINE	REFERENCE #6024
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- Physician signatures are required prior to faxing any physician orders.
- If thermal paper is used, it is required that the faxed document be photocopied and the original simultaneously destroyed upon receipt.
- One individual is identified to monitor the fax machine, removing fax transmissions immediately, count all pages, seal the documents and send them in accordance with their instructions.
- Incident reports shall be completed and filed for any misdirected faxes.
- Patient authorizations received on the fax machine shall state “a faxed authorization is as valid as the original”.
- The signature on the faxed authorization to release medical information shall be compared to the original signature on the medical record, in order to confirm the authenticity of the signature.
- AIDS or HIV results, drug or alcohol abuse, venereal disease and mental health information shall be considered highly confidential and shall **NOT** be sent via the fax machine.
- Copies of documents sent via the fax machine may be deemed to have the same force and effect as an original document.

SUBJECT: GUIDELINES FOR THE USE OF ELECTRONIC MAIL	REFERENCE #6025
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

\_\_\_\_\_ HHA shall provide for internal and external electronic communications. It is expected that individuals utilizing this service do so in a responsible and ethical manner and conform to all established policies concerning confidentiality and proprietary information.

**GUIDELINES:**

- E-mail communications are to be utilized for HHA business only and therefore, management may have access to any and all communications.
- E-mail should be checked daily and messages stored, printed or deleted.
- E-mail messages should be professional in nature. Threatening messages or messages which, may be interpreted as sexual, ethnic, religious or racial harassment will result in disciplinary actions.
- Making unauthorized copies of copyrighted software is prohibited.
- It is a violation of HHA policy to give others access to computing resources to which they are not entitled.
- It is prohibited to read, modify or delete any file belonging to someone else without explicit authorization to do so.
- \_\_\_\_\_ must approve the downloading of any external program.
- Do not use the “reply-to-all” function. This is to ensure messages are not sent to unintended recipients.
- Do not include past e-mails in your replies. This will prevent a string of old messages being forwarded to unintended recipients.

SUBJECT: INTERNET ACCESS	REFERENCE #6026
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

\_\_\_\_\_ HHA shall provide access to the Internet and electronic databases to appropriate individuals.

**PROCEDURE:**

- The \_\_\_\_\_ Department is responsible for providing access to and maintaining all electronic forms of communication.
- Internet access is restricted to department managers, hospital administrative staff and physicians. Use by other departmental staff must be approved by the department manager/director on a case by case basis.
- It is a violation of the HHA's policies to use someone else's password or to log into someone else's account without their authorization.
- No patient specific information is to be sent over unsecured data lines.
- No HHA proprietary information may be used or sent without written administrative approval.
- All Internet access will be directed through the HHA's Internet Service Provider from designated computers only.
- Use of the HHA's computer resources for non-business related purposes is prohibited.
- Staff are prohibited from using computer games on company owned equipment.
- Internet paid subscriptions must be budgeted through individual departments.

SUBJECT: SAFE INTERNET ACCESS PRACTICES	REFERENCE #6027
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

All users of \_\_\_\_\_HHA's IT network shall use the following guidelines for safe internet use/browsing.

**PROCEDURE:**

- The following guidelines shall be used when accessing the internet on the HHA's IT network:
  - Caution shall be used when browsing the internet or clicking on hyperlinks within e-mails.
  - Do not visit unfamiliar websites on the HHA's IT network.
  - E-mails from unfamiliar sources should not be opened. Do not open e-mails from unfamiliar sources.
- Hyperlinks in advertisements associated with social media sites shall be avoided.
- The HHA shall use web filtering software to protect the network from objectionable or inappropriate content. When attempting to visit website that is blocked, the web browser will display a notification with a brief explanation.