



## CONFIDENTIALITY POLICY

### Student

Retaining client confidentiality is a standard of professional conduct for all Tri-County Health Department (TCHD) Students. TCHD requires all of its Students to adhere to the confidentiality policy detailed below.

Unless a person has authorization as set forth below, TCHD Students should not disclose protected health information with anyone. Protected health information is any information that is created or received by TCHD about a client and relates to their physical or mental health care. Information that also identifies the client is considered protected health information. Through out this policy, protected health information is described as medical information. Generally, information included in personnel records, medical records, patient billing, infectious disease reports or knowledge about other medical conditions should not be disclosed in any form to family members, friends professional colleagues, other employees, other clients, other Students or any other person unless that recipient of the information has a properly executed release or a **“need to know”** as described below in order to perform their job duties. **If a Student has any doubt in this regard, he/she must consult with a supervisor.**

Federal law and Colorado statutes provide guidelines for which records may be provided to the public and which are confidential. The inappropriate or unauthorized release of confidential medical information places TCHD and the Student in a position of liability. The question of a legally sufficient interest to compel disclosure may require legal counsel. In the event that a release is necessary for treatment, control, investigation, prevention or enforcement by another government agency, Students should request supervisory review of the situation, followed by Division Director review in especially questionable situations. Students should never place themselves in legally perilous situations with regard to release of confidential information. It may be necessary for a Court to determine the correct course of action.

#### **WHO WILL FOLLOW THIS POLICY:**

- Any health care professional authorized to enter information into a TCHD client record.
- All departments and units of TCHD
- Any member of a volunteer group that works with TCHD
- All employees, staff, Contractors, Students and other TCHD personnel.
- All TCHD sites and locations will abide by the policy.



## Tri-County Health Department

### **HOW TCHD MAY USE AND DISCLOSE PERSONAL IDENTIFYING HEALTH INFORMATION ABOUT IT'S CLIENTS.**

- When a consent has been signed. When the client or staff member/student consents in writing on forms approved by TCHD, and identifies intended recipients of the information, information may be released by TCHD to those recipients. If you receive a request for information from an unidentified party, you must seek supervisory guidance.
- For treatment. TCHD may use medical information of its clients to provide health treatment and services. In order to further those purposes, you may disclose information to physicians, nurses, technicians, or other health care personnel who are involved in taking care of the client. Different departments of TCHD may share information on a “need to know” basis in order to further treatment and services. We may disclose medical information to health care personnel outside of TCHD who are involved in the care of the client. Disclosure to an outside health care provider may require a release and you may need to discuss this with a supervisor if you have any questions.
- For payment. To the extent any client renders payment to TCHD for services and treatment, TCHD may use and disclose medical information for billing and payment purposes. This may involve exchange of information to and from third party insurance carriers who are paying for health treatment and services on behalf of a client.
- For health care operations. TCHD may use and disclose medical information about a client for the purposes of running its operation. For example, we may use the information to review our treatment and services and to evaluate the performance of staff. We may combine information to assess the level of our services and whether or not we are meeting the needs of our clients. Much of the client identifying information will be removed when TCHD has a need for this information.
- With a valid Court Order or Subpoena. There will be circumstances where information will be disclosed by TCHD pursuant to a court order and/or a subpoena. These represent legal proceedings, and supervisory guidance should be sought. TCHD will need to determine that the court order is valid. Generally, a signed written release in a form authorized by TCHD should accompany a subpoena. If there is not one, please seek input from your supervisor.
- Appointment reminders. TCHD may use and disclose medical information to remind a client of an appointment for care and services.
- Treatment alternatives. TCHD may use and disclose medical information to tell clients about or recommend possible treatment or service options that may be available to them.
- Health related benefits and services. TCHD may use and disclose medical information to tell clients about health-related benefits or services that may be of interest to them.



## Tri-County Health Department

- Individuals involved in the care and payment for a client. In certain circumstances, TCHD may release medical information to a friend or family member who is involved in the care or payment of services of a client. These are special circumstances and should be reviewed and approved by a supervisor. In some circumstances, legal counsel should be sought particularly when there are disputes as to who is involved in the care and treatment of a client.
- Disaster relief efforts. TCHD may release information to disaster relief organizations if appropriate to provide information to a family about the client's condition, status or location.
- Research. TCHD may use and disclose medical information under specified circumstances for research purposes. All research projects, however, are subject to a special approval process and TCHD may not use or disclose medical information without proceeding through this process. Clients will always be asked for specific approval to participate or to have their medical information be a part of a research project for patient identified disclosure.
- As required by law. TCHD will disclose medical information when required by federal, state, or local law. This may include instances when a crime may have been committed by a client/employee/Student or against any employee / Student of the agency, or about any threat to commit a crime. Decisions regarding this disclosure may require input from supervisors or legal counsel.
- To avert a serious threat to health or safety. TCHD may use or disclose medical information about a client when necessary to prevent a serious threat to the client's health and safety or the health and safety of the public or another person. If you are faced with this situation, you are required to seek supervisory guidance.
- Worker's Compensation. TCHD may be required to release information for worker's compensation or other similar programs. Generally, these programs will obtain and require a release of information. Supervisory guidance should be sought if there is not a release present with the request for information.
- Public Health Risks. TCHD may disclose medical information for the following reasons:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse or neglect
  - To report reactions to medications or problems with products
  - To notify people of recalls of products they may be using
  - To notify a person who may have been exposed to a disease or may be at risk from contracting or spreading a disease or condition
  - To notify the appropriate authorities if TCHD believes the client has been the victim of abuse, neglect or domestic violence. TCHD will only make this disclosure when there is a release or otherwise required by law.
- Health Oversight Activities. TCHD may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections and licensure. These are necessary for the government to monitor the health services and treatment and compliance with regulatory requirements.



## Tri-County Health Department

In any circumstances where you have been asked to release information and there is not a valid, written consent to release to the requesting party, all individuals and entities covered by this policy are required to seek supervisory guidance. In some instances, the decision to release will need to be approved by the Division Director.

Students requesting to access their own personal medical information (e.g. immunization records for themselves or their children) must contact the appropriate program supervisor or manager.

### **SECURITY MEASURES FOR PROTECTION OF HEALTH INFORMATION :**

- **Security Incident Reporting.** For any security incident affecting or potentially affecting protected health information, the HIPAA Security Officer should be notified. In addition, if the incident is related to security of the electronic information systems, IT staff should be notified by calling the Help Desk. Non-information technology incidents must be reported to the appropriate Office Director where the incident occurred. Detailed instructions and examples of security incidents can be located on the HIPAA Security Incident Report form located in the “P:\Permanent\HIPAA Security Incident Report” folder.
- **Virus Scanning**
  - Scan all removable media (e.g., Diskettes, CD’s, Jump Drives) for viruses every time they are inserted into a computer.
- **Lock your computers**
  - When away from your desk use the “Ctrl+Alt+Delete” keys to lock your computer.
- **Do not send patient data via email.**
  - Contact IT Help Desk (303-846-6224) to find a way to send data securely.
- **Don’t share logons/passwords or use passwords that are easy to guess.**
- **Auditing.** Access to electronic patient information is monitored per HIPAA requirements.
- **Password breach.** If you think your password has been breached, call the IT Help Desk for assistance in changing your password for Windows and PCMS.
- **Where are you?** Sign in with the receptionist, at the front desk, while at other TCHD offices and wear your TCHD badge.
- **Disposal of data.** Removable media with patient data must be sent to the IT staff to destroy.

**DO NOT THROW REMOVABLE MEDIA IN THE TRASH.**



## Tri-County Health Department

### STUDENT CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, have received training in Tri-County Health Department's policies regarding the privacy of personal health information. I acknowledge that I am aware of and understand the policies for maintaining the security of personal health information, including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my contract with Tri-County Health Department and as an integral party of the terms and conditions of my contract, I agree that I will not at any time, during or after my employment/contract/association with Tri-County Health Department purposely access, use, reveal or disclose personal health information to any persons within or outside of Tri-County Health Department, except as may be required in the course of my duties and responsibilities for Tri-County Health Department or as required by federal, state or local law.

I further understand that my obligations concerning the protection of the confidentiality of personal health information is related to all personal health information I acquire through my employment/contract/association with Tri-County Health Department.

I understand that unauthorized use or disclosure of such information may result in appropriate disciplinary action, including termination of my employment /contract /association with Tri-County Health Department and such other action as required or appropriate under federal, state or local law.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date