Policy Statement

One of the most critical issues in ensuring comfortable access to primary care in a community health center is guaranteeing total confidentiality in terms of each patient’s health care; maintaining total patient confidentiality must be a priority. Family Health Center of Worcester (FHCW) is committed to ensuring the privacy, confidentiality, and safety of all health center patients.

In the course of employment, employees may learn extremely confidential personal information about patients and/or coworkers. Under no circumstances should such information be discussed with others in FHCW (outside of supervision within the department or for the purpose of providing all aspects of health care), or with individuals outside FHCW (i.e. the community at large), without the patient’s written consent.

In order to protect patient confidentiality and ensure safety, health center staff will not reveal a patient’s presence or whereabouts in the health center. In particular, employees should not overhead page or confirm the presence of any patient in the health center’s facility.

Employees may also learn information about FHCW’s patient population, employees and/or business strategies. That information is also considered confidential in nature and staff has an obligation to protect this information from inappropriate disclosure.

Employees and others must agree to:

- Accept personal responsibility to protect confidential information from inappropriate disclosure without regard to the method by which it was accessed, even if it was obtained inadvertently. This information may concern, but is not limited to, patients, employees, operations, medical staff and business practices.
- Not overhead page/intercom any patient by their name.
- Not confirm the presence of any patient in the health center’s facility to anyone other than FHCW employees who have a need to know, except when there is a specific request made by the patient.
- Confine conversations to private office areas when talking with patients in person and on the phone, or working in supervision on patient or employee issues.
- Complete dictation in an area where confidential patient information cannot be overheard.
- Direct all inquiries regarding patients and employees to the proper personnel, or handle the request according to FHCW protocol.
- Ensure documents with confidential patient information are face down or concealed to avoid observation by patients or visitors.
- Store or file paper records and medical charts in such way as to avoid observation by patients or visitors, or casual access by unauthorized staff.
- Conform to FHCW Email policy in effect at the time.
- Ensure that confidential patient information is not left on an unattended printer, photocopier or fax machine, unless these devices are in a secure area. Physical access to fax machines and printers is limited to authorized staff.
- Avoid seeking patient information unless there is a need to know the information in order to provide service to the patient, assist the healthcare provider, or complete billing or other health center information processing.
- Protect the privacy and confidentiality of all FHCW patients during and after employment, affiliation, or volunteer service. This obligation extends to any individual who may be an acquaintance, friend, co-worker, neighbor, or relative of the employee.
- Maintain the confidentiality of any unique information systems access code(s) that may be assigned, and avoid sharing unique information systems access code(s) with any other person(s).
- Position computer monitors away from public areas to avoid observation by visitors.
- Ensure that computer screens return to the log on screen after a specific period of time and sign off when leaving the computer system.
Policy #: 1111  
Policy Title: Confidentiality Agreement

- Contact supervisor immediately if it is suspected that someone else has gained knowledge of unique information systems access code(s); the purpose of this notification is to protect confidentiality by having unique information systems access code(s) changed.

Purpose
The purpose of this agreement is to ensure that all staff are aware of the need for and agree to comply with the confidentiality protocols of the Family Health Center of Worcester. In addition, FHCW will comply with all HIPAA regulations.

Procedure
- All staff must fully read and sign the attached confidentiality agreement at the beginning of their employment at Family Health Center of Worcester. This is completed during the staff person’s orientation with Administration.
- Completed forms are then signed by the Administration representative and placed in the employee’s personnel file.
- Confidentiality is also reviewed at the New Hire Orientation Session, held during the staff person’s first month of employment.
- Confidentiality is stressed regularly in supervision sessions. Training is provided to all staff on an annual basis at departmental staff meetings or the all staff meeting.
- The confidentiality agreement is included with the employee’s performance evaluation for review and signature on an annual basis.

As a (n) [ ] Employee of Family Health Center of Worcester [ ] Volunteer, Temporary, Vendor, Other at Family Health Center of Worcester

I agree and fully understand that I am an employee of Family Health Center of Worcester, who is a covered entity under the meaning set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand I have access to Individually Identifiable Health Information, as defined in HIPAA, for Family Health Center of Worcester patients.

During my employment and at any time thereafter, I agree and understand that the Individually Identifiable Health Information is protected health information and therefore is confidential information. Confidential information includes but is not limited to individual patient demographic information, provider service agreements, pricing or salary information, business strategies, contract negotiations or any other individually identifiable health information.

I understand that confidential information may be stored either on paper or in electronic form and that this agreement shall cover the privacy, security and confidentiality of all Individually Identifiable Health Information in any form.

I agree as follows:

1. I will not disclose or release Individually Identifiable Health Information to any entity other than those legally authorized to receive it.
2. It is my responsibility to ensure the privacy and/or security of confidential information stored, held or maintained by the Health Center.
3. I agree that I have received and will review a copy of Family Health Center’s Notice of Privacy and Security Practices and understand the contents contained therein.
4. I understand that it is my duty to notify Management of any suspected violation(s) of Health Center privacy and/or security policies and procedures and that I will not be harassed, discriminated or adversely treated as a result of my actions.
5. I understand that I must avoid seeking patient information unless there is a need to know the information in order to provide service to the patient, assist the healthcare provider, or complete billing or other health center information processing.

[ ] I agree to the above and understand that any breach of confidentiality may result in irreparable harm to both the patient and FHC. I understand that if I breach confidentiality, FHC may initiate disciplinary action up to and including immediate termination.

Employee/Volunteer Signature ___________________________ Date ___________________________
Print Name ___________________________ Title ___________________________
Supervisor ___________________________ Date ___________________________

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