

**The Providence Center
Policy & Procedure Manual**

Section: Rights, Responsibilities & Ethics
Policy Name: Confidentiality

Policy Number: 8.00
Page: 1

Board Approved Policy: 10/4/2007

Reviewed/Revised: 7/30/2007

Chief Medical Officer's Signature (when applicable): _____

President/CEO Signature: _____

Effective Date: 3/7/2000

A. Policy:

All client information pertaining to care will be treated as confidential. The Providence Center has the obligation to safeguard records against unauthorized disclosure.

B. Background: N/A

C. Definitions: None

D. Procedure:

1. Health Information Services has established and implemented measures that reasonably safeguard both the medical record and its informational content against loss, defacement, tampering, use by unauthorized persons and unauthorized disclosure.
2. All employees, students, volunteers and contract staff of The Providence Center have been made aware of their responsibility in maintaining the confidentiality of the medical record.
3. Medical records may be used for research and educational purposes providing that the client's identity is protected and all health information is treated in a confidential and responsible manner.
4. The Providence Center Health Information Services restricts removal of medical records from its files or from the premises, unless state laws or regulations mandate the records be removed for courtroom use or between The Providence Center locations to facilitate treatment. In rare circumstances, the record either paper or electronic can be removed to

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facilitate treatment in the community (e.g. a home visit). Permission to do so must be obtained by the Chief Medical Officer or the Program Director and the attached form must be completed when the record is requested and returned. In any situation when the record is removed from the building the record must be kept on the person and returned to the Center immediately following the visit.

5. Because of our responsibility for determining whether the quality of care provided to all clients is consistent with standards as provided for in the state regulations, the agency can use medical record information for quality evaluation by the state without the express authorization of the individual client to whom it pertains. However, all individual client identification should be excluded from the routine report of such findings and recommendations.
6. Photo identification badges should not be visible when working with clients in community (non-Providence Center) settings. Staff working in the community should keep these badges on their person in the event that they need to present identification in settings where a release of information has been signed.
7. Violation of this policy or the guidelines set forth in The Center's Code of Ethics and Conduct will result in disciplinary action, up to and including termination of employment.

E. Statutes, Regulations, and Standards:

CARF Standards 1.D.2, the HIPAA 1996, 42 C.F.R. Part 2.

F. Distribution, Staff Development, and Training Requirements:

All staff having a Policy and Procedure Manual will receive a copy of this policy. All other staff will access the Policy and Procedure Manual on the TPC Intranet.

G. Monitoring Requirements:

Each employee, consultant, intern, trainee, and volunteer must sign a statement agreeing to abide by the rules and regulations governing client confidentiality.

H. Forms and References:

Reference 1: Confidentiality Oath

I. Originated By:

Director of Performance Improvement