

Maintenance of Confidentiality Policy

It is the policy of Infirmity Health System (IHS) to protect the privacy of patient, system, and employee information. This information is considered confidential and will be divulged only to those having an official need to know. Reasonable efforts should be made to limit information accessed or disclosed to the minimum necessary information required in order *for our workforce to perform their job or to accomplish the intended purpose of any external request for confidential information.*

Any discussion or sharing of patient, system, or employee information in any setting where information may be overheard and could cause confidentiality to be compromised should not occur.

Personal and medical information pertaining to patients is, by law, confidential, and should be disclosed to no one *unless permitted by HIPAA regulations, the patient, or the patient's authorized representative.* When disclosing protected health information (medical and demographic), reasonable efforts should be made to limit that information to the minimum necessary in order to accomplish the intended purpose of the request as appropriate. Information may be used or disclosed to entities covered under the HIPAA regulations without consent from the patient if released for the purpose of *treatment, obtaining payment, or in order to carry out healthcare operations (TPO).* Inappropriate release of confidential information by employees or associates will be investigated *and resolved according to the Sanction Policy located in the IHS Personnel Policy Manual.*

Every effort shall be made to protect confidential information in any form (electronic, written, oral, etc.) from unauthorized disclosure. Additional restrictions may be imposed at the patient's request or in cases of special need.

Care should be taken to prevent the indiscriminate disclosure of individual protected health information to outside entities. Management and staff are responsible for identifying and reporting any individual or organization that receives protected health information to perform a service on behalf of an IHS entity. Reporting entities that receive confidential information to the HIPAA Steering Committee will ensure that the risk of a HIPAA violation is minimized through the proper execution of a Business Associate Agreement.

It is the responsibility of the student to comply with initial orientation regarding patient confidentiality. It is the responsibility of all students to understand and comply with all aspects of this policy and to follow associated guidelines. *If a student believes he/she has not received proper training to perform his/her work in a manner that complies with privacy standards, he/she is encouraged to contact the Privacy Officer or voice concerns through the use of the Compliance Hot Line.*

The Privacy Officer is available to address questions or complaints regarding the privacy and security of confidential information.

**Infirmary Health System, Inc.
Student Pledge of Confidentiality**

I, _____, as a student participating in an observation at Infirmary Health System, Inc., have read and understand the stated Maintenance of Confidentiality Policy set forth in the IHS Personnel Policy and Procedure Manual. I understand my duty to maintain confidentiality. I understand I have the responsibility to maintain in confidence all information learned about patients, employees, or the business of operations at Infirmary Health System, Inc. I have read the Privacy Notice and I understand my responsibility towards meeting its requirements.

By signing below, I agree that I have read and understand all policies and procedures related to confidentiality and will seek to maintain and protect the information to which I am exposed to during the observation. I also understand that violations of the Confidentiality Policy may result in corrective or disciplinary action with the Institution I am representing.

Student Signature

Date