

Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual	
Policy Name: Confidentiality	Patient Rights and Responsibilities
Date: 3-95 Reviewed by QI Committee: 12-06, 07-07, 07-08, 7-09, 2-10, 4-10, 7-10 Revised by QI Committee: 12-06, 07-08, 7-09, 2-10, 4-10	Page: 1 of 4 Policy Number: RR-6

Purpose: To ensure that all Personal Health Information maintained by Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) is kept confidential in accordance with appropriate State and Federal guidelines.

Policy:

1.0 Scope

- 1.1 All patient and provider Personal Health Information obtained and/or maintained by CBHM/CHIPA either in oral, written or electronic format is considered confidential and must be protected in accordance with State and Federal guidelines.
- 1.2 Confidential Personal Health Information is used solely for the purposes of health plan operations, which includes: utilization management, quality management, disease management, discharge planning, case management and claims payment.
- 1.3 Employee access to confidential personal health information is defined within their job description and is based upon need to know related to job functions.
- 1.4 Confidential information is shared only with those entities who have authority to receive such information; and only with those individuals who need access to such information in order to conduct utilization management and related health plan operations.

2.0 Confidentiality Guidelines

- 2.1 Employees and Committee Members may not admit to, acknowledge, or inform anyone or any agency that a person sought or used the services of CBHM/CHIPA except when a signed written release is received from the patient and instructs CBHM/CHIPA who to release information to.
- 2.2 Employees and Committee Members may not release any information, oral, verbal, or written, regarding a patient without a documented verbal consent (Reference Section 3.1.7) or signed written consent to release information/records (Reference Section 3.1.6) by the patient involved. The Vice-President of Product Management and Compliance will be responsible for the release of all patient records.
- 2.3 Employees and Committee Members may not discuss, present or share any information about a patient outside of this facility that would breach that individual's anonymity or confidentiality.

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- 2.4 All new employees (regardless of employment status) will be required to sign a "Employee Attestation" at time of hire and again at time of annual performance review which covers confidentiality of patient information. Signed forms are kept in personnel files. It is the responsibility of the Human Resources Department to have these forms signed and filed/retained. Committee Members are required to sign a confidentiality agree prior to committee participation.
- 2.5 Employees who fail to comply with the confidentiality requirements may be terminated.
- 3.0 Permitted Disclosure of Confidential Personal Health Information
- 3.1 Under the Health Insurance Portability and Accountability Act (HIPAA), Reference Policy *Release of Personal Health Information*, HP-8, certain disclosures of confidential Personal Health Information are allowable. These include:
- 3.1.1 Disclosures made for authorization and payment of requested mental health services
- 3.1.2 Mandated reporting of child abuse and elder abuse
- 3.1.3 Protection of patient and other welfare when an imminent risk of suicide or homicide is present or when patient gravely disabled and unable to make decisions regarding self-care.
- 3.1.3.1 When Personal Health Information has been released to protect patient, the documentation of such release should include:
- Date information was released
 - Person to whom the information was released
 - Reason the information was released
 - Reason written release could not be obtained
 - Nature and details of the information given
- 3.1.3.2 As soon as possible after the release of information, the patient shall be informed, unless such disclosure would be contraindicated to the treatment plan.
- 3.1.3.3 Once disclosure is made to protect patient and other welfare, no further disclosure is made unless it is a permitted disclosure under this section.
- 3.1.4 In response to Law Enforcement to aid in preventing an imminent violent act to self or others.

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- 3.1.5 When Personal Health Information is used for quality management.
- 3.1.6 When patient has voluntarily signed a document authorizing release of confidential Personal Health Information and patient understands the nature and consequences of the release of information and that such authorization is not obtained through fraud or other illicit means.
- 3.1.7 When patient has given a verbal release over the telephone. Verbal release must be documented in the patient record and include the date consent given and the individual to whom information can be given. A verbal release is effective for six months. Personal Health Information to be released following a verbal consent is limited to
 - 3.1.7.1 Access and referral
 - 3.1.7.2 Coordination of care
 - 3.1.7.3 Benefit coverage
 - 3.1.7.4 Claims payment

4.0 Response to Lawful Subpoena

- 4.1 The President/CEO of CBHM/CHIPA, the Vice President of Product Management and Compliance, or a designated appointee accepts subpoenas. The date, time, and name of the person serving the subpoena are noted on the subpoena. Also noted is the fee collected, if any.
- 4.2 Subpoenas that name the IPA as party to litigation are referred directly to the President/CEO of College Health IPA.
- 4.3 The subpoena is reviewed to determine if: 1) CBHM/CHIPA has any medical records on file for the named party(ies); and 2) If the subpoena contains a signed consent to release medical records.
- 4.4 If no medical records on file for party(ies) noted in subpoena, a written response would be sent indicating no records on file.
- 4.5 If medical records are on file but no signed consent for release is included, the Vice President of Product Management and Compliance will contact party(ies) to obtain written consent to release medical records. If the party(ies) refuse to provide written consent, a written response will be sent indicating that CBHM/CHIPA cannot respond to subpoena due to lack of authorization to release records. The written response will include a

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statement that CBHM/CHIPA is a managed care organization and as such only maintains referral, authorization, and claims information for patients.

- 4.6 If medical records are on file and a signed consent for release is included, the Vice President of Product Management and Compliance will send a written response, which includes a statement that CBHM/CHIPA is a managed care organization and as such only maintains referral, authorization, and claims information for patients. .
- 4.7 When there is any question regarding a subpoena, consultation is obtained from the legal counsel for CBHM/CHIPA.
- 4.8 A copy of the subpoena is kept with the patient's record.

5.0 Response to Home Land Security

All requests for release of PHI from Home Land Security officers are referred to either the Vice-President of Product Management and Compliance or the Vice-President of Clinical Services. A determination is made as to whether or not the request is to prevent an imminent violent crime. If no imminent danger is present, PHI cannot be disclosed without a signed release or a court order. Reference Section 4.0 – Response to Lawful Subpoena.