

COMMUNITY CARE ALLIANCE

POLICY & PROCEDURE MANUAL

TITLE:	Confidentiality and Access to Protected Health Information
AREA:	Health Information
REVIEW DATE:	Annually
REVIEWED BY:	Privacy Officer
REFERENCE DOCUMENT(S):	Rhode Island Law 40.1-5 on Mental Health Rhode Island Law 40.1-24.5 on Confidentiality of Community Residences for the Mentally Disabled Federal Regulation 42 CFR Part 2 on Confidentiality of Alcohol and Drug Abuse Patient Records COA – RPM 5 Security of Information; PRG 2 Access to Case Records; CR 2 Confidentiality and Privacy Protections Rules & Regulations for Behavioral Health Organizations; December 2018; Subchapter 00; Section 1.26 Individual Rights; Subchapter 10; Section 1.4.5 Management of Information; Section 1.5.2 Confidentiality Confidentiality Agreement Form Authorization for the Release of Confidential Information Safeguards for Remote Access
APPROVED BY BOARD:	<i>Pending</i>
REVISED:	5/2015; 5/2017

POLICY:

Community Care Alliance (CCA) adheres to all federal and state laws and regulations regarding the maintenance of confidentiality of all protected health information (PHI). Toward that end, all individuals including vendors, contractors, evaluators, accreditation/funding/licensing representatives or any other individuals are required to review and sign a Confidentiality Agreement. This policy does not apply to organizations that meet the definition of Treatment, Payment and Healthcare Operations (TPO) by virtue of a contract/relationship. All new workforce members receive a copy of the Employee Handbook, which includes this policy and they are required to sign receipt of this handbook.

DEFINITION:

Protected Health Information (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual or the past, present or future payment for health are provided to an individual.

GUIDELINES:

- Access to protected health information will be limited to the following, as specified in the Rhode Island Mental Health (RIMH) Law:
 - The primary provider and other staff members who are directly involved with the treatment of a particular client have access to and are permitted to make entries into the client’s record.
 - To any person with the written consent of the client or his/her guardian.
 - To proper medical authorities for the purpose of providing emergency medical treatment where the person's life or health is in immediate jeopardy.
 - To staff members who will utilize the medical records for the purpose of internal audits, clinical analysis, education, or to perform administrative or professional duties that require access to the records.
 - To evaluators of licensure agencies or governmental/regulatory agents upon request, who monitor the quality of services rendered to the client in the course of the visit.

- To the courts under court order.
- To the State Medical Examiner in connection with the investigation of a fatality of a current or former client to the extent necessary in determining the cause of death.
- The records shall not be removed from the agency except under court order or subpoena. In addition, if the information is protected under Federal Regulations 42 CFR Part 2, access will be limited to:
 - Internal communications;
 - No patient-identifying information;
 - Proper consent;
 - Qualified Service Organization Agreement;
 - Medical emergency;
 - Research/Audit;
 - Court Order;
 - Crime on agency premises or against agency personnel;
 - Reporting suspected child abuse and neglect.
- Staff should also adhere to the following:
 - Client information should not be discussed in general areas where others can overhear it. Such general areas include but are not limited to hallways, waiting rooms, lunch/break rooms, record rooms, mailrooms, open areas and offices with the doors open.
 - Client information should not be discussed with other staff who are not directly involved in their care.
 - Health information or records/materials should not be left around where they can be seen by unauthorized people.
 - Client information should not be discussed with your family or friends.
 - Client information obtained by you should only be reported to authorized personnel or your supervisor.
 - No client information should be revealed to reporters, press or the news media.
 - No client information should be given over the telephone without proper authorization and identification.
 - When encountering clients in a public setting, care should be taken not to reveal information identifying the person as a client.

PROCEDURE:

1. Prior to permitting a representative from any of the above entities access to an CCA location, the designated CCA employee will contact the designated staff member who will ensure that the Confidentiality Agreement form is completed and signed by the respective individual(s).
2. The completed and signed form will be returned to the Chief Operating Officer for review and filing.

(MME: July 1991; September, 1995; July, 1996 Reviewed by HI Committee; LAD: September, 1997; May, 1998; LLD: September, 2001; NJC: May, 2003; KPR/NJC: merged #91-33 Confidentiality Oath Form and #98-15 Visitors to Agency Sites with #91-32 November, 2004; KPR: June, 2006; November, 2007; November, 2008; August, 2009; November, 2009; May, 2010; September, 2010; K. Rathbun: May, 2017; J. Berard: August 2021; May 2022)
