



Policy

TITLE: Confidentiality

EFFECTIVE DATE: 1/1/10 Revised 01/2015, Revised 3/8/22

APPROVER(S): Dean of Medical Education, OCS Head of School

NUMBER: Reference # 100.101

I. Purpose

Ochsner Health System (OHS) recognizes a patient's right to privacy and supports an environment that allows for provision of confidential healthcare. The purpose of this Policy is to outline expectations for OHS employees and volunteers to ensure that patient, employment, and volunteer information are treated as confidential. OHS also expects employees and volunteers to guard as confidential any privileged or sensitive information to which they may be privy in the course and scope of their job responsibilities.

II. Scope

This policy applies to all OHS employees, Physicians, Advanced Practice Clinicians, Elmwood Fitness Center employees, and Brent House Hotel employees, students, contract employees, agency employees, other facility labor, and volunteers. The term Ochsner Health System or OHS refers to Ochsner Health System, its subsidiaries and affiliates. Residents are governed under separate procedures.

III. Definitions

- A. Patient Information** - Includes, but is not limited to, patient medical records, transplant donor/recipient information, demographics, financial and billing information, appointment information, or any other information provided in verbal or written form to a provider or institution.
- B. Employee Information** - All documentation related to employment at OHS.
- C. Business Information** - Information related to OHS operations to which student might have access including, but not limited to, strategic planning, budget, financial statements and proprietary information.
- D. Information Assets** - Data, image, voice and software that is either created internally or acquired from outside OHS. These assets may be in a variety of forms, including printed copy, magnetic media, terminal display, microfiche, film, image, voice or others.

IV. Policy Statements

1. Confidential information may exist in verbal, written or electronic form.
2. It is the responsibility of all students of Ochsner Clinical School to ensure that confidential information is accessed, discussed or distributed for appropriate reasons and on a "need to know" basis only.

3. Unauthorized or inappropriate acquisition, release, use, disclosure and/or discussion of confidential and privileged information for any patient, including students who are patients, is a serious matter which will result in corrective action, up to and including termination from the OCS.
4. The law protects all patient information collected by healthcare providers and/or students at OHS. This information is to be used only on a need-to-know basis for legitimate purposes of patient care, quality assessment, research, education or administrative use.
5. Though the medical record is the property of OHS, information found in the patient's medical record is the property of that patient and a copy will be released only with the patient's written authorization, when requested, through the Release of Information section of the Health Information Management Department according to the Release of Information policy.
6. Patient information will be released by the Health Information Management Department to the patient or appropriate representative or authorized individual, only as designated, in writing, by the patient or as provided by law.
7. Computer data or information access will be secured through the use of access controls as outlined in the Information Services Computerized Information Access Policy.
8. Facsimile of a patient's health information should be done only when there is an emergent or immediate need for medical information to facilitate treatment of the patient.
9. When using a fax machine, a fax cover sheet should accompany the transfer of patient information, within OHS or externally, to promote maintenance of the confidential nature of the material. Students must have the approval of the involved department head and/or Head of School to transfer any health information.
10. Secure electronic exchange of patient's medical records may be used for transmitting patient information. Electronic exchange may be used to transmit Employee Health Records to patients, doctors, hospitals or other health care providers when it is needed for their care. With a patient's consent, his/her health information will be protected and exchanged under current medical privacy and confidentiality standard procedures.
11. Requests for patient information or business information by the media should be forwarded to the Public Affairs office.
12. Requests for information on current or former employees will be handled through the Human Resources Department per organizational protocol.

13. Students, without the approval of the involved department head and/or Head of Clinical School, will not divulge information related to the business affairs of Ochsner Health System.
14. The student, as a patient, has the right to access his/her medical record through the appropriate process. Access to the medical record can be granted by signing a Release of Information form through the Release of Information section of the Health Information Management Department. Students who access his/her personal health information without first going through the appropriate channels may be subject to progressive discipline, up to and including termination from the OCS.
15. The student also has the right to view his/her own student file.
16. Each student will be required to sign a Student Confidentiality Statement.

V. Enforcement

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

VI. Attachments

Student Confidentiality Statement

**OCHSNER CLINIC FOUNDATION
CONFIDENTIALITY STATEMENT**

REGARDING USER ACCESS:

I UNDERSTAND THAT:

1. The good will of OCF depends upon keeping services and information confidential and that certain legal obligations are attached to this information.
2. I realize that in the course of my employment, I may receive or have access to verbal, written, or electronic media information concerning patients and services performed by OCF even though I do not furnish the services performed for these patients.
3. Patient, employee and business information is privileged and confidential and any unauthorized or inappropriate release, use and/or discussion is a serious matter which may result in corrective action up to and including suspension pending investigation and possibly subsequent termination.
4. My user ID, and the "Password" I choose are my own individual, personal codes for gaining access to electronically stored information. They are the equivalent of my personal signature when performing all computer activities and as such, are legally binding. I will access only the information required in the performance of the job and all information is confidential and to be used only in the performance of my job.
5. I may not use an Ochsner computer to access my own medical records or the records of my family, friends or co-workers even if ordered to do so by the physician.
6. To access my own medical information or the information of a minor child, I must go to the Health Information Management Department and execute an appropriate authorization. I may access records of a family member only by supplying the Health Information Management Department with an appropriate authorization.
7. I may access records of a family member only by supplying the Health Information Management Department with an appropriate authorization. If I share my User ID and Password, use someone else's user ID &/or Password, access my own medical records or otherwise fail to comply with above mentioned OCF's Security Policies, I will be subject to corrective action up to and including suspension pending investigation and possibly subsequent termination.
8. I am responsible for changing my password in the event that my password is lost or its confidentiality has been breached.
9. I am responsible for notifying my immediate supervisor should I undergo a name, department, or job classification change so that my User ID can be kept accurate.

REGARDING CONFIDENTIALITY:

I understand that access of medical information via medical chart (hard or electronic copy) or any other means on any patient, family, friend or myself is against policy. Only when I have a need to know in order to provide direct patient care and by following appropriate protocols is this information to be released. I understand that any violation of this agreement, pending investigation, will result in corrective action up to and including dismissal from Ochsner Clinic Foundation and notification of my Medical Student Program of such action. I agree to abide by this as part of my responsibilities as a Student at Ochsner Clinic Foundation.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

The **HIPAA Privacy Rule** prohibits OCF from using or disclosing protected health information (PHI) unless authorized by the patient except in certain circumstances and the **HIPAA Security Rule** requires OCF to safeguard the Confidentiality, Integrity and Availability of electronic protected health information (ePHI) against unauthorized use or disclosure. I agree that I have read the material on both HIPAA Privacy and Security Rules at Ochsner Clinic Foundation.

NAME (please PRINT)

SIGNATURE

DATE

PROGRAM: **The University of Queensland – Ochsner Clinical School**