



Department of Pharmacy POLICY AND PROCEDURE

POLICY NUMBER: 914
VERSION: 1

SUBJECT: Confidentiality of Health Care/Medical Information

PURPOSE:

To establish a policy informing each employee of the Pharmacy Department at High Desert Regional Health Center that they have a legal and ethical obligation to protect the privacy of patients and confidentiality of medical information, specifically as it relates to prescription information, but not excluding any patient specific information. Patient confidential medical information can be verbal, written, printed, or electronic.

The purpose of this policy is to ensure that patient confidential information is properly protected while allowing flow of health information needed to provide quality, continuum of care and comply with DHS, The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), and HIPAA standards/regulations.

POLICY:

Protected Health Information can be defined as any health information, created, used, stored, or transmitted by the pharmacy department that can be used to describe the health and identity of an individual.

Health information identifies includes (but is not limited to):

- patient name
- patient's date of birth
- patient address
- patient phone number
- MRUN number
- Any information that identifies a patient

HIPAA permits the use and disclosure of patient information without prior patient Authorization or an opportunity to object to:

- Provide treatment.
- Administer healthcare payment activities.
- Conduct healthcare operations.
- Other limited and specified instances, such as reporting for public health purposes or when required by law.

POLICY NO: 914	SUBJECT: Confidentiality of Health Care/Medical Information	Page 2 of 5
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Uses or disclosures of patient information must have the patient's authorization except:

- those related to treatment, payment, or healthcare operations,
- those that do not require the patient to agree or object
- those that are specifically allowed by law, such as a mandated report.

Written authorization is not required when the request is from the following:

1. **High Desert affiliated Health Centers**
2. **Public/Private partners (Tarzana, Acton, INS, etc.)**
3. **Fiscal Intermediaries (CBO, HBOC, etc.)**
4. **Professional Risk management (Ronsin Photocopy service)**

PROCEDURES:

Release of information:

With few exceptions, patients have the right to access, inspect and request copies of their PHI. Patients may request paper based or electronic copies of their health information. The Health Information Management (HIM) department in each facility is responsible for providing patients with access and/or copies of their records when the patient has provided written authorization. You must refer all patients requesting access to or copies of their health record to HIM. **However, HDRHC Pharmacy does have the authority to release pharmacy medication history profiles after obtaining proper authorization.** Valid written authorizations may be completed on the DHS "Authorization for Use and

Disclosure of Protected Health Information" form. The following are present in a valid authorization:

1. It must be written
2. It must describe what is to be released
3. It must state that the patient authorizes High Desert Regional Health Center to release the information
4. It must be dated
5. It must be signed by the patient, legal representative, parent if patient is a minor, or next of kin if patient is deceased
6. If signature is an "X", the authorization must also be signed by two (2) witnesses

To ensure continuity of care, when a patient is at another medical facility being treated, information can be released via fax upon receipt of a signed authorization. If the patient is unable to sign due to medical condition the authorization may be signed by a physician but must indicate that the patient is unable to sign.

When authorization is obtained, pharmacy staff will obtain a copy of patient's valid identification card and blue card (if available) attach this to the authorization form. The Medication History Release Log Form must be filled out and at the time of pick up/release of record pharmacy staff shall indicate how the record is shared with the patient.

Safeguarding

Safeguarding confidential or patient information is the responsibility of all HDRHC pharmacy staff. The procedures below must be followed to help safeguard confidential and patient information.

Safeguarding in Public Areas

- Pharmacy staff shall conduct every discussion or consultation involving patients in a discreet and confidential manner, and only when necessary for providing care for that patient.
- Pharmacy staff that interview patients shall make every effort to provide the patient with reasonable audio and visual privacy.
- Before any medication is dispensed to a patient/patient representative, the patient/patient representative must present the pharmacy with the patient "blue card" and photo ID of person receiving medication from the pharmacy. The photo ID must be photocopied by pharmacy staff member who is providing service at the pick-up window.

Faxing PHI

- If you need to fax confidential or patient information, you must indicate on the fax that it is confidential (Use the fax cover sheet established by your facility.).
- Call and advise the receiving party when the fax is ready to send and ask the individual to confirm receipt.
- Use pre-programmed fax numbers as much as possible.
- If the fax is sent to the wrong person by mistake, immediately inform your supervisor.
- Misdirected faxes sent outside the facility must be investigated and reported to the facility Privacy Coordinator.
- If you receive a misdirected fax indicating it contains confidential information, do not read through it. Contact the sender and advise that you received the fax in error and destroy the information.

POLICY NO: 914	SUBJECT: Confidentiality of Health Care/Medical Information	Page 4 of 5
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Computer Security

All pharmacy computers shall be limited to use by pharmacy staff unless otherwise permitted by Pharmacy Director or Supervisor.

Do not store or save patient information on the computer's hard drive or on a removable drive. All patient information must be stored or saved on the network drives. You must log off or lock any computer system/terminal when you leave the computer station or after you have obtained the necessary data.

- To log off, press Ctrl-Alt-Del and select "Log Off."
- To lock, press Ctrl-Alt-Del and select "Lock Workstation"

Destroying PHI

- When filling prescriptions, extra or unused labels and patient information sheets shall be disposed of in the shredder bins, not in the regular trash container.
- Properly dispose of patient information. Shred hardcopy documents that contain PHI or place them in a locked shredder bin. NEVER throw PHI in the trash, recycle or use it for scratch paper.
- **If you discover PHI that has not been disposed of properly, such as thrown in a trash can, remove it from the trash can, if safe to do so, or secure the trash can and immediately notify your supervisor.**

DE identifying PHI:

- All pharmacy staff shall remove all patient identifiers on medications that are returned to stock with a black marker.
- **Every employee, student, and volunteer either directly or indirectly involved in patient care is required to adhere to these standards.**

Disciplinary Actions

- Disciplinary action, **up to and including discharge**, will be imposed for violation of DHS policies and procedures, Federal and/or State laws regarding privacy of
- information. Disciplinary actions are progressive and commensurate with the severity, frequency, and intent of the violation(s). DHS applies disciplinary actions equitably without regard to role or position.

POLICY NO: 914	SUBJECT: Confidentiality of Health Care/Medical Information	Page 5 of 5
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Civil and Criminal Penalties

- Violations may not only result in disciplinary action, but could result in civil and/or
- criminal penalties against and/or prosecution of the workforce member.
- State Attorneys General also may bring a civil action on behalf of residents of a state for HIPAA violations.

Approved By: Romina Panoussi (PHARMACY SERVICES CHIEF II)	
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Supersedes:	