



Patient Confidentiality and Observers

Federal and state governments have passed various laws regarding medical privacy. The most recent example of this was the creation in 1996 of the Health Insurance Portability and Accountability Act (HIPAA) which, in turn, led to the federal Privacy Rule and Security Rule. These rules are concerned with the privacy of medical information whether spoken aloud, written on paper or stored in a computer. We are required by these rules to take reasonable precautions to assure that the information of our patients is protected from needless disclosure.

Safeguarding Patient Information

Q: Can I talk about what I've seen during this observation?

A: No information which would identify any patient must be communicated in any manner to anyone not directly involved in the activities that you were observing.

For example: you may discuss in class or with a friend the fact that you saw a patient with an amputation but you must not share the patient's name, describe his interesting facial tattoos or share any other information that sets this person apart.

Q: Will I be able to look at patient charts or use a computer?

A: As a Visiting Observer, you will not be given access to patient charts nor the patient information stored on the computer systems of the hospital. In certain instances, you may be permitted to view a portion of a record or a computer screen. For example, if observing a CT scan, you may observe the technician enter patient data into the computer. You may also be able to view the CT film when it is developed.

Q: I noticed some types of patient information are thrown away. If something is to be thrown away, may I have it to use for reference?

A: No record containing patient information may be taken from the facility.

Q: What if I see a patient I know – say, a friend of mine or a co-worker or teacher? Can I tell other people who know this person that I saw them here?

A: We expect the same thing of you that we would of our staff when they encounter someone they know. If you see a friend (and they don't look as though they are trying to avoid you!), by all means, say hello. Give them some space – if they want you to know why they're here, they'll tell you. If they don't tell you, don't push it. And don't tell anyone else that you saw your friend (or your next door neighbor, teacher, banker, etc...) in the hospital unless you first ask their permission to do so.

Q: Anything else I should know?

A: The elevators, cafeteria, gift shop and other public locations are off-limits for discussions of patients.

Confidentiality Quiz

Please complete the following quiz to test your understanding of the material you have just read.

| | True or False | |
|---|----------------------|---|
| 1 | | It's OK for me to take an EKG strip that is being discarded as an illustration for my class report. The strip has a patient's name on it. |
| 2 | | The Federal Privacy Rule regulates how hospitals use and share spoken, written or computerized information regarding patients. |
| 3 | | It's OK for me to describe to my class how the pharmacy robot works since I don't have to share patient names to do this. |

| |
|-----------------------------|
| 1 False 2.True 3.True |
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Statement of Responsibility

By signing below, I acknowledge that:

- A copy of Patient Confidentiality and Observers has been provided to me and I have read it.
- I understand that I am responsible for following the patient confidentiality policies of Deaconess Health System which have been described to me.

Signature of Volunteer

Date

Printed name

Signature of Parent if Observer is Under Age 18



OBSERVERS

Statement of Confidentiality

I understand that while observing activities within an entity of the Deaconess Health System (DHS)*, I will become aware of Confidential Information. Confidential includes, but is not limited to, all information regarding patients (including the presence of particular persons in the facility) and the proprietary business information of the hospital. Business proprietary information includes but is not limited to information not routinely made public such as staffing plans, business development plans, and names of employees.

I acknowledge that:

1. I will comply with those DHS' policies on information privacy and security that are shared with me.
2. If I do not understand a confidentiality obligation referenced in this document I will seek guidance from my Observation Sponsor or the facility Privacy Officer, Information Security Officer, Compliance Officer or Risk Manager.
3. I will safeguard the Confidential Information I become aware of while at a DHS facility.
4. I will not access, disclose, copy, release, alter, delete, destroy or remove from any DHS owned or leased property Confidential Information owned or maintained by Deaconess.
5. My obligation to protect confidential information continues even after my observational experience with Deaconess ends.
6. I may not use a personal device to record, videotape or photograph any activity occurring during this observational experience.
7. I will report as soon as possible to my Department Manager or my manager's designee any action of mine or others that may resulted in unintended or unauthorized disclosure of Information.
8. I will cooperate in any investigation of alleged violation of this Confidentiality Statement or DHS' policies and procedures regarding Confidentiality of Information.
9. If I disregard my responsibilities to maintain confidentiality of information my observational experience will be terminated. If my observational experience was sponsored by a school, my school will be notified of the termination.

I have read and agree to abide with this Statement of Confidentiality.

Signature

Printed Name

Date

Deaconess Sponsor

Work Location

*Deaconess Health System means the Hospital, Practices, Clinics, and Joint Ventures in which Deaconess Hospital, Inc. has at least 50% ownership.