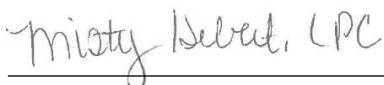



## Confidentiality of Client Information

<b>Policy Type:</b>	Administrative	<b>Policy Number:</b>	103
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<b>Document Owner's Approval:</b>	 <hr/> Misty Hebert, LPC, Deputy Director		
<b>Executive Director's Approval:</b>	 <hr/> Kristin Bonner, BSN, RN, Executive Director		

### **Policy Statement:**

South Central Louisiana Human Services Authority (SCLHSA) shall endeavor to protect all clients' rights of privacy. Information known or contained in the client's medical record shall be treated as confidential and will be released in appropriate circumstances only with the written consent of the client or legal guardian, or as allowed by federal or state laws.

### **Rationale:**

To assure that the client's rights of privacy are maintained.

### **Procedure:**

- A. All persons employed with the SCLHSA having access to information concerning clients, such as volunteers, clinic staff members, and physicians, must hold all information in strict confidence.
- B. No information concerning clients, physicians, staff members or volunteers is to be relayed to others. Information, which may be considered ordinary facts and necessary for planning of specific care and services, will be handled with professional discretion and on a "need to know" basis.
- C. At no time shall staff members, volunteers, or others associated with the SCLHSA, who have access to confidential client or clinical information, speak with the news media, or others outside the SCLHSA organization, without prior approval from SCLHSA Administration. All encounters with the news media should be directed to the Executive Director.
- D. Employee social media interactions and any personal electronic communication with clients is prohibited, except Peer Support Specialists, whose boundaries allow for electronic communication to respond to concerns or questions. Electronic communication via the electronic health record (Patient Portal, Healow, etc) and the SCLHSA Customer Service email are acceptable forms of contact with a client. Clients may request appointments, pose concerns or ask questions via the customer service email. All request received by a client via the customer service email will be documented in the electronic health record.
- E. Client information sent email or facsimile must have the following privacy and confidentiality warning in the document:

## PRIVACY AND CONFIDENTIALITY WARNING

This E-mail may contain Protected Health Information, Individually Identifiable Health Information and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or the taking of action in reliance on the content of this E-mail and any attachments thereto, is strictly prohibited. If you have received this E-mail in error, please notify the sender immediately and destroy the contents of this E-mail and its attachments by deleting any and all electronic copies and any and all hard copies regardless of where they are maintained or stored.

- F. Any personal information regarding SCLHSA medical staff, providers, and other staff members as well as patient information submitted to insurance companies for audits and other regulatory agencies will either be sent by secure portal provided by the outside agency or via encrypted email.
- G. As required by state and federal law, information pertaining to victims of abuse/violence/sexual assault will be released to regulatory agencies.
- H. Behavioral Health Centers and Developmental Disabilities must also comply with 42 CFR Part 2, therefore disclosure of information identifying a client with a substance use disorder can be made only as follows:
  - 1. The client consents in writing.
  - 2. The disclosure is allowed by a court order.
  - 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
- I. As appropriate to state and federal law, any client information requested by state and/or federal agencies will be released accordingly.
- J. Questions and information related to UPIN, DEA or Provider ID numbers should not be addressed, but referred to the SCLHSA Administrative Office. Requests from local pharmacists should be referred to the area of origination for appropriate follow-up.
- K. Medical Records housed within each SCLHSA agency shall be kept in secure areas at all times. Medical records shall not be left unattended in areas accessible to unauthorized individuals. The same applies to access to computer terminals by unauthorized individuals. Passwords should not be revealed and screens should be cleared after information is obtained to assure confidentiality. (See SCLHSA Medical Records Policy 802 for additional details).
- L. The principal standard in the release of information should always be "minimum necessary" to meet the requirements of the specified request.
- M. The SCLHSA HIPAA Privacy Policy may be referenced for additional requirements. (See SCLHSA HIPAA Privacy Policy 109)
- N. Disciplinary action for breaches of confidentiality will be addressed in a timely manner. The user will be subject to disciplinary action up to and including termination of privileges and/or employment. Any staff member witnessing another staff member breaching data/information confidentiality shall report the incident to the Supervisor, Clinic Manager or the Executive

Director for immediate action. The following procedure outlines actions to be taken if a breach is discovered.

1. Employees

- a. Employees found in violation of the SCLHSA policies will be addressed regarding the violation by the employee's Clinic Manager.
- b. Based on the type and severity of the infraction and/or the repetitive pattern of infractions, disciplinary action will be taken up to and including termination of employment.
- c. Documentation of the violation and disciplinary action taken must be placed in the employee's personnel file.

2. Physicians and Health Professionals

- a. Violations of SCLHSA policies by a physician or other clinical professional will be communicated to the individual by the Medical Director, Executive Director or designee.
- b. Documentation of the disciplinary action must be placed in the confidential credentials file of the physician or health professional.

3. Clerical staff, Vendors and External Entities

- a. Violations of the SCLHSA policies by clerical staff, vendor or any other external entity will be communicated to the individual by the Clinic Manager, Executive Director or designee.
- b. Disciplinary action will be based on the severity and/or frequency of the violation and may result in the termination of the user privileges or termination of the contract.
- c. Documentation of the disciplinary action must be placed in the vendor file.

**Compliance Requirement:**

- 42 CFR Part 2
- HIPAA Privacy Policy

**Attachments:**

There are no attachments for this policy.

**Linkages:**

- Disclosure of Medical Records - Policy 807
- Medical Records - Policy 802
- HIPAA- Policy 109