

**The Dartmouth-Hitchcock Privacy Group
Policy Statement on the
Privacy & Confidentiality
of Patient Information**

Dartmouth-Hitchcock Privacy Group

Mary Hitchcock Memorial Hospital
Dartmouth-Hitchcock Clinic
Dartmouth Medical School
Cheshire Medical Center
Upper Connecticut Valley Hospital
Weeks Medical Center
Mount Ascutney Hospital & Health Center

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TABLE OF CONTENTS

SCOPE AND DEFINITION OF TERMS.....	1
GENERAL PRINCIPLES	2
STATEMENTS ON SPECIFIC SITUATIONS.....	3
TREATMENT	3
PAYMENT.....	3
HEALTH CARE OPERATIONS	4
MEDICAL RESEARCH	4
MEDICAL EDUCATION	4
RELEASE OF INFORMATION TO NEWS MEDIA	4
REPORTING REQUIRED BY LAW	4
RELEASE OF SENSITIVE INFORMATION	5
COMPUTERIZED PATIENT RECORDS	5
IMPLEMENTATION POLICIES AND PROCEDURES	6
REVIEW / AMENDMENT OF THIS DOCUMENT AND THE IMPLEMENTATION POLICIES	6

STATEMENT OF PURPOSE

It is our intent to establish policies and procedures governing the privacy of our patients' personal health information and to provide guidelines for the security and appropriately controlled release of such information, consistent with applicable federal and state laws, including the federal privacy rule.

We support the patient's right to privacy (that is, the right to control access to his or her personal health information) and accept responsibility to keep secure and confidential the information collected about our patients during their encounters with us. We also understand that releasing parts or all of that information is appropriate under certain circumstances, such as providing for continuity of care, participating in approved research and educational activities, complying with laws, and assuring reimbursement for services provided, and that such releases provide benefit to the patient and/or to society.

SCOPE AND DEFINITION OF TERMS

This Policy Statement applies to all personnel of the Dartmouth-Hitchcock Clinic, the Mary Hitchcock Memorial Hospital, the Dartmouth Medical School, and other members of the Dartmouth-Hitchcock Privacy Group (together, "Dartmouth-Hitchcock"), as well as business associates, volunteers, and students participating in medical educational programs within these organizations.

This Policy Statement applies to all types of personal health information, regardless of form. Health information is information we receive or create relating to someone's past, present, or future physical or mental health or condition, or the provision of or payment for health care provided to someone. Personal health information (defined in the federal rule as "individually identifiable health information" or "protected health information") is any item containing health information about a patient that reasonably could directly or indirectly identify the patient, whether in electronic, hard copy, oral, or any other format, original or copied, or any electronic data base, whether free-standing or networked, or any medical records, whether maintained by the medical records department or any other department, section, or provider. This Policy Statement covers personal health information regardless of storage medium or location. In addition to medical records, it covers operating schedules, registration forms, billing and claims information, financial documents, patient conference notes, provider's personal notes, photographs or videos, information in registries, room assignments, radiology films, cine film, computer-generated microfilm, electronic mail correspondence, etc. We expect technology to continue to change the media upon which patient information is stored, and we intend to extend our privacy policies and procedures to these as they come into use in our facilities.

Types of release covered by this Policy Statement ("uses" and "disclosures" as defined by the federal privacy rule) include, but are not limited to, written, verbal, telephonic, or electronic, transmitted intentionally or unintentionally, in public or in private, inside or outside the walls of our organizations. Also included is information released to regional

health data networks, insurance companies, managed care providers, medical data banks and other data repositories, affiliated institutions, researchers, business associates, government agencies, news organizations, pharmaceutical and medical equipment suppliers, clergy, and family and friends of patients – in short, all releases of personal health information.

This document provides philosophy and direction for decision-making and procedure development throughout the Dartmouth-Hitchcock Privacy Group. Medical record departments will develop implementation policies to provide mechanisms for appropriate protection and releases of information. These implementation policies will define the circumstances under which an unauthorized access to or release of a patient's personal health information will constitute a breach of confidentiality. At a minimum, any disclosure of personal computer password(s) which risks unauthorized access to confidential patient information will be construed as a breach of confidentiality. If you have any questions about this Policy Statement or release of any patient-related information, contact the medical records department in your institution.

GENERAL PRINCIPLES

1. Patients own their personal health information, and with limited exceptions set forth in the federal rule or state law (e.g. psychotherapy notes), they have a reasonable right to access their own health information and to control access to it by others, to correct or comment on information contained in their medical record, and to know if and how their personal health information is being used for purposes other than treatment, payment, or health care operations. Patients have a right to receive notice of their rights and our obligations and policies regarding their personal health information.

2. Although individual Dartmouth-Hitchcock institutions own the media on which the information is kept (paper records, videos, photographs, electronic storage media, etc), we hold the personal health information stored on those media in trust for the benefit of our patients. We will not use, disclose, or release such information to persons other than the patient or his/her authorized representative except:

- A. For purposes of treatment, payment and health care operations, as authorized by the federal privacy rule;
- B. As required by law (e.g. to comply with statutory reporting requirements) or as permitted by law and by our written privacy policies (e.g. in medical emergencies, or for medical research purposes, or for public health oversight functions); and
- B. Otherwise, only with the patient's specific written authorization.

3. Individual employees and other members of the workforce of each Dartmouth-Hitchcock institution are held accountable to read, know, and understand this Policy Statement, to adhere to approved specific policies and procedures for protecting the privacy of patients' personal health information, and to exercise care and good judgment

in accessing, using, or disclosing such information.

4. We assume that an individual provider responsible for the care of a patient should be able to access all or any part of the patient's record deemed relevant to treatment. In all other circumstances, only the minimum amount of personal health information necessary for the relevant purpose will be released to those individuals or entities with a need or right to access such information.

5. We believe that the patient should be informed as much as possible about the release and use of his/her information. We will provide patients with a written notice of our privacy policies and practices, explaining how we use and disclose their personal health information to provide them with care, and we will ask them to acknowledge receipt of that notice.

6. A person other than the patient may authorize access to or release of the patient's information only when granted by a competent patient or his/her attorney, the parent or guardian of a minor child, the guardian or conservator of an incompetent adult patient, or by a court order.

7. We support access to patient information to evaluate exposure to risk or to evaluate patient complaints, but it is our intent to limit access to the minimum information required by the minimum number of persons necessary to handle directly the evaluation or complaint.

STATEMENTS ON SPECIFIC SITUATIONS

TREATMENT

The sharing of medical information required for the patient's ongoing care is assumed to be in the patient's best interest. To facilitate a patient's treatment, disclosure of personal health information regularly occurs among Dartmouth-Hitchcock providers. Patient information will also be released to non-Dartmouth-Hitchcock providers when appropriate to do so, such as in a medical emergency, when providing test results and/or reports to referring physicians, or to facilitate follow-up care by other providers. The patient should also be informed that attending, consulting, and referring physicians may have access to their medical record for treatment purposes.

PAYMENT

All patients should be informed about the following:

- that data from their medical records, required to support claims for payment for covered services, may be released to primary and secondary payers;
- that payers maintain claims databases on their clients;
- that payers may contribute patient data to the Medical Information Bureau;
- that third-party reviewers may request and receive patient information over the telephone or by electronic transmission for utilization review, pre-authorization of services, or case management purposes, or may review the medical record on the

premises.

HEALTH CARE OPERATIONS

Patient-specific information is essential to many corporate administrative functions required to support modern health care delivery systems. The federal privacy rule refers to these as “health care operations” functions. They include activities such as:

- Surveys by accrediting bodies and evaluations of clinical outcomes (non-patient specific and non-diagnostic information should be used for these purposes whenever possible, and in all cases, only the minimal amount of information should be accessed and only by those with a need to know the information);
- Quality assurance functions used to evaluate the adequacy and appropriateness of care rendered. (Documentation generated during this process is confidential and is protected by state statutes from disclosure. When disseminating information from these reviews at section or department meetings, patient-specific information is to be deleted whenever possible);
- Credentialing and recredentialing of individual providers;
- Clinical education programs for medical students and other trainees;
- Legal, auditing, and compliance functions;
- Business planning, management, and general administrative functions; and
- Fundraising consistent with the federal privacy rule.

MEDICAL RESEARCH

The release and use of patient-specific information for medical research must be approved by the appropriate Institutional Review Board. Articles, papers, copies of records, x-rays, photographs, and/or other artifacts of research must not divulge patient identity without authorization of the patient or his/her legal representative.

MEDICAL EDUCATION

We recognize the necessity of sharing patient-related information to fulfill our educational mission. This includes, for example, reviewing a patient’s medical records with residents, medical students, and other trainees engaged in clinical education under the supervision of an attending physician.

RELEASE OF INFORMATION TO NEWS MEDIA

Requests from the news media for patient information should be referred to the public affairs department within each institution.

REPORTING REQUIRED BY LAW

In accordance with state law, certain diagnoses (e.g. communicable diseases) and circumstances (e.g. evidence of child abuse) require reporting to state agencies without patient consent. Each institution’s medical record department policy will explicitly describe these situations with references to the applicable statutes and regulations.

OTHER RELEASES PERMITTED BY LAW

The Dartmouth-Hitchcock institutions have specific policies governing requested releases

of patients' personal health information that are permitted but not required by law, e.g. in connection with public health oversight, research, workers compensation, or law enforcement activities. Reference should be made to these specific policies in the event of questions about the appropriateness of a requested release.

RELEASE OF SENSITIVE INFORMATION

State and federal laws contain special confidentiality provisions regarding sensitive diagnoses. These include, but are not limited to, HIV test results, mental health records, and records of patients who have been diagnosed or treated for drug or alcohol abuse. These laws require special authorizations or court orders for release of information. Each institution's medical record department policy will describe how to handle these situations.

RELEASES TO BUSINESS ASSOCIATES

The Dartmouth-Hitchcock institutions have many relationships with independent contractors ("business associates," as defined in the federal privacy rule) who assist us in performing essential health care operations, payment, and other functions using patient-specific health information provided by us. These business associates include consultants, attorneys, auditors, utilization reviewers, debt collection agencies, software vendors, data analysts and aggregators, research sponsors, accreditation agencies, and others. In each case our contract with a business associate must include specific provisions governing the use and disclosure of personal health information by the business associate, as required by the federal privacy rule.

COMPUTERIZED PATIENT RECORDS

We support the concept of the computerized patient record and believe that it enhances the effectiveness and efficiency of medical care.

A computerized patient record should be structured so that patient records created and stored on the system can also be admitted as evidence in court. This means, in general, that the computerized patient record must:

- be kept during the ordinary course of business
- be created contemporaneously with the event being documented
- include documentation dates, times, and the identity of every individual making or modifying any entry (maintaining the original plus the modified entry)
- be protected by publicized and enforced rules against unauthorized access to and disclosure of personal health information.

By definition the Dartmouth-Hitchcock Clinic/Mary Hitchcock Memorial Hospital medical record contains information in both paper and electronic formats, so medical record information on the computer (Clinical Information System) or in hard copy will be considered part of the medical record. All confidentiality rules and security precautions set up for the paper record also apply to the computerized patient record.

IMPLEMENTATION POLICIES AND PROCEDURES

This Policy Statement is intended as the basic policy foundation for the Dartmouth-Hitchcock institutions with respect to the privacy of our patients' personal health information. Clinical departments, sections, and program offices will adopt and implement more specific policies and procedures, consistent with the federal privacy rule, other applicable law, and this Policy Statement. These more specific implementation policies and procedures will include, without limitation:

- A notice to patients of our privacy policies and procedures (in paper, electronic, and any other media used for communication with patients)
- An acknowledgement of receipt of that notice, to be signed by patients (when possible)
- Authorizations for other specific disclosures of personal health information
- Minimum necessary use and disclosure protocols and criteria
- Medical Records Department release of information policies
- Procedures for statutory reporting requirements by jurisdiction
- Information Systems policies and procedures
- Security policies appropriate to the range of technologies used within information systems
- Business Associate contracts
- Affiliate Information Systems Agreements
- Billing and claims policies and procedures
- Employment policies and procedures relating to role-based access to personal health information in any form
- Complaints, investigations, and sanctions policies and procedures
- Workforce training standards, on a role-based need-to-know basis

REVIEW / AMENDMENT OF THIS DOCUMENT AND THE IMPLEMENTATION POLICIES

Because of the rapidly changing healthcare environment and technologies, we anticipate that this Policy Statement as well as the implementation policies and procedures can represent only the current thinking and law at any point in time and, therefore, will need periodic reviewing and updating. This review will be coordinated by the appropriate governing bodies or their designees.

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