|  |  |  |
| --- | --- | --- |
| Privacy and Security | **Last Revision:**  | May 2018 |
| **Last Reviewed:**  | May 2018 |
| **Applies to the following THA Group of companies::**  | * Island Health Care
* Island Hospice
* Independent Life at Home
* Ideal Aging
* RightHealth®
* THA Services
 |
| **Included in the following THA Manual** | Administrative Policy & Procedure ManualManagement of Information & HIPAA |

***A copy of this document is provided to each staff member.***

**PURPOSE**

To provide a simplified overall guideline directed at singular aspects of privacy and confidentiality in order for staff to understand the relationship between staff and the clients of THA Group of companies (THA Services, Inc., Island Health Care, Island Hospice, Independent Life at Home, Ideal Aging and RightHealth®).

The electronic and paper record resources of THA Group of companies are provided for the singular purpose of facilitating patient care and business processes. Any person who uses THA’s paper records and/or computing resources for non-business or unauthorized purposes may be subject to disciplinary action, up to and including termination, and civil or criminal legal action.

Management at all levels is responsible for monitoring the actions of their staff and enforcing the intent of this overview. All questions, concerns or infractions should be directed to the appropriate Vice President.

**POLICY**

1. **Prohibited Activities**

The following activities are prohibited:

1. Using THA Group's computing systems or data for personal business or gain;
2. Specific violations of THA Managed Companies 's electronic mail, Internet and facsimile machine policy;
3. Unauthorized browsing of patient, personnel, financial, or other records for the purpose of personal curiosity or with the intent of improperly disclosing the information contained in those records;
4. Interfering with the operation of any THA Group's computing systems or using a THA Group’s computer to disrupt any external computing system;
5. Altering or deleting any of THA Group's data or software, except when performing authorized business functions; and
6. Installing unauthorized or illegally copied software on any of THA Group's computer terminals.

See the ***Technology Usage*** Policy for details on all THA Group communication equipment.
7. **Responsibilities**
8. Every staff member is accountable for all computing activities he/she performs.
9. Users are required to take the following precautions in order to safeguard systems and data:
* Use of private passwords
* Computer access limited to that appropriate for position
* User identification codes are not to be shared, except under special circumstances approved by the Privacy Official.
* Passwords shall not be divulged, orally or in writing.
1. Workstations and terminals to be left unattended are logged off or locked up.
2. All suspected or known breaches of confidentiality or computer security are reported to the Chief Information and Administrative Systems Officer or another administrative manager immediately.
3. **Organizational Policies and Training**
4. The management of THA Managed Companies instructs users in Information Confidentiality, Privacy, and Security policies, standards, and procedures; and the principles of information confidentiality and computer security.
5. Privacy and Security issues are addressed at orientation and annually thereafter.
6. For any change to policies or procedures related to PHI, each employee affected by such a change is trained about the change within a reasonable period of time after the material change becomes effective. Documentation of the training described in this policy is maintained in each employee’s file.
7. THA Group management makes written policies on the management of private patient information and other protected data readily available to staff.
8. **Privacy and Security of Employee Information**
9. THA Group management is obligated to ensure the confidentiality and privacy of employee health reports, medical information and other protected employee information.
10. All employee health information, including records of health examination, health-related absences, and other medical information, is retained in a locked file separate from the employee personnel file. Medical files are located in Talent Management.
11. Other personnel information, including terms of employment, compensation, discipline, and other sensitive information is maintained in locked file located in Talent Management.
12. Access to medical and personnel files is limited to Talent Management staff and senior members of management.
13. **Behavior in Interacting with Patients**

THA Group staff or volunteers are obligated to make sure that medical information is not disclosed *inappropriately, accidentally or negligently.* In order to do this appropriate precautions are taken in order to safeguard medical information, as described below.

1. Medical information on terminals is not allowed to be visible to patients.
2. Patient charts and encounter forms are kept face down and are never left out where
others can see them.
3. Confidential trash bins are used when disposing of medical information. Any documents
with a patient's name, insurance number or partial medical record is considered medical
information.
4. During phone conversations, the employee speaks softly over the phone and tries to avoid excessive use of the patient's name.
5. Patient information is not discussed with anyone in a social conversation.
6. Patient privacy needs are anticipated when giving out test results, setting up appointments and obtaining or explaining referrals.
7. **General Areas for Consideration**

Our patients and/or caregivers have Rights and must be informed of their Rights. Employees should also understand these patient Rights which are shared with the patient at start of care as follows:

Patient's Rights

* **TO QUALITY CARE**
	+ To have a relationship with our staff that is based on honesty and the highest ethical standards. We will inform you if we receive any financial benefit from referring you to another organization, service provider or other reciprocal relationship.
	+ To know the relationship with referring entities.
	+ To information about your condition and your role in managing your condition as well as potential limitations and side effects of treatments.
	+ To receive instructions on what to do in case of an emergency.
	+ To actively participate in the creation of your plan of care at admission and during the course of service; and to be informed in advance of any changes to the care you are receiving.
	+ To be informed about the care that you will receive, name(s) and responsibilities of care team members who are providing and responsible for your care, including the disciplines that will provide treatment and care services. This includes information about the frequency of services, expected and unexpected outcomes, potential risks or problems, and barriers to treatment.
	+ To receive all services outlined in the plan of care.
	+ To receive only care to which you have consented.
	+ To elect or revoke care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law.
	+ To refuse any specific treatment without being discharged from services.
	+ To have family involved in decision-making (as appropriate) concerning your care, treatment, and services when approved by you or your designated decision maker and as allowed by law. You may have your family present at any time during our visits.
	+ To continue, as allowed, in the care program during hospital admissions with which the agency is contracted.
	+ To choose your own attending physician.
* **TO RESPECT**
	+ To mutual respect, personal dignity, and tohave your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
	+ To not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex, or handicap.
	+ To have your property treated with respect.
	+ To receive pastoral and other spiritual services and to exercise your own religious beliefs.
* **TO BE FREE FROM ABUSE**
	+ To be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
	+ To freedom from unnecessary restraints.
* **TO HAVE YOUR COMMUNICATION NEEDS MET**
	+ To receive information in a manner that you can understand and in a method that works for you.
	+ To be informed of the right to access auxiliary and language services.
* **TO HAVE YOUR PAIN ASSESSED AND MANAGED**
	+ To have your pain assessed and managed with the goal of making you as comfortable and pain free as possible.
	+ To education about you and your family’s role in managing pain when appropriate as well as potential limitation and side effects of pain treatments.
* **TO PRIVACY & SECURITY**
	+ To personal privacy and security during home care visits and to have your property respected.
	+ To have your information kept confidential. This includes written, verbal, and electronic information in your medical records, about your health, social and financial circumstances or about what takes place in your home. Personal information will not be disclosed to anyone outside THA Group without your written consent.
	+ To access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law.
	+ To request us to release information written about you only as required by law or with your written consent.
	+ You may refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
	+ You may refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
* **TO FINANCIAL INFORMATION**
	+ To payment informationbefore care is started. We will explain and put in writing the extent to which payment may be expected from Medicare, Medicaid, other federally funded/ aided program, commercial insurance or any other sources known to us. We will also let you know charges for services that will not be covered by Medicare or another payor and the charges that you may need to pay.
	+ To access all your charges from us. Upon request, youcanaccess all bills for services you have received, regardless of whether the bills are paid by you or by another party.
	+ We will advise you of any changes in payment, charges and what you may owe when these changes occur. We will tell you of these changes and put them in writing as soon as possible, but no later than 30 calendar days from the date that we become aware of a change.
	+ Our staff is prohibited from accepting gifts or borrowing money from you.
* **TO ADVANCE DIRECTIVES (LIVING WILL)**
	+ To receive care regardless of whether or not you have an advance directive.
	+ To receive care without conditions or discrimination based on the execution of advance directives. You will be informed if we cannot implement an advance directive on the basis of conscience.
	+ To receive written information about our policies and procedures on advance directives including description of applicable state laws.
	+ To have your healthcare providers comply with your advance directives in accordance with state laws.

To Voice Concerns Or Complaints About Care

* To let THA Group know if you are not completely satisfied with the services you are receiving. THA Group strives to deliver the highest quality care to our patients. If a patient has a concern or complaint, THA Group encourages him/her to call our office immediately. Patients will be able to voice their concerns and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. Our Customer Feedback Policy does specify the timeframe for responding to all feedback (written or verbal) as well as escalation process.
* To access THA Group’s Public Disclosure Information containing information about ownership, licensing, inspection reports, and services offered.
* To contact your state and federal hotlines if you have a complaint that is not resolved to your satisfaction or if you have questions about local providers. The state hotline also receives complaints concerning the implementation of advance directive requirements.

Other Rights Based On New COPs Home Health Care

* To a written notice of rights and responsibilities. Patient and the legal representative (if applicable) or representative of patient’s choice must be provided with a written notice of the patient’s rights and responsibilities in advance of care. This notice must be understandable to those with limited English proficiency and individuals with disabilities, and a written confirmation of receipt must be obtained.
* To a written notice regarding the HHA’s Transfer and Discharge Policies. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
* To appoint a “patient-selected representative” who must be provided a written notice of the patient’s rights and the HHA’s discharge and transfer policies within 4 business days after the initial evaluation visit.
* To receive contact information for the home health administrator, including his/her name, business address, and phone number.
* To a verbal notice of their rights no later than the completion of second visit from a skilled professional.
* To be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect and misappropriations of property.
1. **Release of Data**
	1. Although the requirements for release of some patient information are defined by law, THA Group has policies addressing the responsibilities and determining the methods of complying with these laws.
	2. Data is never released without the express, specific, written consent of the patient or a court order. In all cases, the Privacy Officer, or a member of management, is contacted for a decision before any data is released.

[G:\Approved Forms\Patient-Client Authorization for Release of Information.pdf](file:///G%3A%5CApproved%20Forms%5CPatient-Client%20Authorization%20for%20Release%20of%20Information.pdf)