

**Confidentiality and Privacy of Information**

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- ✓ Shore Memorial Hospital    ✓ Shore LifeCare    ✓ Shore Health Care at Home    ✓ MMC
- ✓ Shore Rehab    ✓ Lingle/Goldstein Surgical Assoc.    ✓ Shore Orthopedic Assoc.

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Next Review: 3/08

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President/CEO

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Vice President/CNO

**PURPOSE:**

To provide guidelines for privacy, security of information, and confidentiality.

**POLICY:**

A patient's rights to protection of privacy and security of information are to be ensured by all employees. All employees shall remain aware of the confidential nature of information related to Shore Health Services. At the start of employment, each person shall sign a confidentiality agreement (attached.)

**GUIDELINES:**

1. The patient's medical record is to be viewed only by those individuals directly involved in patient's care, or with an approved need to view as defined by this facility. (In Quality Review Compliance Section). The medical record may be the physical printed copy or any components that are electronic in form.
2. Information about the patient should only be discussed with those individuals involved in the patient's care as related to the patient's care.
3. Discussion of sensitive information regarding the patient is avoided within the hearing of other patients, the public, or visitors.
4. Information and records sent with a patient upon transfer should be placed in a sealed envelope.
5. Requests for copies of a patient's medical record are to be referred to the Health Information Services department.
6. Information about the specific condition of a patient should only be provided to the immediate family of the patient with the patient's approval.
7. Patient information may be released, if the patient is asked for by name. The only information that shall be given is:

- a. Patient Name
  - b. Location
  - c. Religion – this may only be given to a member of the clergy.
8. Any information concerning a patient's condition, treatment, personal affairs or records shall be kept confidential. Any release of such information may be done only with the physician's consent, with the patient's approval, or, when compelled to do so by law. Specific procedures must be followed in these incidences. (Refer to Release of Information Policy ).
  9. Staff must be regularly made aware of their responsibility for protecting patient information, including, but not limited to, the following significant points:
    - That even casual conversations with other staff may be overheard, thereby violating the patient's right to privacy.
    - The release of patient information (deliberate or accidental) is unethical and could subject the staff as well as the facility to legal charges.
    - Failure to comply with this policy could subject staff to disciplinary action up to and including discharge. (Refer to Progressive Discipline Policy)

**Violation of Confidentiality - Examples:**

1. Sharing of Computer System password with another individual.
2. Accessing information for patients that one does not have a reason or need to.
3. Communicating information in non-hospital setting, and/or non-healthcare work environments.
4. Casual conversation regarding patient information in any public, non-private area, such as hospital elevators or hallways.

**Related Policies:**

Release of Information - Administrative Manual  
Progressive Discipline Policy - Human Resources Manual  
Faxing policy  
HIPAA Compliance Policy for SHS

*Shore Health Services, Inc.*

**Employee Confidentiality Agreement**

As an employee of Shore Health Services, Inc. I agree to the following:

1. I will treat all information concerning patients, fellow employees, and company business in a confidential and professional manner.
2. I will keep in strict confidence all that pertains to any patient, employee, or member of the medical staff of Shore Health Services, Inc.
3. I will not discuss such information with anyone at, or away from, the company except as required by my professional duties.
4. I understand that information regarding the diagnosis, condition, and treatment of patients is confidential and may be disclosed only by persons specifically authorized to do so.
5. I understand that non-medical information of a personal nature is equally confidential and that the careless discussion of such information by employees may jeopardize the patient and the company.
6. I understand that all company relationships (employee/employee or employee/medical staff) should be respected and held with the same degree of confidentiality as information regarding patients.
7. I will keep all assigned computer system login Ids and passwords confidential, and will not share them with anyone.
8. I understand that my user code is the equivalent of my signature.
9. I will not attempt to learn or use another person's user code, login ID, or passwords.
10. I understand that the use of my user codes and passwords cannot be delegated to anyone, including management members over my work area, or management of other areas within the organization.
11. I understand that the system can track whatever information an individual accesses by User Code, therefore any actions taken by another person using my User Code to access patient information will be traced back to me, and I can be held personally accountable.
12. I will not transmit patient or company information to the internet or via email, without specific authorization and only in the course of performing hospital business as it relates to that information.
13. I will not leave a workstation unattended and unlocked while still being logged on.
14. If there is reason to believe that the security of my user codes or passwords has been breached, I will inform my immediate supervisor. They in turn will contact Information Systems immediately so that a new user code and/or passwords can be issued.
15. I understand that ignoring these points of confidentiality would flagrantly violate the trust placed in me by the patients and the company.
16. I understand that any employee who violates the confidentiality of patient information or any other aspect of this confidentiality agreement is subject to progressive discipline up to, and including, termination.

I have read and understand the above statement. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_