



Curry Community Health (LPHA) **Client Confidentiality Policy and Agreement**

Effective: September 27, 2013

All employees, volunteers, student interns, contract workers or observers at the Curry Community Health (LPHA) are governed by the confidentiality policies and procedures of Curry County and this Department. Each employee (probationary, regular, extra help), volunteer, student intern, contract worker or observer (hereinafter referred to as “staff” or “volunteer”) shall review this Confidentiality policy and sign this agreement prior to beginning their work or observation at the Health Department, and on an annual basis. This statement shall be kept in the individual’s departmental file. To comply with HIPAA requirements, additional training on departmental policies and procedures which apply to the staff or volunteer’s duties must be completed within 30 days of employment. These policies and procedures are found in the ***Confidentiality Policies and Procedures Manual***.

Client Confidential Information includes information obtained during the provision of treatment or services and information contained in a health record or information management system, including information that has been electronically transmitted via a FAX machine or e-mail. Confidential information includes demographic information such as a client’s address, telephone number, birth date, and social security number. **All** information regarding any clients, including the fact of their status as Health Department clients or their presence in our facility, is confidential. A client is defined as any individual who has received services at any time from the Curry Community Health (LPHA).

Policy statements, statistical material, and similar information that is not identified with an individual client or family is not confidential.

Confidential information may be shared between Health Department staff during their provision of care, quality assurance, and as required by law.

- When sharing information, **under no circumstances should any staff or volunteer have access to any protected health information unless there is a need to know that information to perform a job function.**
- Staff and volunteers must also limit their access to the **minimum necessary** to accomplish their task.
- Staff and volunteers must be careful to **prevent unintended or inadvertent disclosures** of client information, such as discussing client information where they can be overheard.

All requests for information without client consent shall be referred to the Privacy Officer, Supervisor, or Health Administrator.

Violations of Privacy Policies

It is a **violation** of client confidentiality to discuss with, or release any client information to any individual other than Curry Community Health (LPHA) staff and volunteers except with the express written consent of the client, and **only** when the discussion or disclosure is within the course and scope of the staff or volunteer's duty. It is also a violation to view or obtain any client records, both written and electronic, or otherwise seek confidential information about clients, unless there is a specific job related need to know that information.

Employees must report any potential violation of the privacy policies to their supervisor and assist in the investigation of any alleged violations. Violations of client confidentiality are extremely serious and can result in legal action against Curry Community Health (LPHA) and in disciplinary action against the employee and volunteers in the Department.

Penalties Imposed on You by Curry County

Depending on the severity of the violation, as evaluated by your supervisor and with appropriate input by Curry County's Human Resources Department, Curry County may impose sanctions against you that range from a warning up to and including dismissal, and possible reporting to applicable federal and Oregon authorities.

Civil Sanctions

The U.S. Department of Health and Human Services (HHS) may impose civil fines of up to \$100 per violation and a total of \$25,000 per person per year for a negligent violation of a single standard.

Criminal Sanctions

HHS may make a criminal referral to the U.S. Dept. of Justice to prosecute a person who knowingly violated a requirement set forth in the Privacy Rule. The potential criminal penalties are as follows:

- a. If the person is convicted of violating a requirement set forth in the Privacy Rule with the intent to sell, transfer or use protected health information for commercial advantage, personal gain, or malicious harm, a court may impose a criminal penalty of up to \$250,000 and/or imprisonment of up to 10 years.
- b. If the person is convicted of violating a requirement set forth in the Privacy Rule under false pretenses, a court may impose a criminal penalty of fines of up to \$100,000 and/or imprisonment for up to 5 years.
- c. If the person is convicted of a knowing violation of the Privacy Rule (other than described in paragraphs a, and b above) the person may be fined up to \$50,000 and/or imprisoned for up to one year.

Employee Confidential Information:

Access to employee health information is restricted to Department supervisors and managers, first-aid and safety personnel, and government officials investigating compliance allowed by law. Disclosure or release of information to others than those listed above must be only with the permission of the affected employee. The Americans with Disabilities Act (ADA) permits disclosure of health information for workers' compensation and insurance purposes.

Confidentiality Policy & Agreement

Signature Page

I understand that all information regarding any client of the Curry Community Health (LPHA) is confidential and is not to be discussed with, or disclosed to, any individual within this department who does not have a job related need to know that information, or with anyone outside this department unless there is a current release that has been obtained according to departmental policies

I understand that in all instances the information obtained and released should be specifically limited to that necessary to fulfill the requirements of the specified circumstance.

I understand that if I improperly disclose confidential client information, my actions may expose Curry County to legal liability. I also understand that if the County determines that my actions are outside of the course and scope of my duty, the County may refuse to defend me in any legal action that might be brought because of my improper disclosure.

I have read the Curry Community Health (LPHA) Confidentiality Policy and Agreement. I understand that I am responsible for knowing and following all aspects of the policy. I understand that I am subject to the sanctions stated, if in violation of the policy.

Do not sign the form before you have read it and have asked any questions of your supervisor. Your signature certifies that you have read, understood and agreed to the confidentiality policy and the above-cited directives and information.

Print Name

Position

Employee Signature

Date

Supervisor Signature

Date

Confidentiality Agreement