

Vermont Catholic Charities Inc.
Residential Care Homes Policies and Guidelines

SUBJECT: Confidentiality/HIPAA	Policy Number HR 00011
	Section: Human Resources
	Sub-Section: Employment
	Approved Date: March 1, 2010 Updated: October 1, 2017

INTRODUCTION

As an employee, you are entrusted to treat all information you come across as confidential, with the regulations defined under the Health Insurance Portability and Accountability Act. It is an employee’s responsibility to protect all resident personal and health information. What you see and hear in the work place should stay at work. No information can be shared with anyone outside the work place. It is also the responsibility of the home to maintain confidentiality and privacy for all Employee personal information.

CONFIDENTIALITY POLICY

The Home will maintain all resident and employee information in a confidential manner. Confidential information regarding any resident or employee will not be shared without the written consent of the resident or employee unless required by law. Any health information that the Home has about any resident or employee is subject to all of the regulations of HIPAA.

The Home also requires that employees maintain strict confidentiality of the residents, their families/others, employees, and the proprietary operations of the Home as a condition of employment.

PURPOSE

To assure the confidentiality of resident, employee, and Organization information.

PROCEDURE

- Access to personnel files is only permitted by the Administrator, Supervisor, Department Heads, Human Resources, Executive Director, and employee.
- Access to resident files is only permitted by the Administrator of the Home, the DON, and employees who are direct caregivers.
- Authorized agents of the State or accrediting bodies are also allowed access to personnel or resident files as required for their official inspection purposes per an authorized court subpoena.

HIPAA

The Health Insurance Portability and Accountability Act requires health insurers and health care providers to take special measure in order to protect the privacy of the personal health information (PHI) that they handle.

PURPOSE

The purpose of HIPAA is to protect all personal health information for the benefit of individuals – respecting their right to privacy. Vermont Catholic Charities Inc. has always taken pride in protecting such information, but the government mandates that particular procedures be in place and that covered entities be in compliance with the regulation. In order to maintain compliance, all employees must be HIPAA trained, and made aware of their individual department’s written policies and procedures.

Protected Health Information (“PHI”):

It is any information (including demographic data) that relates to:

- the individual’s past, present, or future physical or mental health condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

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and if the information identifies the individual or provides a reasonable basis that can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, social security number, zip code, etc.).

If any employee comes across PHI accidentally or is incident to a transaction, he or she must follow appropriate procedures when handling such information.

EMPLOYEES AGREE AS FOLLOWS:

Not to Use or Disclose PHI Unless Permitted: Employee agrees to not use or further disclose Protected Health Information other than as permitted or required by an agreement or as required or allowed by law.

Use Safeguards: Employee agrees to use reasonable safeguards to prevent use or disclosure of Protected Health Information other than as allowed by an agreement or by law.

Mitigation of Harmful Effects: Employee agrees to mitigate, to the extent practicable, any harmful effects known from a use or disclosure of Protected Health Information, by an employee in violation of the requirements of an agreement.

Report Inappropriate Disclosures of PHI: Employee agrees to report to his or her supervisor, who in turn will report the incident to the Executive Director of VCCI, any use or disclosure of Protected Health Information not permitted by an agreement or by law.

The following safeguards and procedures have been implemented to assure compliance with HIPAA:

- All mail directed to the Home, Nursing Department, an individual within the Department, or a resident will simply be dated and delivered to the specified location without being opened. If any mail is directed to the Home in general, but contains PHI that is discovered when opened, it shall be placed in an appropriately labeled envelope, and delivered accordingly.
- A fax/copy machine/printer has been purchased which is dedicated to the Nursing Department.
- All incoming faxes that are received on a fax machine other than the dedicated fax machine for the Nursing Department or Home shall be placed in an appropriately labeled envelope, and delivered accordingly.
- Any documents needing to be scanned should be placed in an appropriately labeled envelope as indicated above, and given to the appropriate person. Once the document has been scanned and sent to the appropriate person, it should be removed from all publically available locations.
- Secure locations in the “Nursing Department” and the Administrator’s office will be utilized each night for safekeeping. During the day, the designated employees will be very cautious not to leave work open on their desk or on the nursing cart, and to place working documentation in cabinets as is reasonably feasible when leaving their work area.
- All files that are shipped off site will have a Business Associate Agreement that will be executed by a representative of the off-site storage facility. All other files, books, information, etc. will be stored in secure locations. If the need arises for additional storage space in the future, applicable storage space will be sought.

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- Compliance issues relating to the computer (i.e., file organization, passwords, etc.) have been coordinated by the representative assigned IT work. The department should have passwords different from the common ones utilized by everyone else. All information should be stored in a secured location, accessible only to those authorized individuals.

HIPAA TRAINING:

- Nursing Staff must be HIPAA trained by the Director of Nursing or a qualified delegate prior to first day of work.
- Only the nursing staff are allowed in the Nursing Office.
- Conversations with employees regarding PHI must occur in a private office.
- Files containing PHI must be secured at all times.
- Doctor's notes for employees or residents must be treated as PHI.
- Computer monitors containing PHI must be positioned so employees passing will be unable to view said information.
- Paperwork containing PHI must be shredded; it should never be thrown in the garbage.
- All newly hired staff must receive HIPAA training.

Any violation of the Confidentiality and HIPAA Policy will result in disciplinary action up to and including termination.

**This policy replaces, revokes, and rescinds all former policies, including VCCI Human Resource Policy HR-007, therefore, any modifications or changes to the utilization and administration of those policies is superseded by this new plan.*