



University of Connecticut Health Center

POLICY NUMBER 2002-43

October 16, 2009

POLICY: CONFIDENTIALITY

POLICY STATEMENT:

This policy covers all persons working, volunteering or doing business with UCHC both during and after employment, volunteering and/or when business with UCHC has been completed or terminated. This policy prohibits confidential information as defined by Federal (such as Health Insurance Portability & Accountability Act), State of Connecticut (such as Freedom Of Information {FOI}) and UCHC policy (e.g. Research, JDH/UMG/Dental patient confidentiality) from being accessed, disclosed or released in any format to or by any person/business that does not have a "need to know" without the proper consent of the individual/patient involved and/or UCHC. In addition, certain information considered confidential by UCHC may be subject to State of Connecticut FOI but should not be released before obtaining specific authorizations from appropriate level of UCHC management. Formal FOI requests for confidential information should be sent to the Office of the Vice President for Health Affairs.

- **Conduct of Personnel:** All individuals are expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. Situations in violation of this policy include, but are not limited to:
 - a. "Loose" talk among healthcare workers regarding medical information about any patient or fellow employee.
 - b. Allowing unauthorized access on Health Center computers to confidential patient information, financial data, confidential research data, or employee personal information.
 - c. Sharing of information acquired by persons in the course of their work to others who don't have a need to have the information; accessing information that the individual doesn't have the authority to access in the course of their work, or doesn't have a need to know to carry out their job duties.
 - d. Disclosure of the anonymity or medical information of research participants without the research subject's permission.
 - e. Sharing of information relative to confidential Human Resources matters.
 - f. Breach of confidentiality obligations regarding the disclosure of confidential information that is subject to a duly signed confidentiality or research agreement.
 - g. Discarding confidential documents in non-secured trash. (Secured shredder bins must be used).

Examples of Types of Information to be Protected:

1. **Patient Information:** Patient information must not be accessed, removed, discussed with or disclosed to unauthorized persons, either within or outside of the institution, without the proper consent of the patient. All individuals having access to confidential information are bound by strict ethical and legal restrictions on the release of medical data. No individual therefore may disclose to a third party, including his/her own family, information learned

from medical records, patient accounts, management information systems, or any other confidential sources during the course of his/her work. No individual may access confidential information that they do not have a need to know to carry out their job duties. Employees may not access, release or discuss the medical information of other employees without proper consent, unless the employee must do so to carry out specific assigned job functions. Employee patient information should never be accessed for employment reasons. Employees may not access their own medical, billing or scheduling information.

2. **UCHC Information:** UCHC information that must be protected includes but is not limited to:
- Ongoing negotiations (labor contracts, leases, purchases)
 - Pending litigation and/or investigations
 - Information that is proprietary, e.g., information that allows UCHC to be more competitive in the marketplace. For example: an innovative approach that is described in a grant proposal.
 - Confidential commercial or financial information
- This information may not be accessed, removed, altered or disclosed unless UCHC administration has given proper authorization.
3. **Individual Matters:** This includes personnel, medical, and other similar files where unauthorized access or release, falsification or destruction of confidential individual records is strictly prohibited.
- **Disposal of Confidential Documents:** Confidential documents must be disposed of utilizing the designated locked containers for shredding.
 - **Reporting Breach of Confidentiality:** Persons must report violations of this policy. Breaches of patient information must be reported to the UCHC Privacy and UCHC Information Security Officers. Other reports may be made to a supervisor, Department Chairperson, UCHC Compliance Office, UCHC Privacy Officer, UCHC Information Security Officer or by calling the confidential "Reportline" at 1-888-685-2637.
 - **Disciplinary Action for Non-compliance:** Violation of this policy is cause for disciplinary action up to and including dismissal.

Cato T. Laurencin (signed)

10/30/09

Vice President for Health Affairs

Date

Replaces: Policy presented to Health Affairs Committee on September 1, 1994
Senior Group Approval June 27, 1994
Revised: 2/99, 10/00, 3/01, 8/02. 5/04
Reviewed: 10/16/09