

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: 10/03/2014	POLICY NO.: COR.10.1H.02
		SUPERSEDES (Policy No. & Date): COR.10.1H.02 (03/09/10)	
	SUBJECT: CONFIDENTIALITY OF MEDICAL RECORD INFORMATION		Page 1 of 4

1.0 PURPOSE

To ensure the privacy of medical record information.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes: Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties; and Section 92F, Public Access to Government Records: Exemption Medical Records; and 92F-13(4), Withholding protected health information for living or deceased individuals.
- b. Hawaii Revised Statutes: Section 325-101, HIV; ARC; & AIDS; Section 334-5, Mental Health, Drug Addition and Alcoholism.
- c. Health Insurance Portability and Accountability Act, 45 C.F.R., 160-164, (1996); Published in Federal Register 67, No. 157, August 14, 2002.
- d. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008).
- e. Department of Public Safety, Policy ADM.O5.02, Public Access to Department Information; COR.10.1H.07, Patient Requesting Information From the Medical Record; and COR.10.1H. 09, Release of Protected Health Information.

.2 Definitions

- a. Medical Record: An individual's personal health information maintained in a medical record or chart.
- b. Confidentiality: To hold in confidence or to keep private identifiable health information pertaining to an individual.
- c. Electronic Medical Record: A digital version of a paper chart that contains all of a patient's medical history, diagnostic findings, treatment planning for the medical practice.

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3.0 POLICY

- .1 Unauthorized disclosure of patient health information is prohibited by law. Confidentiality rules and laws bind any correctional employee exposed to protected health information.
- .2 Maintaining confidentiality of patient health information in both paper and electronic formats shall be included in the orientation of all health care staff.
- .3 Health care staff shall ensure patient encounters are conducted in such a way so as to permit privacy while maintaining staff safety and clinic security.
- .4 Medical records shall be maintained under secure conditions and separate from institutional records.
- .5 The Clinical Services Branch Administrator shall determine access to health records and health information. Routine access to medical information shall be limited to health care staff requiring the records for the provision of clinical services relevant to the patient's health.
- .6 Electronic Medical Record data shall be subject to the same level of confidentiality as medical records in paper form.
- .7 Health Care staff with passwords to access the electronic medical record shall not shall their password with anyone. Only those individuals with their own unique password shall have access to the electronic medical record.
- .8 The printing of electronic health care information is limited to those individuals with the necessary security level to print patient specific documents and shall be used only for Department approved purposes.
- .9 Paper medical records and paper copies of electronic medical records shall be sealed and tracked during transport.

4.0 PROCEDURE

- .1 All original paper and paper copies of medical records, documents and medical information shall be secured in an envelope or box and stamped confidential during transfer. A routing form requiring signatures of all persons handling the record shall be attached to the outside of the envelope or box.

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- .2 Patients having a medical condition needing special custodial requirements, shall have those requirements, not the medical diagnoses, communicated by the health care staff to the facility staff on specific documents. Such documentation includes:
 - a. Special diets requests.
 - b. Patient injury reports.
 - c. Medical needs memos.
- .3 Any documents or lists containing items such as patient names, diagnoses, or other potential indicators linking medical information to a specific patient such as diagnostic test results, chronic care lists, sick call appointment reasons, outside provider appointments, etc., shall be protected from access by facility staff not involved in the potential delivery of care being administered.
- .4 Paper medical records shall not be left unattended in areas accessible by patients or non-health care staff.
- .5 Computer screens displaying electronic medical record information shall not be left unattended. No one shall begin data entry on a patient record that they have not personally logged into. The electronic record shall have a time out function which requires the user to log in again after a set lapse of disuse time.
- .6 Health care staff shall conduct patient care interviews and discussions in a manner allowing for as much patient audio and visual privacy as safely can be permitted.
- .7 Patient specific medical information shall not be discussed in common areas such as hallways, restrooms, break areas, etc.
- .8 Medical information carried by security staff to outside health care providers shall be secured in a sealed envelop or box and addressed to the provider to ensure confidentiality.
- .9 Circumstances may arise when information received by health care staff may be construed to jeopardize the facility's security. The health care employee shall immediately notify the facility Clinical Section Administrator, Branch Administrator, or Health Care Division Administrator proceeding through his or

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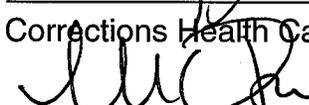
her Health Care Division chain of command until reaching someone to discuss the concern.

- .10 Any correctional employee overhearing or otherwise discovering confidential patient health information shall not disclose this information to anyone.
- .11 This policy and procedure shall not prohibit the sharing of medical information as required by law, such as the public health reporting of certain communicable diseases.

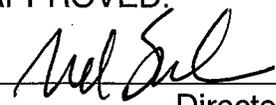
5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	<u>7/28/14</u>
Medical Director	Date
	<u>9/22/14</u>
Corrections Health Care Administrator	Date
	<u>10/1/14</u>
Deputy Director for Corrections	Date

APPROVED:

	_____
Director	
<u>10/3/14</u>	_____
Date	

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