

TORRANCE MEMORIAL INTEGRATED PHYSICIANS

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**Policy/Procedure: Confidentiality and Protection of Protected Health Information**

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**Policy:**

It is a policy of the ACO to provide guidelines for the secure sharing of Beneficiary identifiable data among CMS, and ACO Personnel. The beneficiary’s identifiable data is shared by CMS on the condition that ALL ACO Personnel observe the relevant statutory and regulatory provisions of use, including confidentiality and privacy and comply with the data use agreement.

ACO Personnel are committed to protecting our patients’ right to privacy and safeguarding the clinical information. The ACO will take reasonable steps to limit the use or disclosure of, and request for, protected health information (PHI) to the minimum necessary to accomplish a permitted use of the data. Violation of this policy may result in remedial action.

**Procedure:**

**Confidentiality and Protection of Protected Health Information**

1. All ACO Personnel will safeguard all medical information and/or personal information about patients. Individuals may use or disclose medical information only as necessary in the delivery of patient care, for authorized administrative purposes and in formally approved research. Medical information may also be disclosed if authorized by the patient or when required by law.
2. Medical information is considered to be any patient-specific information gathered as part of the patient care process, including, all demographic information, encounter descriptions, referrals, requisitions, hospital visit documentation, and results of ancillary services, diagnoses, treatment and appointment information. This policy does not cover aggregated data on utilization and patient demographics.
3. Individual users shall be sensitive to the fact that fellow ACO Personnel often obtain their health care at Torrance Memorial Network. It is never appropriate for Individuals to reveal information, including incidental observations, about fellow ACO Personnel receiving care at Torrance Memorial Network.
4. Medical records may only be disposed of by means that safeguard them from being accidentally released to an outside party. ACO Personnel shall utilize appropriate means of disposal.
5. Individual users may not attempt in any way to alter information in any medical records. Corrections may be made to their own documentation.
6. Patient Information of any nature is confidential. This includes information from or about medical records, test results, appointments, and referrals.
7. Medical Information shall not be used or disclosed inappropriately or accidentally.

8. Compliance Officer is responsible for ensuring periodic risk assessment and reporting to Governing Board.
9. Any documentation that contains PHI must be handled with a proper secure way.

**Confidentiality Safeguards:**

1. All ACO Personnel are obligated to notify the Compliance Officer in the event that any of these policies are violated.
2. Compliance Officer may audit to detect any misuse of PHI.

**Ensuring Data Privacy and Security**

1. Beneficiary identifiable Data Provided by CMS will be used only when conducting healthcare operations.
2. The ACO Personnel ensures that unique Beneficiary identifiers are limited to only necessary data.
3. Data will not be used to reduce, limit or restrict appropriate care for individual Beneficiary.
4. Beneficiaries have the opportunity to decline the sharing of their data.

**Evaluation and Training**

1. Compliance Officer is responsible to ensure ACO Personnel to receive regular confidentiality, security and privacy training
2. The summary of evaluation and training will be reported periodically to the Governing Body by the Compliance Officer

**References:**

- ◆ **45 CFR § 164.502 (a) through (j) Uses and Disclosures: General Rules**
- ◆ **45 CFR § 164.508 (a) through (c) Uses and Disclosure for which an authorization is required**
- ◆ **California Senate Bill 541 and Assembly Bill 211**
- ◆ **California Healthcare Association – Patient Privacy Manual**

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Initial Approvals and Major Revisions:

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