

180 Bayberry Lane

Westport, CT 06880

WWHD Confidentiality Policy

- 1. Individual medical records:** are created for those receiving routine and travel immunizations as well as screening records (i.e. blood pressure/cholesterol), laboratory results, home visits/assessments and HIV records. All records must be kept in a locked file cabinet with a tracking record in each individual record. Each individual accessing any medical record must sign and date the log. (See attached form)
- 2. Access to Medical Records:** individuals who have access to medical records include the nurse who administers vaccines or performs screening for cholesterol, blood pressure and STIs, director of health or nurse for purposes of surveillance and investigation, scheduler for inquiry of past vaccines, support staff for collection of payment/receipt and support staff for data entry into tracking system/database.
- 3. Medical Record Requests:** Any request for medical records must be provided in writing using the WWHD Authorization to Release Information form (See attached forms). Only the client, parent/guardian, or an individual who is designated in the medical file can fill out and sign the authorization to release information form. Client or parent/guardian must sign this release form - a verbal request is not enough. The form may be faxed to the individual and on return, requested records may be released. Records cannot be emailed at this time. The request should be placed in the clients file. Information should only be released to the individual authorized via mail, fax or pick up.

- 4. Screening results:** Any screening results for STI/HIV should be given to the client with encouragement to share with their health care provider. This information will not be provided to their physician by WWHD without written authorization
- 5. Information Sharing:** PHI can be shared with health care providers and incidents concerning suspected child abuse, threats of harm to self or others, potential individuals exposed to communicable diseases, FDA concerning safety, birth or death. Information shared must be the minimum amount of information needed.
- 6. Telephone Conversations:** Voicemail messages left for patients should not reveal anything regarding the patient's diagnosis. They may convey practical information, such as expected arrival time and medications. Leave the minimum amount of information needed: your name, phone number and that you are from WWHD. If the client does not identify self on voicemail message, it is okay to leave a generic message revealing no PHI.
- 7. Faxing information:** Fax must be sent to designated site with a cover sheet that will explain that it is confidential and who is the intended recipient. PHI should not be on the cover sheet. An alternative is sending a letter that is stamped confidential. When receiving PHI via fax it is important to stamp it with the date received and file it in the appropriate secured locked file cabinet.
- 8. Home bound Program:** information gathered during these assessments may be shared with agency staff contracted to care for the individual and their health care provider

9. **E-mail:** No medical confidential PHI should be e-mailed until a safe way to transmit E-records can be established by IT using an encrypted e-mail system.

MRC Volunteer Confidentiality & HIPAA Policies

Volunteer Acknowledgement of Receipt of Policies

All MRC members and volunteers with access to personal health information will read the above policies and sign below indicating they have read and understand the policies and will comply with the Confidentiality and HIPAA Policies.

Printed Name

Signature

Date