



Regional Academic Affairs

TITLE: Patient Privacy/Confidentiality POLICY NUMBER: S-28

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DEPARTMENT: Graduate Medical Education Effective Date: 01/02  
Revised: 10/10  
Reviewed: 06/22  
Date of next Review: 06/24

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**POLICY:**

Residents will protect the personal privacy of patients and maintain confidentiality of patient information at all times.

**PROCEDURE:**

1. As per the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), (HIPAA) and Department of Health and Human Services (DHHS) rules and regulations, the resident shall protect the personal privacy of patients and maintain confidentiality of patient information at all times. This shall include professional behaviors such as:
  - Guarding patients' health information from unauthorized access.
  - Not disclosing or sharing health information without a patient's signed authorization.
  - Informing patients as to how their health information is going to be used and disclosed.
  - Ensuring that patients have open access to their own medical records.
  - Protecting patients' health information from being exposed or left in public areas or public waste bins.
  - Not storing patients' health information on personal electronic devices or home computers.
  - Not sharing patients' health information between personal electronic devices, home computers, or the Internet.
  - Not using patient names/identities and not disclosing patients' health information in public conversation.
2. Professional use of electronic devices to meet program accreditation requirements (ACGME, AOA, CPME) is allowable. The resident/fellow must follow Hospital standards/guidelines on professional use of electronic devices.
3. Patients' privacy and confidentiality of health information shall also be protected during bedside teaching rounds, morning report, and during other educational activities such as conferences or sit down rounds. It is recommended that patient names not be used.
4. Residents shall take measures to protect patients' privacy and confidentiality in cases where the patient is in a semi-private room where other patients and visitors may be present.
5. As per HIPAA (1996), wrongful disclosure of individually identifiable health information may result in the following potential penalties.

Non-compliance:

  - \$100 per violation. Maximum \$25,000/year
  - Violations occurring on or after 2/18/2009 - \$100 to \$50,000 or more per violation. Maximum of \$1,500,000/year

Criminal Penalties:

  - Range from \$50,000 and one year in prison to \$250,000 and ten years in prison
6. Breach Requirements:
  - As of September 23, 2009, Patients now must be notified within 60 days their PHI has been breached and may cause significant harm to them.
  - *If a Resident/Fellow witnesses or is involved in a Breach of Privacy, this MUST be reported to the Privacy officer immediately.*

- The Breach process will be handled by the Privacy Officer, Risk Assessment and notification to the Patient and Department of Health and Human Services if necessary.

<p><b><u>Mercy Hospitals, Toledo area:</u></b>          Privacy Officer          947 S. Wheeling St.          Oregon, OH 43616          Phone: (419) 696-5375          Fax: (419) 696-5588</p>	<p><b><u>Mercy Hospitals, Community Regional Medical Center &amp; Allen Community Hospitals:</u></b>          Privacy Officer          3700 Kolbe Rd.          Loraine, OH 44053          Phone: (440) 960-3845          Fax: 9440) 960-4635</p>
<p><b><u>Mercy Hospitals, Tiffin &amp; Willard:</u></b>          Privacy Officer          45 St. Lawrence Dr.          Tiffin, OH 44883          Phone: (419) 455-7278          Fax: (419) 455-7257</p>	<p><b><u>Mercy Hospitals, Defiance:</u></b>          Privacy Officer          1404 E. second St.          Defiance, OH 42512          Phone: (419) 785-3951          Fax: (410) 785-3998</p>

**ENFORCEMENT & EXCEPTION HANDLING**

Failure to comply with the Patient Privacy/Confidentiality Policy and associated procedures will result in disciplinary actions up to and including termination of employment for employees or termination of contracts for contractors, partners, consultants, and other entities. Legal actions also may be taken for violations of applicable regulations and laws.

Requests for exceptions to the Patient Privacy/Confidentiality Policy should be submitted to the Chief Academic Officer. Exceptions shall be permitted only upon receipt of written approval.

Approved by:



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 Randall Schlievert, MD  
 VP, Academic Affairs and Research, Mercy Health - Toledo  
 DIO, Mercy Health - St. Vincent Medical Center  
 Chief Academic Officer, Mercy Health - Toledo