Wake Forest Baptist Medical Center
Confidentiality of Information Policy

Effective: June 2012

POLICY

It is the policy of Wake Forest Baptist Medical Center to protect confidential information related to patients, donors, faculty, staff, research and the organization.

SCOPE

Applies to Staff, Faculty, Leadership

DEFINITIONS

Confidential Information: Protected Health Information (PHI), employment records, fiscal records, research information, computer system records, and other management information deemed confidential for business purposes

Protected Health Information (PHI): In accordance with the HIPAA Privacy Rule, PHI is information that:

- Relates to the past, present, or future physical or mental health or condition of an individual
- Relates to the provision of health care to an individual
- Relates to the payment for provision of health care to an individual, past, present, or future **and**
- Identifies the individual or
- Provides a reasonable basis for the individual to be identified

Employment Records: All hard-copy and electronic employment records of Medical Center staff and faculty, including all records contained in Human Resources employment files, department employment files, payroll records, time and attendance records, and health records

Fiscal Records: Information that is used to manage the Medical Center's financial function, including, but not limited to, budgets, financial reports, purchasing and inventory records

Research Information: Data collected and analyzed for the sole purpose of addressing a solution as outlined in a funded research project

Computer System Records: Data regarding the configuration of the Medical Center's computer systems, including, but not limited to, hardware configurations, network addresses and system names, and specific application configurations

Management Information: Information that if shared with the general public would not create significant harm to our patients, employees or research subjects, but could provide competitors a distinct advantage. Information in this category includes, but is not limited to, strategic plans, communication through email and social media regarding future business moves, and board member conversations.

GUIDELINES

- Staff/faculty will not access and/or disclose any confidential information unless authorized to do so for work-related purposes.

- Staff/faculty are responsible for protecting their computer usernames and passwords at all times.

- Staff/faculty may not use any Medical Center username or password other than those assigned for his/her work-related use

- Staff/faculty are responsible for all access under their username to confidential information, unless it is clear that their username was improperly taken and used by another party.

- Breaches of this policy will result in performance improvement action according to the guidelines provided in this policy.

Response to Suspected Breach of Confidentiality

The Privacy Office will investigate reported or suspected breaches of this policy, as well as the Information Security Policy and Medical Center Confidentiality Agreement. The Privacy Office will provide written recommendations as a result of substantiated breaches to Employee Relations for appropriate performance improvement actions pursuant to this policy.

Performance Improvement Actions

- Performance improvement actions will remain in a staff member's employment record for the duration of his/her employment.

- Subsequent breaches of this policy will result in progressive performance improvement action, up to termination from employment.

- Performance improvement actions issued under this policy will be discussed in the staff member's next annual performance review and given consideration in the awarding of merit-based pay increases.

- A record of substantiated breaches of this policy relating to PHI will be maintained in the Medical Center Privacy Office for a minimum of six years.

- The level of performance improvement action may be adjusted based on circumstances of the event and if the staff member has another performance improvement action.

Incident Codes:

W = Warning – Required Written Notation on Record
R = Written Reprimand
F = Final Written Warning
D = Discharge

Performance Standard	First Incident	Second Incident	Third Incident	Fourth Incident
Protection of Confidential Information *We protect confidential information related to our patients, donors, faculty, staff, research and Wake Forest Baptist Medical Center.*				
• Unintentionally disclosing confidential or protected health information	W	R	F	D
• Intentionally obtaining or disclosing confidential or protected health information without authorization	F	D		
• Intentionally altering or deleting confidential or PHI without leadership approval for personal reasons (e.g., updating address in personal record)	F	D		
• Intentionally altering or deleting confidential or PHI without leadership approval with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm	D			
• Using false pretenses to obtain or disclose confidential or protected health information	D			
• Obtaining confidential or protected health information with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm	D			
• Knowingly altering or deleting confidential or protected health information without management approval	D			

Responsible Department:
Human Resources

Review Cycle:
3 years

Related Links:
Information Security Policy
Privacy Policy

Approved By:

Cheryl E. H. Locke, Vice President and Chief Human Resources Officer