

Wake Forest Baptist Medical Center Confidentiality of Information Policy

Effective: April 2011

POLICY

It is the policy of Wake Forest Baptist Medical Center to protect the confidentiality of patient Protected Health Information, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as other personnel and business-related information as defined in this policy.

SCOPE

Applies to Staff, Fellows, Faculty

DEFINITIONS

Confidential Information: Protected Health Information, personnel records, fiscal records, research information, computer system records, and other management information deemed confidential for business purposes.

Misappropriated: The unauthorized use of any Medical Center username or password other than those assigned for each individual employee's work-related use.

Protected Health Information (PHI): 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

Personnel Records: All hard-copy and electronic employment records of Medical Center employees, including all records contained in employee personnel files, departmental personnel 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.

Other 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, email conversations regarding future business moves, and board member conversations.

GUIDELINES

- Employees will not access and/or disclose any confidential information unless authorized to do so for work-related purposes.
- Employees are responsible for protecting their computer usernames and passwords at all times.
- Employees 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.
- Violations of this policy will result in corrective action according to the guidelines provided in this policy.

Corrective Actions

- Corrective actions will remain in an employee's personnel record for the duration of his/her employment.
- Subsequent violations of this policy during employment will result in progressive corrective action, up to termination from employment.
- Corrective actions issued under this policy will be discussed in the employee's next annual performance review and given consideration in the awarding of merit-based pay increases.
- A record of substantiated violations of this policy relating to patient protected health information will be maintained in the Medical Center Privacy Office for six years.
- The level of corrective action taken for any violation may be greater than specified in this policy's guideline if the employee has other corrective action.

Corrective Action Guidelines

The Medical Center Privacy Office will investigate reported or suspected violations of this policy related to PHI. The Privacy Office will provide written reports of substantiated violations to the Medical Center Employee Relations Department for appropriate corrective actions pursuant to this policy.

The Employee Relations Department will coordinate the investigation of reported or suspected violations of this policy not related to PHI, and will involve other departments as appropriate.

Corrective Action Codes:

W: Written Warning

R: Written Reprimand

S: Suspension without Pay

D: Discharge

Violation	First Offense	Second Offense	Third Offense	Fourth Offense
<ul style="list-style-type: none">Unintentionally disclosing confidential or protected health information	W	R	S	D
<ul style="list-style-type: none">Intentionally obtaining confidential or protected health information without authorization	R	S	D	
<ul style="list-style-type: none">Intentionally disclosing confidential health information without authorization	S	D		
<ul style="list-style-type: none">Using false pretenses to obtain or disclose confidential or protected health information	D			
<ul style="list-style-type: none">Obtaining confidential or protected health information with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm	D			
<ul style="list-style-type: none">Knowingly altering or deleting confidential or protected health information without management approval	D			

Responsible Department:

Human Resources

Review Cycle:

___ years

Related Links:

[Information Security Policy](#)

[Privacy Policy](#)

[Employee Rules and Regulations Policy](#)

Approved By:



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