

Minimum Necessary Use and Disclosure

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ADMINISTRATIVE APPROVAL AND DATE:		
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Policy:

It is the policy of NorthEast Medical Center ("NEMC") that the use and disclosure of an individual's protected health information ("PHI") must be limited to the minimum necessary to satisfy the request or to complete a health care task. It is the responsibility of NEMC to identify those persons or classes of persons on the workforce, including students, who need access to PHI to carry out their duties. For each person or class of persons, NEMC will identify the category or categories of PHI to which access is needed and any conditions appropriate to such access. This policy applies to all persons and professionals who access, use or disclose an individual's PHI.

When this Policy does not apply:

The minimum necessary restrictions shall not apply to:

1. Disclosures to or requests by a health care provider for treatment purposes;
2. Uses or disclosures made to the individual to whom the PHI belongs;
3. Uses or disclosures of PHI made pursuant to a valid authorization;
4. Uses or disclosures that are necessary for NEMC to comply with HIPAA;
5. Required disclosures to the Department of Health and Human Services for compliance and enforcement purposes; or
6. Uses or disclosures required by law.

Procedure:

Unrestricted Access to Medical Record

The following classes of health care professionals may have unrestricted access to an individual's medical record and PHI for treatment purposes:

1. Physicians (Attending and Consulting)
2. Nurses (Attending and Consulting)
3. Health Care Professionals who are actively involved in the individual's direct treatment

This unrestricted access is granted only to the extent the health care professional needs the information for treatment purposes; it does not extend to access for reasons other than treatment by the professional.

Minimum Necessary Access For All Others

The following classes of professionals may only have access to the minimum necessary PHI to perform their essential healthcare duties:

1. Laboratory personnel
2. Radiology personnel
3. Pharmacy personnel
4. Social Service personnel
5. Billing personnel
6. Admissions personnel

In the event personnel require access to PHI beyond what is set forth for their class of professional, they must contact the Information Systems Security Officer and give a detailed basis for the need for additional access. The Health Information Management Office shall follow the same evaluation for such requests as for the Entire Medical Record set forth below.

Should the situation be an emergency and the information is necessary in the judgment of the accessing professional, then the professional must notify the Information Systems Security Officer as soon as practicable after access as to the scope of PHI accessed and the basis for such access. The Health Information Management Office shall document the record accordingly with a detailed explanation of the events.

Routine and Recurring Disclosure Requests

- A. There may be certain disclosures of an individual's PHI and medical record that occur on a routine and recurring basis. In such cases, NEMC's policy is that only the amount of PHI necessary to achieve the purpose of the disclosure shall be disclosed. However, individual review of each request shall not be necessary, provided that the following protocol is followed:
1. Identify the party asking for the PHI.
 2. Identify the nature and volume of PHI being requested.
 3. Determine the basis for the request. The purpose for which the PHI is being requested must be consistent with the PHI disclosed.
 - a. For example, a request for dental records for a patient undergoing jaw surgery is acceptable. However, a request for dental records for a hysterectomy patient may not be proper.
 - b. If the PHI is not consistent with the request, refer to the protocol under Non-Routing Disclosure Requests.
 4. Determine whether the PHI requested to be released is the minimum necessary.
 5. Confirm that release of the PHI is consistent with the policies and procedures of NEMC.
 6. Upon release of the PHI, document the disclosure if required under the Accounting of Disclosures Policy.
- B. Examples of Routine and Recurring Disclosures:
- Ambulance company request to obtain demographic and insurance information for billing: Provide with face sheet with patient demographics and insurance information
 - Attorney request to evaluate individual's medical condition in support of a lawsuit: Provide with specific information requested
 - Collection agency request to obtain payment on past due accounts: Provide with file of patient names, addresses, dates of service, and amount owed
 - Coroner request to investigate a suspicious death : Provide with specific information requested
 - Insurance company request to substantiate care provided for payment : Provide with specific information requested in claims attachment request (often anticipated and sent in advance with claim)
 - National security agencies requests: Provide with specific information requested
 - Police request to investigate accidents or crimes: Provide with specific information requested
 - State data commission request to support a statewide registry: Provide with file of specific data elements requested
 - Workers' compensation request to evaluate individual's medical information as requested allowed by state law: Provide with discharge summary; other specific condition information for benefits

Non-Routine and Non-Recurring Disclosure Requests

In the event a request for access to or disclosure of PHI is non-routine or non-recurring, the following protocol must be followed:

1. Identify the party asking for the PHI.
2. Identify the nature of the request.
 - a. The request should include a specific set of documents or periods of time which are relevant to the request.
 - b. Make sure the purpose of the request is clear.
3. Confirm that the purpose for which the PHI is being requested is consistent with the PHI which will be disclosed.
4. Evaluate the impact to the patient if the PHI is or is not disclosed.
5. Evaluate whether the disclosure will violate NEMC Policies and Procedures and HIPAA.
6. Evaluate how broad the disclosure will be and how many people will have access to the information.

7. Determine if the request can be satisfied with de-identified information.
8. Determine if the PHI can be disclosed to the requesting party with restrictions in place which prevent it from being re-disclosed or wrongfully used.
9. Make a determination as to the PHI disclosed on a case-by-case basis and document the disclosure in the accounting log as required by the Accounting of Disclosures Policy.

Electronic Access

- A. Any individual requesting access to PHI must complete a System Access Request Form. This form can be located on the NEMC Intranet.
- B. The form must be filled out completely, signed by the employee's manager, and forwarded to the IS Security Manager.
- C. The IS Security Manager will assign access to electronic PHI based on minimum necessary requirements.
- D. Any individual with restricted access who believes he/she needs additional access to PHI to effectively perform their healthcare duties should contact the IS Security Manager. These requests for additional access will be reviewed on an individual basis.

Requests for Uses and Disclosures of Entire Medical Records

- A. It is the general policy of NEMC that the Health Information Management Office may not release the entire medical record to internal departments or business associates except in limited circumstances.
- B. The entire medical record may be released if it has been identified as being the minimal amount of information needed to accomplish the purpose of providing patient care.
- C. NEMC has determined that it is in the best interests of its patients to allow unrestricted access to the medical record to physicians, nurses and other health care professionals involved in the direct treatment of patients.
- D. NEMC has further determined that all other professionals are entitled only to minimum necessary access to an individual's PHI unless the requesting professional can demonstrate need for the entire medical record through the following protocol:
 1. A request for release of the entire medical record must be made to the Health Information Management Office with an explanation as to why the entire record is necessary.
 2. The Health Information Management Office shall review the request and make a determination as to whether the entire record can be released.
 3. Requests for the entire medical record may be approved when the requesting party has demonstrated that it is necessary to provide proper and adequate care to the individual.
 4. Should NEMC determine that the request should be denied, the Health Information Management Office shall advise the requesting professional and only release the minimum necessary of the medical record to the requesting professional.

Good Faith Reliance

- A. The Health Information Management Office may rely on the representation that the PHI requested is the minimum necessary to accomplish the purpose of the request when:
 1. Making disclosure to public officials, entities or agencies which are not required to obtain the patient's authorization for the disclosure of PHI and such official represents that the PHI is the minimum necessary for the stated purpose;
 2. The information is requested by a professional who is a member of NEMC's workforce or is a business associate of NEMC (such as an attorney or accountant) if the PHI is being requested for the purpose of providing services to NEMC and the PHI requested is the minimum necessary to provide such services;
 3. Another covered entity is requesting the information; or
 4. A person is requesting the information for research purposes and has provided the necessary documentation and representations that it has met the criteria under NEMC's policy on Disclosures without Authorization for Research.

When NEMC Request PHI From Another Covered Entity

It may become necessary that, in the course of treating an individual, NEMC request PHI from another covered entity for that individual. In doing so, it shall be NEMC's policy that the party requesting the PHI on behalf of NEMC shall limit its request to the minimum necessary to accomplish the purpose for which the PHI is needed.

References

45 C.F.R. §164.502(b)

45 C.F.R. §164.514(d)

BACKGROUND AND SANCTION CHECKS

Policy No: 2.31

Effective: 6/1/04

Revised: 10/10/05 Reviewed: 11/18/06

Policy:

NorthEast Medical Center will conduct consumer or investigative consumer reports on candidates for employment, as well as volunteers working in the same capacity as staff who provide care, treatment or services, prior to employment offers or approval for volunteer status is extended.

Checks against duly authorized, licensing, disciplinary and sanction authority, including the Cumulative Sanction List of the Office of Inspector General, will also be conducted prior to employment offers and annually thereafter.

Colleges/Universities utilizing NorthEast Medical Center for affiliation experiences shall confirm the students are competent to participate in the program, including screening students for their criminal background and illegal drug use as described in NEMC's Clinical Affiliation Agreement. Convictions precluding employment with NorthEast Medical Center will also preclude placement as a student.

NorthEast Medical Center's employment application will include an attestation by the candidate relating to whether he or she was convicted of a crime or sanctioned by a federal or state law enforcement, regulatory, or licensing agency.

NorthEast Medical Center will take all reasonable steps to verify that the information provided is accurate.

Purpose:

To conduct appropriate screening of employees, volunteers, medical staff and independent contractors who provide healthcare services to ensure a safe environment for staff, patients and visitors at NorthEast Medical Center.

Definitions:

Applicant – An individual who has indicated an interest in being considered for employment. In the context of the internet and related electronic technologies the following must have occurred: 1) the employer has acted to fill a particular position; 2) the individual has followed the employer's standard procedures for submitting applications; and 3) the individual has indicated an interest in the particular position.

Candidate for Employment – An applicant who has progressed through the screening process to the point of impending offer.

Conviction – The subject has either pled guilty or been found guilty by a judge or jury.

Falsification – Providing or omitting information contrary to that which is obtained in a background investigation (unless the background investigation is proven to be inaccurate) and/or providing false, incomplete or misleading information.

Procedure

NorthEast Medical Center will perform criminal background checks, reference checks and checks against duly authorized licensing, disciplining and sanctioning authorities on each individual who is selected as a potential candidate for employment by NorthEast Medical Center and for volunteers who work in the same capacity as staff who provide care, treatment, or services. Checks against duly authorized licensing, disciplining and sanctioning authorities will include reviews at the federal and state level (including the Cumulative Sanction List of the Office of Inspector General) for any sanction, exclusion, debarment, loss of license or other conduct or performance based action that might impact an individual's ability to perform his or her duties on behalf of NorthEast Medical

Center and the patients it serves. The employment application for any position will include an attestation by the candidate relating to whether such candidate has been convicted of a crime or sanctioned by a duly authorized regulatory or enforcement agency of the government. The following language shall appear on all employment application:

1. 1. Have you ever been convicted of a crime, either civilian or military, other than a minor traffic violation?
2. Are you now under pending investigation or charges of violation of criminal law? If yes, explain.
3. Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain.

Convictions that will preclude employment with NEMC include, but are not limited to:

1. A sex crime
 2. Exploitation of an endangered adult
 3. Failure to report battery, neglect, or exploitation of an endangered adult
 4. Murder
 5. Voluntary manslaughter
 6. Involuntary manslaughter within the previous seven (7) years**
 7. Battery within the past seven (7) years**
 8. A felony offense relating to controlled substances within the last seven (7) years**
 9. Abuse or neglect of a minor, child or dependent
 10. Failure to report the abuse of a minor, child or dependent
 11. Any act that, if it occurred at the organization, could compromise the safety or well-being of patients, employees, visitors, or volunteers of the organization.
- ** Time frames are measured from the date of conviction.

In addition, NorthEast Medical Center will not accept any individual:

12. Who has abused, neglected, or mistreated a patient or misappropriated a patient's property, as reflected in the state nurse aide registry, or
13. Whose name appears in the N.C. Sex Offender Registry

Actions taken as a result of the criminal background investigation will be in accordance with the Fair Credit Reporting Act.

Any individual who has been convicted of a criminal offense related to health care or who is listed by a federal agency as debarred, excluded or otherwise ineligible for participation in any federally funded healthcare program, will be excluded from employment by NorthEast Medical Center. Individuals who are charged with criminal offenses related to healthcare or who have been proposed for exclusion from any federally funded healthcare program will be removed from direct responsibility for or involvement in any federally funded healthcare program until final resolution of the criminal charges or proposed exclusion or debarment. If resolution results in conviction, debarment, or exclusion of the individual, employment of that individual shall be terminated.

NorthEast Medical Center will evaluate any individual or entity that has been the subject of an adverse action for either misconduct or poor performance to determine if such misconduct or poor performance should preclude employment by, or a business relationship with, NorthEast Medical Center.

Except as otherwise provided below, Human Resources will be responsible for making the appropriate agency checks for each candidate for employment or as a volunteer in accordance with Section A of this policy to determine if any such individual has been the subject of any adverse action, exclusion, debarment, or other sanction. Documentation of the agency checks will be maintained in the individual's employment file or volunteer file. Human Resources shall bring to the attention of the Chief Compliance Officer any individuals identified as having been sanctioned. Human Resources will take appropriate action regarding any individuals who are found to have been the subject of adverse actions by duly authorized sanction authorities.

The Medical Staff Services Department, with respect to each candidate for appointment to the medical staff of NorthEast Medical Center will make appropriate checks against AMA, Federal & State Medical Boards, Federal Sanction/Debarred List, and other applicable sources. Medical Staff Services Department will maintain

documentation of the agency checks for each candidate. Medical Staff Services shall bring to the attention of the Chief Compliance Officer any individuals identified as having been sanctioned. Medical Staff Services will take appropriate action regarding any individuals who are found to have been the subject of adverse actions by duly authorized sanction authorities.

Any NorthEast Medical Center department that conducts credentialing activities, with respect to each applicant for credentials, will make appropriate checks against AMA, Federal & State Medical Boards, Federal Sanction/Debarred List, and other applicable sources. Documentation of the agency checks will be maintained in the file for each applicant in NorthEast Medical Center. It shall be brought to the attention of the Chief Compliance Officer any individuals identified as having been sanctioned. NorthEast Medical Center will take appropriate action regarding any individuals who are found to have been the subject of adverse actions by duly authorized sanction authorities.

It is the responsibility of the Vice President / Department Manager who negotiates agreements with independent contractors that provide healthcare services to NorthEast Medical Center to include the following language in any service agreement:

- Report of criminal background check in each state where individual resided during the last 7 years.

- Report of criminal background check in each state where individual resided during the last 7 years.
- Report of criminal background check for unlicensed personnel to nursing facilities, adult care homes, home care agencies, maintenance, and security.
- Documentation that Office of Inspector General (OIG) Sanction Verification has been completed.

If the foregoing information is not received by NorthEast Medical Center prior to the individual's start date, then NorthEast Medical Center shall have no obligation to use such individual. If personnel furnished by the Service Provider are provided on a daily basis (with no set term), then the foregoing information must be maintained by the Service Provider Agency and made available at the request of NorthEast Medical Center. Service Provider must send a letter to NorthEast Medical Center indicating that the Service Provider for each employee provided on a daily basis maintains this information.

Either the Materials Management Department or Accounts Payable Department shall check all vendors that NorthEast Medical Center uses against the Federal Sanction/Debarred database, and maintain documentation of such checks. If either of the foregoing departments becomes aware of a vendor who is listed on the database, such department will notify the Chief Compliance Officer.

The Chief Compliance Officer or designee will be responsible for an audit of the process described in this policy to verify (i) that appropriate pre-employment checks have been made; (ii) that documentation of the agency checks are available; and (iii) that actions are taken in cases where individuals are found to have been sanctioned.

TOBACCO-FREE

Policy No: 2.03 Effective: 7/06/06 Revised:

Policy:

It is the policy of NorthEast Medical Center to protect the health and safety of our staff, students, residents, physicians, volunteers, visitors, patients, contractors, and other guests. NorthEast Medical Center recognizes the health hazards of tobacco use, and as a leader in health care, strongly discourages the use of any and all tobacco products. In response to tobacco being the leading cause of preventable death in the nation, NorthEast Medical Center is implementing a tobacco-free environment, both indoors and outdoors. NorthEast Medical Center is committed to offering helpful smoking cessation and treatment resources.

Definitions:

"Tobacco" – all kinds and forms of tobacco and tobacco products including cigarettes, cigars, pipe tobacco and smokeless tobacco.

Procedure:

It is the policy of NorthEast Medical Center (NEMC) to provide a campus which is free of the use of tobacco and tobacco products. Tobacco use is not permitted within the facilities or on the grounds of NEMC, any offices, clinics, programs or facilities staffed offsite by the hospital. Additionally, tobacco use is not permitted in privately-owned vehicles located on hospital property, or in hospital-owned vehicles used for hospital purposes

- **Patients:** The attending physician should assess and discuss the need for nicotine replacement therapy with the patient and place an order if necessary. When patients are admitted, the registered nurse will explain the Tobacco Free Campus policy and determine if the patient currently uses tobacco. The nurse will document the response on the nursing admission assessment record. For those patients who respond affirmatively, the nurse will make a referral to Respiratory Care department for assistance. Patients are not permitted to leave hospital property in order to use tobacco.
- **Employees:** Leaving the premises to use tobacco products is treated in the same manner as leaving the worksite for any other reason. Non-exempt members are required to clock out when leaving the premises during meal periods and to clock back in upon their return to work. Employees are not allowed to leave campus during break time. Nicotine replacement and cessation assistance will be available for all employees.
- **Visitors/Others:** Informational cards will be available for volunteers and workforce members to give to individuals who are observed using tobacco on hospital property. Using suggested dialogs, volunteers and workforce members should tactfully approach individuals who are non-compliant, explain the policy and offer nicotine replacement and information for assistance with smoking cessation.

Enforcement:

Employers have a legal right to eliminate the use of tobacco products on their property. Individuals who use tobacco do not have the right to violate this policy. Employees who fail to comply with the policy will receive a Final Written Reprimand for first offense and termination for second offense. Non-compliance should be reported to their appropriate manager/director.

CONFIDENTIALITY OF HOSPITAL INFORMATION

Policy No: 5.08

Effective: 1/21/91

Revised: 9/1/92, 8/17/96, 8/1/99, 9/1/02

Policy:

It is the policy of NorthEast Medical Center that all patient, financial, personnel and payroll information related to the operation of NorthEast Medical Center be kept confidential. Such information should not be discussed with anyone except when required in the normal course of business. Employees should only access information that is specifically related to his or her job.

Guidelines:

1. Employees are cautioned not to discuss patient care or treatment in public places. This includes elevators, hallways, cafeteria, etc.
2. Only employees who need confidential information to fulfill their job responsibilities will have access to such information. Unauthorized employees should not attempt to obtain this information.
3. Employees working with sensitive information should exercise extreme care in assuring information is kept confidential.
4. Information obtained regarding the medical condition or history of an applicant or employee will be collected and maintained on separate forms and in separate medical files and will be treated as a confidential medical record, except that supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and government officials investigating compliance with Americans with Disabilities Act (ADA) shall be provided relevant information on request; and the results of such examination will be used only in accordance with Title I ADA.
5. Information requests by the News Media shall be directed through Marketing and Strategic Development during normal working hours. At night or on weekends, requests for information shall be directed to Administrative Coordinator or Administrator on call.
6. Requests for information related to patient condition shall be directed to Nursing Administration.
7. Requests for information related to former employees shall be directed to Human Resources.

DISCIPLINARY ACTION

- a. A Final Written Reprimand will be the minimum sanction imposed upon an employee who participates in unauthorized use of protected health information (PHI). Verbal Warnings and Written Reprimands will not be issued.
- b. The severity of discipline will be determined according to:
 - The severity of the violation.
 - If the violation was intentional or unintentional.
 - If the violation indicated a pattern of practice of improper use or release of protected health information (PHI).
- c. In certain situations involving breaches of privacy, immediate termination may be recommended. A list of possible infractions can be found under Termination of Employment, Policy 5.06.
- d. Each breach of privacy episode is to be documented and reported to the Privacy Officer.
- e. The disciplinary action documentation should be sent to the Human Resources department.

EXHIBIT A

CMC-NorthEast Infection Control Requirements For College/University Students

All College/University students must complete the following requirements prior to starting their assignment at CMC-NorthEast.

1. **Tuberculosis**
 - a. All persons (excluding those with a history of a positive TB skin test) must have documentation of a negative TB skin test within 1 year of starting assignment at CMC-NorthEast, followed by annual TB skin testing thereafter.
 - b. Persons who have a history of a positive TB skin test must have: documentation of the positive test, any treatment taken, documentation of a negative CXR (within previous 1 year), and an annual TB symptom assessment.
2. **Rubella (German Measles)**
 - a. All persons must have documentation of rubella immunity (positive titer) or documentation of receipt of a live rubella or MMR vaccine after 12 months of age.
3. **Rubeola (Measles)**
 - a. All persons must have documentation of rubeola immunity (positive titer) or documentation of TWO live measles, MMR or MR vaccines after 12 months of age.
4. **Mumps**
 - a. All persons must have documentation of mumps immunity (positive titer) or documentation of **TWO** live mumps or MMR vaccines after 12 months of age.
5. **Chickenpox (Varicella)**
 - a. All persons must have a documentation of varicella immunity (positive titer) or documentation of two varicella vaccines given after 12 months of age.
6. **Hepatitis B**
 - a. The Hepatitis B vaccine is **strongly recommended** for all persons who may be potentially exposed to blood or infectious body fluids. CMC-NorthEast does not provide the Hepatitis B vaccine to students. The College/University should ensure all persons have received or are receiving the Hepatitis B vaccine series prior to clinical practice or have completed a written waiver if they elect to refuse vaccination.
7. **Tdap (Tetanus, Diphtheria, Pertussis)**
 - a. It is **strongly recommended** that all students that have not had a Tetanus/Diphtheria booster in the prior 10 years receive Tdap (Adacel) prior to their assignment. Persons who will have contact with patients 12 months of age or younger should receive the Tdap vaccine if it has been at least two years since the last Tetanus/Diphtheria booster.
8. **Influenza**
 - a. CDC and JCAHO recommend that all healthcare workers, including contract/agency staff, and students be immunized annually with the influenza (flu) vaccine.

NOTE: CMC-NorthEast has the right to request the documentation of any of the above information. Each College/University will be responsible for complying with CMC-NorthEast's Infection Control Requirements and maintaining all documentation.

CMC-NORTHEAST, INC.
Concord, North Carolina 28025

Release From Responsibility

I, _____, do hereby release CMC-NORTHEAST, INC. from
(Print Name)
responsibility for any ill effect (including accident or illness) which _____
(Student's Name)
may incur while he/she is participating in the _____ program for
(Program Name)

(School Name)

Date Student

Date Parent or Guardian (if student is a minor)

NOTE: Parent or Guardians of Minors
NC Law recognizes one's adulthood and age of responsibility as 18 years of age.

Assurance of Confidentiality

I, _____, understand CMC-NORTHEAST, INC. policy on confidentiality
(Student's Name)
of patient/client/business information. In connection with my activities as a student in the _____
_____ program, I agree to hold all information I may have access to
(Department/Program Name)
about patients, clients, or business issues confidential. I agree to protect the confidentiality of patient
records and staff records. I agree to keep access codes and passwords confidential. I will not divulge any
information to unauthorized persons as this will make me subject to either civil action for the collection
of monetary damages and/or suspension or dismissal.

Student Date Instructor/Preceptor Date