THE READING HOSPITAL SCHOOL OF HEALTH SCIENCES POLICY NO. 309

SUBJECT: Confidentiality of Protected Health Information

Responsibility of: TRHSHS Program Directors
Revised: September, 2006 Reviewed: 2011

Purpose

As part of academic and clinical responsibilities, students may be required to gather patient data in preparation for or during their clinical experiences. The sources of the patient data may include, but are not limited to, the current health record, past health records, computerized data, and information obtained when interviewing the client.

Procedure

In the process of accessing and utilizing patient data during clinical experiences, students gain access to a patient's Protected Health Information (PHI). The definition of PHI includes any individually identifiable health information held or disclosed by TRHMC in any form whether communicated electronically, or paper, or orally. This includes information gathered as part of the patient care process and includes, but is not limited to:

1. Name
2. Geographic subdivision smaller than state
3. Zip code
4. Elements of date directly related to an individual (i.e. date of birth)
5. Telephone numbers
6. Fax numbers
7. E-Mail addresses
8. Social security numbers
9. Medical record numbers
10. Health plan numbers
11. Patient account numbers
12. Patient account numbers
13. Certification of license numbers
14. Vehicle identifiers
15. Device identifiers (i.e. serial number of a pace maker)
16. URL's
17. IP addresses
18. Biometric identifiers
19. Full face images

It is the policy of the School to safeguard all confidential information. Students are required to follow all HIPAA regulations and policies related to confidentiality and protection of PHI, in the institution/agency in which the clinical experiences occur. Annually, all students sign a confidentiality of information Agreement form (RH3350).

The information gathered by students during clinical research/preparation and during all clinical experiences is restricted to that confidential information which has a “need to know” basis. “Need to know” refers to only that information which is necessary in carrying out academic responsibilities. Information is acquired only for patients to whom the student is assigned and is limited to only that information which is necessary to complete patient care and academic responsibilities. Students are required to remove all identifiable data (names, MRN, etc.) from all copies of confidential data used for clinical preparation or other academic use. Patients are to be identified by initials only.

HIPAA regulations (section 164.501) permit student access to Protected Health Information (PHI). Access to PHI is permitted when “conducting training programs in which students trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as healthcare providers…” Several TRHMC policies and Procedures are available to assist in defining student use of PHI. Copies of these policies are available to students and faculty on TRHMC intranet.

1. TRHMC Administrative Policy 10.74 addresses student access to confidential information.
2. Privacy of Health information is defined in TRHMC Administrative Policy 10.31H
3. Definitions of confidential information is available in TRHMC Administrative Policies 10.74 and 518.1H
4. Students utilizing TRHMC computerized client data are required to abide by all policies and procedures related to confidentiality and use of computer system, user ID, and passwords (TRHMC Administrative policy 10.74)
5. Printing and creation of hard copy PHI is addressed in TRHMC Administrative Policy 515.1H.
6. Students are required to dispose of all hard (paper) copies of PHI in an appropriate manner. All hard (paper) copies of PHI used for clinical preparation must be returned to the clinical instructor at the time of the clinical experience. Disposal of hard copy PHI is addressed in TRHMC administrative policy 518.1H

Unauthorized access, use, modification, disclosure, or improper disposal of confidential information is strictly prohibited and could result in disciplinary action up to and including dismissal from the program.