

<b>EOH Acquisition Group, LLC</b>	
<b>Title:</b> Confidentiality & Release of Patient Information	<b>Code:</b> 125
<b>Department:</b> Detox Unit	<b>Effective Date:</b> TBD
<b>Approved by:</b> Board of Directors Program Administrator Medical Director PI Committee	<b>Reviewed:</b>
	<b>Regulation:</b> N.J.A.C. 10:161A-3.6 N.J.A.C. 10:161A-6.2(a)11

**I. POLICY:**

East Orange Hospital policy is to protect the confidentiality of all Protected Health Information (PHI), as specified by the Health Insurance Portability and Accountability Act (HIPAA) and Federal Regulation.

**II. PURPOSE:**

The purpose of this policy is to ensure PHI related to the patient and his or her family, including all pertinent treatment records will be kept strictly confidential.

**III. SCOPE:**

The scope of this policy is to provide the requirements in which PHI shall be released or retained to ensure patient's right are protected.

**IV. QUALIFICATIONS/RESPONSIBLE PARTIES:**

The program Administrator and the Director of Substance Abuse Counseling is responsible to ensure every employee adheres to this policy.

**V. DEFINITIONS:**

Protected health information (PHI) is any information about the health status, provision of health care, or payment for health care of patient admitted to this unit.

**VI. PROCEDURES:**

1. All Protected Health Information (PHI) will be maintained in strict confidentiality, in accordance with all relevant State and Federal regulations. The treatment record will be available only to detox staff who are directly involved in a patient's treatment, as well as to supervisors of such staff. All treatment records may be released to an outside party only with the expressed written consent of the patient or by Court Order. If a court order is issued, the Program Administrator shall be informed and comply only upon approval of the Government Authority.

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2. The Detox Unit will protect the confidentiality of all PHI in its records at all stages of collection, use, storage, disclosure, and destruction. Every employee shall be responsible to strictly safeguard the confidentiality of all information pertaining to the patient.
3. PHI referred in this policy includes all written clinical information, observation, reports or fiscal documents, present, or former patients, creation or retention of medical records that includes but is not limited to, demographics, medical treatment, mental health treatment, developmental treatment, child abuse and neglect, substance abuse treatment, contraceptive/abortion services, information received from county adult agencies, sexually transmitted diseases, and HIV information.
4. PHI will be available to all staff who are directly responsible for the provision of treatment for a patient/family, as well as their supervisors. The patient record will be maintained electronically on a secured HIPPA server, accessible to authorized users.
5. When disclosing PHI, staff shall follow the below procedures:
  - Staff shall verify the identity of the individual seeking PHI by informing the patient of such disclosure to determine if the individual is a person with whom he or she have a known relationship or the information is clinically indicated to continue services.
  - When it is determined that a Use or Disclosure is appropriate, the medical records can be release with written consent from the patient. If the patient is a minor, parents or guardians shall provide written consent to release PHI.
  - The requested PHI shall be delivered in a secure and confidential manner, such that the information cannot be accessed by unauthorized recipients.
  - Staff shall confirm delivery and document the request and delivery of the PHI.
  - if the agency and/or the identity of the individual requesting PHI cannot be verified, no PHI shall be released.
  - Any violation to this policy shall be reported to the Program Administrator and the Governing Authority within 24 hours of violation.

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6. In the event of a medical emergency, confidential information may be released without obtaining formal consent. Medical emergencies is defined in this policy as a serious and imminent risk of physical harm to a client or person associated with the patient, and information contained in the client’s record is deemed pertinent to reducing this risk, then this information may be released to the extent that the risk might be lessened.
7. The release of PHI shall be documented in the patient’s medical record, including all circumstances that justified the release of the information, the nature of the information released, and to whom it was released.
8. PHI may be released without signed authorizations only in the following instances:
  - To staff who are currently providing treatment to the patient to the extent that they need the information to provide proper care and treatment
  - To a crisis center if the patient is in imminent danger of harm to self and/or others. Requires.
  - A judge or court in response to a court order, only if the court has issued an order directing the release.
  - To physicians, other medical professionals, or police officers, if the consumer is involved in a medical emergency and the information sought is needed to prevent death or serious risk of bodily harm.
  - To investigators of child or patient abuse when the release is part of an effort to report suspected child abuse, as is required by the Child Protective Services Law.
  - Each PHI request shall be reviewed by the Program Administrator to determine what portion of PHI is to be released. The Program Administrator may deny the release of PHI, if he or she feels the information been requested will substantially be detrimental to the consumer’s treatment. If the resulting individual and/or entity is denied access to all or part of his or her record, the denial as well as the rationale for it shall be noted in the patient’s medical record.

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9. PHI that is released with the patient written consent shall the following information
  - Name of person, organization, or agency information is being released to
  - Specific information to be released
  - Purpose of the disclosure
  - Dated signature of the patient
  - Dated signature of a witness
  - Expiration of the consent (by date, cause, or event)
10. Upon written consent, information that can be released to criminal justice systems, health or hospital plans, insurance plans, government agencies, Drug and Alcohol is restricted to:
  - The provider may tell whether or not a patient is or is not in treatment and can further elaborate by providing an estimate of the length of time the patient may be required to stay in the program in order to complete treatment. The provider can disclose if and when a patient terminated treatment (unless the patient revokes consent to release information prior to terminating treatment) and can elaborate on the patient's attendance patterns which may include dates of session(s), type of service provided and length of session.
  - The provider may disclose the patient's diagnosis which can be considered a part of the prognosis. The provider may provide an opinion of how treatment will or will not benefit the patient. The provider would be basing their opinion on personal observations and the information obtained during the intake process.
  - The provider can discuss any peculiarities of a case in only a very general way, Intimate details provided by the patient and included on the psychosocial history and evaluation are not appropriate for release.
  - The provider can describe the purpose and philosophy of the program. The provider can describe the program structure, methodology of treatment and the treatment models utilized. The provider can describe the type of services that would be offered to the patient in a standard course of treatment in that program. Supportive services and support groups that are commonly used by the program could be described. The provider cannot release the treatment plan itself but may give a clear indication of the typical services provided by describing the nature of the project/program as indicated above.

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- The provider can speak about the patient’s progress in treatment. The provider can speak in general terms of the client’s progress or lack of progress as it relates to recovery in general. The provider can speak in general terms of the patient’s cooperation or lack of cooperation with the treatment plan and the facility rules, and acceptance of their condition, but may not identify the specific components of the treatment plan.
- The provider can report relapses into drug or alcohol abuse and the frequency of such relapse. The program/project should be careful in training staff in the difference between an incidence of use and a relapse. These reports should be brief and to the point, in accordance with the written consent to release information.

**VII. DOCUMENTATION:**

Patient’s clinical record shall be completed within the timeframe specified for each clinical records policies and procedures, which shall be no longer than 30 days from the last treatment or discharge.

**VIII. REFERENCE:**

1. Maintenance of Clinical Records Policy and Procedures in the Detox Unit Manual Code Number 153
2. Patient’s Rights Policy and Procedures in the Detox Unit Manual Code Number 123