

**Hands On Hartford, Inc.**

**Policy Name: Confidentiality Policy**

New  Revised

Effective: 07/01/2013

Signed:  6/28/13  
Date

Position: Executive Director

**Policy: Confidentiality Policy**

It is the policy of Hands On Hartford, Inc. (HOH) to protect and maintain the confidentiality of all participants and participant information as outlined in CT General Statutes 19a-581-590 and 592. All participant records are the property of HOH.

With respect to HIPAA, HOH is currently not a covered entity. In the circumstance where HOH is required to act as a business associate, all necessary regulations will be followed.

**Purpose:**

HOH's Confidentiality policy ensures that practices are consistently used internally and in communication with external entities that respect a participant's right to privacy and confidentiality within the boundaries of HOH's values, policy on Participant Rights and state and federal law.

**Procedure:**

Procedures concerning confidentiality will be divided into two sections: internal (within HOH) and external (agencies, persons and organizations outside HOH).

Information from a participant, records of a participant, or documentation about a participant, will be treated in the most confidential and professional way. Information about a participant will be handled according to current confidentiality laws.

Staff, interns and volunteers receive an orientation that includes training on protecting participants' privacy and confidentiality.

Employees, interns and volunteers will sign a confidentiality pledge.

Participants are notified of their right to privacy and confidentiality as detailed in this policy.



### **Internal confidentiality:**

Participant files and other personal/medical information about participants are considered confidential. Information about participants will be shared with other personnel (including interns/volunteers) within the agency on a need-to-know basis.

Participant information will be shared with other HOH programs/departments on a need-to-know basis. This may include, but is not limited to, participants' names for billing purposes, transfer of the participant file when a participant is transferred internally between programs, information contained on an incident report and participant data for statistical reporting.

A number of safeguards are used to protect confidential information. These include:

- Restrict the posting of participant lists to those that are essential for safety. Post lists of participants with only first names, last initials noted.
- Isolate and lock file cabinets containing participant files or other paperwork containing information on participants.
- Offices that contain files with participant records will be locked when offices are not in use.
- Discuss participants' situations, histories, and treatment in private areas or behind closed doors.
- Ensure that information about participants is kept out of view, not on desk tops, etc.
- Ensure that protection of electronically stored participant information is used, such as password protection, screen savers, etc.
- Keep fax machines that transmit participant information in secure locations.

### **External confidentiality:**

Participants must sign an authorization (release) form if they choose to give HOH permission to share confidential information with persons or agencies not employed or contracted by HOH. A participant must sign a separate authorization form for each agency or person (including family) with whom HOH may share information. Parents must sign the authorization form for minor children. Conservators must sign the authorization form for person's who have conservators of person and estate.

Confidentiality may be legally disclosed in circumstances outlined in 42 C.F.R. part 2, C.G.S. § 17 a-101 et seq., C.G.S. § 19a-583 et seq., C.G.S. § 52-146i. These circumstances include: suspected or documented child abuse/neglect; to avert a serious and imminent threat to the safety of the participant or others; mandated reporting of disease, injury or vital statistics; a court order; or in cases where the participant is deceased, to the coroner, medical examiner or funeral director.

Staff will consult with their program manager or CEO prior to disclosing participant information related to the exceptions listed above.

Records are kept documenting when Protected Health Information (PHI) is shared with entities outside of HOH, when that program is viewed as a Business Associate under HIPAA regulations. PHI is health information about an individual or that can be identified with an individual.

