



Classification: Human Resources	YALE NEW HAVEN HEALTH POLICIES & PROCEDURES	
Title: Confidentiality		
Date Approved: 04/06/2017	Approved by: System Operating Committee	
Date Effective: 05/01/2017	Date Reviewed/Revised: NEW	
Distribution: HR policy standardization update to YNHHS managers. Additional communication by respective HR team to managers. MCN Policy Manager	Policy Type (I or II): Type I	
Supersedes: Confidential Information (GH Policy B7); Confidentiality, including Confidentiality and Responsibility Agreement (HSC II.A.24 and II.A.24.a); Confidentiality (Grimes Center B:15); Confidentiality (YNHH B15 and Attachment A).		

PURPOSE

Yale New Haven Health System (YNHHS) prohibits the unauthorized disclosure of confidential information regarding its business, financial, personnel, medical and patient activities.

APPLICABILITY

This policy shall apply to the Yale New Haven Health System (YNHHS), its parent and subsidiary corporations, including but not limited to its Delivery Network hospitals (Bridgeport Hospital, Greenwich Hospital, and Yale New Haven Hospital), Northeast Medical Group, Yale-New Haven Care Continuum (d/b/a Grimes Center), Corporate Professional Business Services (CPBS), each of their respective parent and subsidiary corporations, and each affiliated entity owned by or under common ownership and control with any of the foregoing, with the exception of Lawrence + Memorial Hospital, Westerly Hospital and VNA of Southeastern Connecticut.

This policy is applicable except where it is expressly superseded by collective bargaining unit agreements.

This policy applies to employees, volunteers, physicians, residents/house staff, students, vendors, contractors and sponsored staff.

This policy shall not interfere with or impede employees in the exercise of their rights under the National Labor Relations Act, including their right to engage in protected concerted activity.

Confidentiality

POLICY

Employees shall not, without prior approval of a responsible management representative, by any method of communications, discuss with or disclose to any person who is not an authorized employee or agent of YNHHS, with legitimate interest or business related need to know, confidential information concerning patients, records, budgets, finances, marketing or advertising plans, statistics, costs and other similar information.

The disclosure of confidential information, whether intentional or accidental, can adversely affect the stability of YNHHS, the jobs of employees, and patient privacy. Confidential information is not to be repeated or discussed either inside or outside the organization, except to or with other employees or colleagues as necessary to the processing of daily business and in a place outside the hearing of others who do not have a need to know, including visitors.

Patient confidentiality is of extreme importance. The identities of patients, their conditions and the nature of their illnesses are NOT public information and should be guarded as described above.

PROCEDURES

- A. Until proper authorization is obtained, all information originating within YNHHS, which has not been previously published or disclosed to the general public, shall be considered confidential. Employees must use good judgment before disseminating information provided in internal memoranda as the inclusion of information in these documents does not automatically construe authorization for disclosure to outsiders or to other employees whose duties do not require access to such information.

Any violation of the foregoing policy, particularly any intentional breach of confidentiality, will subject the employee to discipline, up to and including immediate dismissal.

B. Responsibility

The responsibility for administering this policy is as follows:

1. The entire management staff is responsible for training the employees and other covered individuals under their direct or indirect supervision.
2. Each individual manager or department head is responsible for training and supervising the staff in the area after investigating where a specific complaint or breach of confidentiality is raised.
3. The Human Resources Director and Vice President for Information Systems or designees are responsible for providing assistance in investigating incidents or allegations of breach of computer access guidelines.

Confidentiality

4. The System Privacy Compliance Officer responsible for reviewing and documenting violations of PHI.

C. Administrative guidelines

1. The disclosure or access of information concerning patients, employees or system records other than as authorized and required for bonafide business needs is strictly prohibited. This is not intended to impede required system communications and relationships, but to alert employees of their obligation to maintain appropriate confidentiality.
2. It is strictly prohibited to share computer sign-on codes, illegally access systems or information to which the employee does not have access or to which the employee has no legitimate business interest, or allow non-authorized personnel to access patient, personnel or business information files. Employees granted computer access to confidential information must sign a statement of confidentiality and agree to protect their personal ID code and password from disclosure (see YNHHS Confidentiality and Responsibility Agreement).
 - a. The YNHHS confidentiality policy will be reviewed with all new employees at orientation. Employees will be required to sign the YNHHS confidentiality agreement at that time which will be placed in their permanent employee record.
 - b. All employees will be required annually to complete information privacy and confidentiality modules that are part of the computer based mandatory training.
3. Confidential records, including information displayed on computer screens, must be safeguarded (through "time-out" or screen savers); reasonable effort should be made to prevent viewing by unauthorized persons.
4. Employees violating this or any policy on confidentiality will be subject to discipline up to and including termination.
5. Situations not covered by this policy, but which might be construed as sensitive or confidential involving the System, its patients, or employees should be referred to the Department Head, an Administrative Officer, the Human Resources Director.
6. It is the obligation of each employee, in his/her area of responsibility, to adhere to the policy. In case of any doubt regarding the application of this policy to any particular circumstance, the employee involved shall consult with and be guided by the advice of person(s) designated by the System to handle confidential situations and/or information. This includes members of the Compliance Department, and such individuals as the Director of Human Resources, Director of Marketing and Communication, or the Senior Vice President or President of the organization, or their designees.

Confidentiality

REFERENCES

Yale New Haven Health System Confidentiality and Responsibility Agreement

RELATED POLICIES

YNHHS HIPAA Administrative Policies and Procedures:

Appropriate Use of Electronic Resources:

YNHHS Workforce Information and Information Systems Access Controls

Restrictions – Confidential Communications

Safeguards for Confidential Information PHI and ePHI

Sanctions for Privacy & Information Security Violations