



Policy Title: Confidentiality			
Department Responsible: THN Compliance & Integrity	Policy Number: SEC-100	THN's Effective Date: January 1, 2022	Next Review/Revision Date: September 30, 2024
Title of Person Responsible: THN Director of Compliance & Privacy	THN Approval Council: THN Compliance and Privacy Committee	Date Committee Approved: June 9, 2023	Date Approved by THN Board of Managers: August 15, 2023

- I. **Purpose.** The purpose of SEC-100 is (1) to ensure Triad HealthCare Network (THN) employees, Cone Health employees and affiliated Business Associates understand HIPAA requirements for authorized access to protected information and THN's requirement to keep the protected information confidential, and (2) procedures to ensure that THN's practices are consistent with its stated policies.
- II. **Policy.** Triad HealthCare Network (THN) has a moral and legal responsibility to protect against the unauthorized release of confidential information such as medical, team member, volunteer, physician, Health System, and other defined sources.
- III. **Procedure.** For the purpose of this policy, THN and its affiliates will be labeled in terms such as team members, physicians, contract service providers, purchased personnel, volunteers, and students. Triad HealthCare Network has designated a Compliance Officer who will work in conjunction with the Vice President of Human Resources Officer to manage complaints and violations of this policy.
 - A. **Protected Health Information:**
 The care of each patient is a personal, confidential matter and protected health information must not be discussed or disclosed to any unauthorized individual or in any other unauthorized fashion. Any affiliate discussing or revealing confidential information will be subject to appropriate corrective action, up to and including termination, and may also be subject personally to federal penalties or prosecution. The PHI of team members and all other affiliates, whether contained in health plan records or medical records is protected by HIPAA guidelines. It is the responsibility of each individual to understand privacy rules pertaining to their job duties and to ask their supervisor for assistance if they have questions.
 1. No team member or affiliate may access, disclose, or discuss patient information that is not required for Treatment, Payment, or Healthcare Operations (TPO) as it pertains to their assigned job duties. The amount and type of patient information to which

individuals may have access will be determined by the Department Director or supervisor based on clinical and business necessity.

2. Team members and affiliates may not access or ask someone to obtain their medical information or that of others such as family or friends without the following proper release of information procedures. Team members, who are patients or personally involved in the care of a patient, must conduct themselves as any other patient or caregiver would when requesting protected health information. Completion of a medical record release or a patient request for access form will be required for copies of the medical record. See Cone Health's policy [Release of Protected Health Information and Reportable Cases](#).
3. Patient information should not be discussed in any situation in which a third party, including team members not involved in the approved TPO purposes, might overhear. This includes requests for information from team members, relatives, friends, neighbors, etc.
4. Each patient has the right to request that limits be placed on the release of Protected Health Information (PHI) in accordance with THN's Notice of Privacy Practice. In the event such a request is approved, the medical record and other protected health information will be secured, and further restrictions may apply regarding access to the protected health information.
5. The release of patient names or acknowledgment of patient admission to the Cone Health Behavioral Health Hospital or the Behavioral Health unit at Alamance Regional Medical Center is not permitted.
6. Patient information will be reported as required by state, local and national statutes, and regulations.
7. Team members will document in the patient record all information being released or disclosed from the record as required by HIPAA and North Carolina law. The documentation will include by whom the information was released and the date of release. The requesting party is responsible for obtaining the required consent from the patient.

A. Team Member Information:

1. Personnel records directly related to the team member's job with THN will be maintained in a secure area. At all times, THN will balance the team member's right to privacy with THN's need to collect and use information. Therefore, THN will request only the information that is required for legitimate business or legal purposes.
2. Triad HealthCare Network will protect the confidentiality of all personal information in its records and will limit the availability of this information to those THN officials with a legitimate business

need-to know. As a general rule, personal information will not be provided to anyone outside THN unless required by law or for other compelling reasons.

3. All requests for confidential team member information must be forwarded to Human Resources for completion. Team member information will not be released to outside sources except with the team member's prior written approval unless required by law or for other compelling reasons.
4. All team member records of both current and terminated team members will be kept confidential. Team members with desire to review their own personnel file should submit a request to do so. Any information reviewed shall be in the presence of a Human Resources staff member by appointment only. Former team members will not be allowed access to their personnel files unless given permission by Human Resources or as required by law.

B. Health System Information:

1. Confidential business or strategic information may not be shared outside THN without the approval of the Chief Executive Officer or his designee. Information that is available through public channels or state requirements is not considered confidential or proprietary.
2. Requests for surveys, statistical information and operating policies and procedures must be reviewed and approved by the appropriate Vice President before and after completion. A copy of the completed survey must be retained on file. The team member responding to a request must also maintain a copy of the request and response.

C. Physician/Clinician Information:

1. Physician specific clinical data or utilization profiles and related financial data will only be shared with the individual physician, except as is necessary to carry out ACO REACH activities or prescribed by the Medical and Dental Staff Bylaws or as required by regulatory bodies.

D. General:

1. No team member or affiliate should discuss clinical situations, physician practices or team member performance in any situation in which they might be overheard. All team members are required to sign a confidentiality Acknowledgement upon employment and annually thereafter. All team members and affiliates are required to sign a confidentiality statement when involved in ACO REACH projects that may give access to confidential information. Team members and affiliates that violate this policy are subject to appropriate corrective action, up to and including termination. Due to HIPAA and other regulatory requirements, violators may be punishable by fines or imprisonment under certain laws and/or regulations. (See Human Resources Policy on [Corrective Action](#)).

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published for DCE
May 2023	X		Reviewed for REACH – no changes