

Confidentiality Policy

Purpose:

To ensure that staff members and others having access to records abide by established guidelines regarding confidentiality, disclosure of information, and applicable laws and regulations.

Standards:

A. Confidentiality

All records shall be kept in either a locked room/ file and shall be secured when no other department employees are on duty. All records shall be signed out on a red-out when removed from the shelving. Records may not be removed from University Health Services except to comply with an order from the court. All requests for release shall be referred to the Records Department, Physical Therapy Supervisor or Psychological Services secretary. All copying of records shall be done by Medical Records staff or designated others.

B. Release of Information

A properly completed and signed authorization is required for release of all information contained in the record except in the following cases as prescribed by the Ohio Revised Code:

- a) When necessary to comply with a provision of law.
- b) For the purpose of outside research, evaluation, accreditation or statistical compilation, provided the individual served cannot be identified from disclosed information.
- c) To the Medical Staff of University Health Services or to a co-treating physician for continuity of care issues.
- d) To the Kent State University Office of University Counsel for review when the information is to be used in defense of the university.
- e) Information may be released in an emergency situation, if it is not possible to obtain the consent of the person served or someone legally authorized to act on the person's behalf. The staff person responsible for the release of information shall enter all pertinent details of the transaction into the medical record. This does not apply to Psychological records.

The content and the dates of information to be released shall be specifically indicated on the release form.

The method of the release shall be designated as written or verbal.

Information in the record regarding persons other than the student may not be disclosed without similar permission from those persons.

C. Release of Psychological Services Records

Information concerning the patient's mental health is subject to different confidentiality regulations and may be disclosed only with the consent of the treating practitioner

and/or the signed authorization of the patient. Release of mental health information is handled directly by the Psychological Services personnel. Please direct any questions regarding this practice to the Health Information Specialist.

D. Release of Drug and Alcohol Information

Release of any information about substance use / abuse is subject to special confidentiality regulations and may only be disclosed with specific consent from the patient.

E. Release of HIV / AIDS related information

Release of any information concerning HIV or AIDS related information is subject to special confidentiality regulations (ORC 3701) and may only be disclosed with specific consent from the patient.

F. Telephone Requests

Telephone requests for medical information may be honored only if the patient has signed an authorization form. Any time information is discussed over the phone the authorized staff person should place a return call to verify the caller's identity. Those authorized to disclose medical information are Physicians, Nurse Practitioners or Nurses. In the event of an emergency, treatment information may be given out if the inquirer is an authorized person to another health facility. Information related to substance use / abuse or HIV/AIDS should never be disclosed over the phone for any reason.

G. Review of Records

Patients may review their records with an attending clinician present. Appointments should be made in advance. Former students shall be granted visitor status.

All individuals employed by University Health Services shall be informed of their responsibility to protect patient information and of the penalty for violation of this trust. Proven violation of confidentiality of patient information shall be cause for disciplinary action, termination or potential prosecution. This policy shall be made known to all employees at the time of employment. Each year all employees shall indicate understanding of this policy through signing a confidentiality statement.