

# Eclectic HealthCare Services



STAFFING

HIPPA

Employee Confidentiality

Privacy Information and Agreement

Privacy for Temporary Employees when on assignment

A. Agreement

Notice of Advanced Care Staffing Privacy Practices

A. Acknowledgement and Consent

## SUMMARY OF HIPPA/PRIVACY RULES FOR TEMPORARY PERSONNEL

The Department of Health and Human Services has adopted privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”). These “Privacy Rule” require most doctors, hospitals and health insurers (“Covered Entities”) to develop procedures to limit the use and disclosure of patients’ protected health information (“PHI”) as well as notify patients of their rights with respect to such information.

In order to comply with the Privacy Rules, each covered Entity must develop and implement its own privacy policy and procedures for the protection of PHI by April 14, 2003. However, in many ways these policies will simply reflect the “best practices” for patient privacy and confidentiality with which all health care workers should already be familiar.

### Privacy of Patient Information

Although temporary personnel are likely to encounter some variations among privacy policies at different Covered Entities, all the policies should permit them (with a few exceptions) to:

- Disclose PHI to the patient himself (or to a child’s parent or guardian)
- PHI may also be disclosed to a person involved in the patient’s care, such as elderly patient’s adult child or friend who is acting as interpreter, as long as the patient doesn’t object.
- There are few exceptions, such as psychotherapy notes in some states.
- Disclose PHI in accordance with a written patient authorization.
- Use or disclose PHI for purpose of treatment, payment or health care operations.
- Treatment purposes: There are no restrictions on disclosures of PHI for purposes of treating a patient. Medical staff may freely discuss a patient’s treatment among themselves in private.
- Other Purposes: However, disclosures of PHI for purposes of obtaining payment or for administering health care operations should be limited to the “minimum necessary” to accomplish the purposes. For example, although a hospital’s billing office may inform a collection agency that “Patient X owes \$Y to Doctor Z” it may not disclose the nature of treatment of Patient X received.
- Disclose “general directory information” about patient.
- A hospital may provide general information about a patient’s status (excluding specific medical information) to telephone callers, or provide a list of Methodist patient’s to a visiting Methodist minister, as long the patient hasn’t objected.
- Disclose PHI as required by law, or regarding potential victims of abuse, neglect or domestic violence, or to avoid a serious threat to health or safety.
- For example, a hospital may respond to a police inquiry by disclosing that is treated a patient for a gunshot wound, and a doctor or nurse may report an abused child to the proper authorities.

**If you are asked to make any disclosures, which violate these guidelines, or which do not seem to you like professional “best practices”, you should contact Eclectic Health Care Services LLC.**

(However, you should be aware that reasonably, unavoidable disclosures which are “incidental” to permitted uses of PHI do not violate the Privacy Rules. For example, a hospital does not violate the Privacy Rules if a visitor improperly removes a covered or inward-facing patient chart from its holder and reads it, and a pharmacist may discreetly discuss a prescription with a customer at the pharmacy counter. Even though other customers might overhear).

## **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE AUGUST 2016**

**This notice describes how medical information about you may be used and disclosed and how many obtain access to this information. Please review it carefully.**

**At Eclectic Health Care Services LLC., we respect the confidentiality of your medical information and will protect information in a responsible manner. We have a privacy program in place that meets the requirement of HIPPA. The government legislation that sets standards for the privacy of medical information.**

**This notice will be effective for all medical information that we maintain, including medical information we recreated or received before August 2016.**

## **DEFINITIONS OF MEDICAL INFORMATION**

**When Eclectic Health Care Services LLC. refers to medical information, we mean protect health information (PHI). PHI is information that is individually identifiable health information including demographic information collected.**

## **USES AND DISCLOSURES OF PHI**

**Health Care Operations- Your medical information may be used and disclosed in connections with our health care operational including:**

- **Case management and care coordination.**
- **Quality assessment and improvement activities and protocol assessment.**
- **Reviewing the competence or qualifications of health care professionals, evaluation provider performance, conducting training programs, accreditation, certification activities, and credentialing activities.**
- **Conducting legal services, compliance programs, fraud and abuse detection/**
- **Business planning and development**

**Additional disclosures-PHI may be disclosed;**

- **To another entity that has relationship with the organization for their health care operations relating to quality improvement and assessment activities, reviewing competence or qualifications of health care professionals.**
- **To other entities that assist us in conducting our health care operations**
- **To other entities that assist us in conducting our health care operations.**

**We will not disclose your medical information to those persons or entities unless they agree to keep it protect.**



**ASSIGNED EMPLOYEE CONFIDENTIALITY AND PRIVACY AGREEMENT**

**DATE:** \_\_\_\_\_

As a condition of my assignment by Eclectic Health Care Services LLC. and with any assignments with Eclectic Health Care Services LLC., I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment or with a client/client's that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to a client/client's or its operating methods and procedures that comes to my attention as results of this assignment.

Under no circumstances shall I remove copies or documents from the premises of Client.

I have read the attached "Summary of HIPPA Privacy Rules for Temporary and Permitted Personnel" and understand it. During my assignment with a client/client's, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the client/client's. In particular, I will not use, disclose or in any way reveal or disseminate any protect health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages results from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by Eclectic Health Care Services LLC. has ended.

Employee Name  
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Manager Name  
\_\_\_\_\_

Printed Name  
\_\_\_\_\_

Printed Name  
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Signature  
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