

Handling Inquiries with Confidentiality/HIPAA Impact

Requests for patient information may be received from individuals other than the patient, either in person or on the telephone. In both cases, the patient may or may not be available to provide either permission or objection to providing such information to the person inquiring. In addition, callers may claim to be patients or patient family/friends who are entitled to restricted information, and verification may be difficult. The tables on the following pages provide suggestions and guidelines regarding ways to handle a variety of such situations.

Remember to be equally cautious when dealing with other employees who request information about patient's health conditions. Inquiries from employees may or may not be appropriate based on their job responsibilities. Only those involved in a particular patient's care have the right to access protected health information about the specific patient. Also, just because an employee is entitled to access one patient's health information does not imply entitlement to access all other patient's records.

In Person

Situation	What to do or say...
Person inquires about a patient to any hospital employee/department (ED, nursing station, Info Desk). Upon looking up the patient, the staff member learns the patient is "no information."	Suggested wording: "I'm sorry but we have no information available on a patient by that name." If the person persists, continue to firmly repeat that we have no information available on this patient. As an alternative, suggest they contact the patient's family for information.
Person approaches the information desk/security to ask about a patient by name.	Unless patient is listed as "no information" give the patient's room and telephone number, and offer directions on how to get to the location.
Caregiver enters patient's room to share some healthcare information with the patient. Visitors are present in the room.	Assume the visitors will leave, unless the patient is comfortable with their presence and requests they stay. Suggested Wording: (To the visitors) "Would you please excuse us. I need to have a word with Mr./Mrs. _____." Or say to the patient "May I speak freely in front of your visitor(s)?"
Family/friend asks caregiver (usually nurse) for medical information about the patient.	If the patient is available for consultation, get the patients permission to disclose the requested information. If the patient is temporarily unavailable, either defer the question until you are able to get the patients permission, or refer the person to an immediate family member you know is involved in the patient's care. If the patient is unavailable as a result of incapacity or an emergency circumstance, use your judgment of what is in the patient's best interest. If you decide to share information, provide only the amount of information necessary, based on what you know of the family/friend's involvement with the patient's care.

	<p>For example, if you know that the family or friend has been intimately involved in prior discussions of the illness and will provide primary post-discharge home care, disclosing more information may be permissible. On the other hand, other family members may require less information because they are less directly involved in the care. When in doubt, always be cautious and provide the most general information, e.g. “her vital signs are...” or, “his lab values were normal.”</p>
<p>Family/friend asks support services staff for medical information about the patient.</p>	<p>Redirect the person back to the appropriate caregiver for information.</p> <p>Suggested Wording: “The nurse caring for Mr. Smith is the best person to give you that information. Her name is Kathy (give name if you know it), and you can see her at the nurses station down the hall (give some direction if you can).</p>
<p>Family/friend asks caregiver for information. The caregiver knows that the patient has designated another individual as the contact to receive updates.</p>	<p>Advise the family/friend that another person has been designated as the contact.</p> <p>Suggested Wording: “Mr. Jackson has designated that all information should pass through his son David. I suggest you speak with him about Mr. Jackson’s status.”</p> <p>Be sure to express understanding and empathy since this may frustrate the family/friend inquiring. For example, I’m sure you are concerned. However, Mr. Jackson has made this request himself, and we need to honor his wishes.”</p>
<p>Family/friend asks caregiver for information. However, the patient is a crime victim, suspected victim of domestic violence, etc. From the information at hand, you are unsure about the relationship of the person inquiring with the victim, and their suspected involvement with the incident or crime.</p>	<p>If the patient is alert and able to communicate, ask the patient if they would like you to share information with this person.</p> <p>If the patient is unable to communicate or not present, do not share information with the person until you can verify their relationship with the patient and their suspected involvement in the incident or crime. Check JeffChart to determine if the patient has already been identified as “Anonymous” or “No Information.” A flag will be in the system to make you aware of this. (Do this by communicating with the police, physician, charge nurse, etc). Provide no information if the patient has been so identified.</p> <p>Suggested wording: “I’m sorry but I am unable to give out information on Ms. Jones.”</p> <p>If the patient has not been identified as “Anonymous” or “No Information”, use your judgment as to whether the person</p>

	<p>inquiring should be allowed access to the information. Remember to provide them with only the amount of information necessary based upon their role.</p>
<p>Family/friend or the patient expresses anger or frustration with the requirements of the privacy regulations.</p>	<p>Express empathy with the reasons for their annoyance, and advise them of the ways to voice their concern to the hospital's Privacy Officer. (Staff should be aware that the privacy officer can be reached at 215-955-4177).</p> <p>Suggested wording: "I understand you may feel you're not getting the information you need from us. We take our confidentiality rules seriously and are trying to protect our patient's privacy. You may contact our Privacy Officer to voice your concerns. If you'd like, I can give you that contact information."</p>
<p>Family/friend is wandering through the hospital looking for a patient. They are lost, stop by a nursing station and ask staff to look up the patient's name and location.</p>	<p>Upon looking up the patient, if the family is on the right unit, provide them with the necessary direction to get them to the room. (Unless the JeffChart system lists the patient as a "no information" patient. Such patients typically have restricted visitors.)</p> <p>If the family/friend is not in the proper location, direct them to the nearest house phone to call the information desk at 5-6460, or direct them back to the information desk in the 11th street Gibbon Lobby.</p> <p>Please remember that the information desk is open from 8am-9pm daily. If you need assistance from 9pm-8am, direct them to Security at the nearest hospital entrance or call the Telephone room at 5-6000.</p>
<p>Another employee inquires about the health status of a patient.</p>	<p>Inquire about the employee's involvement with the patient's care. If in your judgment they aren't involved, do not provide them with the information.</p> <p>Suggested Wording: "Since you are also an employee, you must know this information is restricted."</p> <p>Provide them with an opportunity to justify their request with information about their role in that patient's care. If in your judgment they are involved, provide them with only the amount of information necessary based upon their role.</p>
<p>Family/friend of a patient comes to the nursing station while the patient is away from the bed (in surgery, radiology, etc.) The family/friend requests access to the patient's personal belongings.</p>	<p>The family/friend should not be given access to the patient's belongings without the patient's permission.</p> <p>If the family/friend is not restricted from the patient's room, they will have access to the room and their belongings. However, staff should not authorize the family member or friend to remove any belongings without the patient's</p>

	permission. If valuables have been checked, they will be located in Patient Services, 1880 Gibbon, telephone number 215-955-7777. You may direct the family/friend to Patient Services.
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On the Telephone

While caution always must be exercised when releasing patient information, barriers to disclosure of information over the telephone are greater than in face to face interactions. For further guidance on this issue, see attached “Guidelines for Verifying Telephone Callers.”

Situation	What to do or say...
Person calls any hospital department (ED, nursing station, Info Desk) to inquire about a patient. Upon looking up the patient, the staff member learns the patient is listed as “no information.”	Suggested Wording: “I’m sorry but we have no information available on a person by that name.” If the caller persists, continue to firmly repeat that we have no available information on this person. As an alternative, suggest they contact the person’s family for information.
Person calls the information desk/telephone room/patient access to ask about a patient.	Unless the patient is listed as “no information,” give the patient’s room and telephone number, and offer to connect the caller.
Person calls the Emergency Department asking about the status of someone they believe is there for treatment.	Ask questions to verify the caller’s identity (“see Guidelines for Verifying Telephone Callers”). Staff should refer the caller to the Charge Nurse or other patient caregiver.
Person calls a caregiver and states he is a patient family/friend. He asks for an update on patient’s condition.	<p>Ask questions to verify the caller’s identity (“see Guidelines for Verifying Telephone Callers”).</p> <p>If the patient is available for consultation, get the patient’s permission to disclose the requested information.</p> <p>If the patient is temporarily unavailable, either defer the question until you are able to get the patient’s permission, or refer the person to an immediate family member you know is involved in the patient’s care.</p> <p>If the patient is unavailable as a result of incapacity or an emergency circumstance, use your judgment of what is in the patient’s best interest. If you decide to share information, provide only the amount of information necessary based on what you know of the family/friends involvement with the patients care.</p> <p>For example, if you know that the family/friend has been intimately involved in prior discussions of the illness and will provide primary post-discharge home care, disclosing more information may be permissible. On the other hand, other family/friends may require less information because they are less directly involved with in the patient’s care. When in</p>

	<p>doubt, always be cautious and provide the most general information, e.g. “her vital signs are...”, or “his lab values were normal”.</p> <p>If in your judgment the caller is not involved, do not provide the information.</p>
<p>Person calls Outpatient Testing, the Lab, Radiology, etc. stating he is a patient and asking for his test results.</p>	<p>It is preferred that you refer the patient back to his primary care physician for the results. By having the physician answer such questions, we will ensure that confidentiality is not breached and that the patient gets a proper explanation of the results. If the caller persists, insisting that he is the patient and wants the results immediately, advise that the patient may either come to the hospital for the results, or submit a written request for the results to the appropriate department (Medical Records, Outpatient Lab, etc.)</p>
<p>Persons calls identifying themselves as a patient’s legal representative (as defined by state law).</p>	<p>Refer the caller to the Risk Management Department at 215-955-6935.</p>

Guidelines for Verifying Telephone Callers

When an employee receives a telephone call in which the caller requests patient information, the following guidelines should be followed to verify the identity of the caller:

If the callers say they are...	Ask for the following...
The patient	<ul style="list-style-type: none"> • Full name • Birth Date • One additional piece of information, such as visit date, address or phone number
The parent of a minor child	<ul style="list-style-type: none"> • Full name of patient • Birth Date • One additional piece of information to verify identity, such as address • VERIFY that the caller’s name matches the parent’s name listed on file
A patient’s spouse, relative or friend calling on behalf of the patient	<ul style="list-style-type: none"> • Full name of the patient • Birth Date • One additional piece of information such as patient’s address, phone or visit date

If the caller is unable to provide the correct information, or the staff member is unsure about the identity of the caller or the caller’s authority to secure patient information, no information should be shared with the caller.