

## **Confidentiality of Patient Health Information (PHI)**

### **I. Policy**

All staff employed by the Student Health Center (SHC) as well as student workers, interns, volunteers, vendors, university personnel, contractors or any other person entering the clinical care area are to maintain the confidentiality of personal health information (PHI) to which they have access in the course of fulfilling their daily job duties.

### **II. Definitions**

**Patient Identifiers**-Any demographic information that may identify a specific patient such as name, address, birthdate, phone number, email, social security number, medical records number, account number, license number, and photograph.

**Protected Health Information (PHI)**-Any health information in the medical record or designated record that was created, used or disclosed in the course of providing health care services for a patient, which may be personally identifiable.

**Patient Care Area**- Any area excluding the front general lobby where patient information may be accessible.

**Non-Departmental Personnel**- Any person not considered staff, intern or volunteer *directly* affiliated with the SHC or OHP.

### **III. Procedure**

All persons entering the patient care areas of the SHC who have access to PHI must hold this information in strict confidence and adhere to the following expectations:

- A. Upon hire, all SHC staff, student workers, interns will sign the SHC *Confidentiality Agreement* (Attachment 1), to be provided by their supervisor. All others that access the patient care area of the clinic will have a signed agreement on file prior to gaining entry. This agreement will remain in effect for the duration of the individual's relationship with the SHC.
- B. A visitor's log will be maintained at the front desk check-in and,
  1. Any non-departmental personnel will be required to sign in/sign out upon entry and exit to a patient care area in the clinic on the SHC visitor's log at the front desk.
  2. Any non-SHSU personnel, i.e. vendors, delivery persons will be escorted through the clinic to complete their task.
- C. Training
  1. The University training in the human resources talent management system- *Security Awareness Training* (upon hire)
  2. The SHC training in PowerDMS - *PHI/FERPA Privacy Training* (within the first 30 days and annually thereafter)
- D. Staff will only access PHI in the SHC on a need to know basis. Any review of information by staff who are not directly involved in that patient's care or have not been directed to retrieve that information for the purpose of delivering,

monitoring, or assessing health services will be considered a breach of confidentiality.

- E. At no time shall staff or others associated with the SHC who have access to confidential information speak with media or others outside the SHC regarding SHC services without prior approval of the SHC Director as per SHC policy, *Student Health Center Representation*.
- F. Requests for release of patient information will be processed per guidelines of SHC policy, *Release of Confidential Information Policy*.
- G. Any person presenting to the clinic to visit a SHC staff member (not related to SHC business purposes) will only be granted access to the clinic area in accordance with SHC policy, *Personnel Guidelines (see II.D. Visitors)*.

#### **IV. Attachments**

1. [Confidentiality Agreement](#)

#### **V. References**

1. SHSU Human Resources training, *Security Awareness Training*
2. SHC [PHI/FERPA Privacy Training](#)
3. SHC [Student Health Center Representation](#)
4. SHC [Release of Confidential Information Policy](#)
5. SHC [Personnel Guidelines](#)
6. SHC [Visitors Log](#)