Mandatory Education for Volunteers 2013

Volunteers are a common sight around Park Nicollet Health Services, as we have approximately 800 active volunteers providing a wide range of services. We thank you for your time, dedication and the joy you bring to our patients, staff and visitors. Each of you has helped Park Nicollet earn awards for excellence in multiple areas of patient care and safety.

At Park Nicollet, we never forget why we are here. We believe outstanding healthcare is delivered when we merge the science and intellect of medicine with the compassion, spirit and humanity of our hearts. We refer to this as "Head + Heart, Together," and it exists to inspire constant improvement and lasting success. As we work together as a unified team, we engage patients, families and the community, and put them at the center of everything we do. To help continue this success, it is important for all of us to follow standard policies and procedures and understand how to protect our patients, visitors, staff and co-workers.

Each year, employees and volunteers are required to complete mandatory education in order to ensure Park Nicollet Heath Services meets various regulatory guidelines and standards for system-wide mandatory education in the areas of corporate compliance, emergency management, confidentiality and HIPAA privacy. We have also included important information that applies to your role as a volunteer.

Please take the time to:

1. Read through the mandatory education materials below
2. Read through the Code of Conduct and the Confidentiality agreement—these policies are included at the end of this document
3. Take the mandatory education survey: https://www.surveymonkey.com/s/manedu

If you have any questions, please contact Volunteer Services at 952.993.5086 or volunteer@parknicollet.com

Volunteer Services Policies

Dress Code

- Uniforms quickly identify you as a volunteer throughout the organization; please remember to wear your uniform while volunteering. Uniforms should **not** be kept in the volunteer office but rather taken home and washed after each shift. **Note**: Jeans, leggings, sweat pants, and open toed sandals are not acceptable to wear while volunteering.
- Your photo ID badge should be worn at all times while volunteering. The badge should be visible to others so please place at or above your waist. Lanyards are available in the volunteer service offices.
- Perfume/cologne, perfumed products (hand/body lotion, etc) and aftershave are discouraged due to the prevalence of allergies and sensitivities. Smoke odors are prohibited.

Absences

- Volunteer roles are developed to provide a meaningful service to our organization. If you are not available to come in for your assigned shift, it impacts those in your department and it impacts the service to our patients and families. Please do your best to find a substitute when you will be absent. A Volunteer Services staff member would be happy to print out an updated sub list for you. See page 3 of this packet for more information.

Volunteer Records

- Our volunteer database allows you to enter your hours online. This is very helpful if you are at a clinic location. The process is easy as long as you have an e-mail address. Simply contact Volunteer Services and we can send you information to teach you how to use this tool.
- If you have moved within the last year or changed your phone number, please notify Volunteer Services. Keeping your records up to date allows us to keep you informed of changes and events. For your safety and security, it is also important to keep your emergency contact information up to date

Parking

METHODIST HOSPITAL

- Volunteers are required to park in the Orange Ramp on the 3rd level or higher. The lower levels are for our patients and visitors. Handicap parking is available on each level.

ST. LOUIS PARK CLINIC

- Please park on the West half of the 3rd floor of the ramp. The lower levels of the ramp will be for patient parking only. Please talk with Katie if you have any questions or concerns.

Problems, Questions, or Suggestions

To continue to improve the program and service we provide to patients, their families, guests, and staff, it is essential that you bring any questions or concerns to Volunteer Services staff. Any input you have that would help us improve the quality of the service we provide is greatly appreciated!

Arranging for a Substitute

Your assignment is of real significance in the daily routine of the hospital and clinic. It is very important that your service assignment be covered. Staff, patients and other volunteers are counting on you.

PLEASE BE SURE TO INFORM THE VOLUNTEER SERVICES OFFICE OF ANY PLANNED ABSENCES AS SOON AS POSSIBLE. THAT WAY WE CAN ENSURE AN ADEQUATE NUMBER OF SUBSTITUTES OR TEMPORARY PLACEMENTS.

1. Call the Volunteer Services office to let us know the date(s) you will be out and ask for an updated sub list.
2. Call volunteers from the sub list for your area.
3. Keep track of those who are unable to sub for you. This prevents duplication of calls should you be unable to find someone.
4. If this is a last minute substitute, call the Volunteer Services office at (952) 993-5086. If it is after office hours you may leave a message including:
    a. Your full name
    b. The service area in which you work
    c. The day and time scheduled to work
    d. The name of your sub
    e. Your phone number (so we can contact you if we have any questions)
    [For example: Hello my name is (first & last). I volunteer in the gift shop on Tuesdays from 5 – 9PM and I will be absent on September 18 because of a religious holiday. Jane Smith will be subbing for me. My phone number is : (XXX-XXX-XXXX). Thank you.]

Tips

- If you are going to be out 1 or 2 shifts it may be easiest to switch shifts with another trained volunteer from your area.
- If you are going to be out three to five times, call substitutes from the list printed with your current assignment schedule.
- If you are going to be out six weeks to three months please inform Volunteer Services that you would like to take a Leave of Absence (LOA). We ask that you inform us in writing of your plans. The volunteer office will try to save your assignment and cover your shifts for you.

Holidays

Volunteers are not required to work or have a substitute on the following official Park Nicollet Health Services holidays:

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If there are other holidays you observe, please inform Volunteer Services.

Confidentiality, Patient Privacy and HIPAA

As a volunteer, you will come into contact with confidential information. It may be related to business or to patient information. The patient information you may see might be related to patient name, diagnosis, demographic or family information. All of this information is to remain confidential, which means:

- Only access or disclose (share) it for appropriate professional purposes
- Only access or disclose it at the time that it is needed
- Only access it or disclose it to those who have a business need to know.

Ask yourself: Do I have a business need to know? If the answer is "no," then it is not appropriate to access or disclose the information.

All patient Protected Health Information (PHI)* must remain confidential. Please review the definition of PHI on the next page. You should never discuss patients with others who do not have a business need to know. This means that you should not discuss patients with other volunteers, visitors or with family or friends, even after your volunteering ends. All staff members are expected to follow these rules. Staff members and volunteers who fail to comply with the Confidentiality policy and Confidentiality agreement and these rules may be subject to disciplinary action, up to and including termination.

Remember: If someone you know is a patient, it is important for you to separate your role as a volunteer from your role as a friend or family member. There are regulations which dictate how patient information is treated. The Health Insurance Portability and Accountability Acts of 1996 (HIPAA) and the Minnesota Patient's Bill of Rights protect our patients' right to privacy. It is important that we follow these rules:

- To respect patient privacy and make sure their information is secure with us
- To respect patient wishes about how they want their information to be treated
- To protect the reputation of Park Nicollet and promote patient trust
- To avoid government fines and sanctions.

Some ways that healthcare workers can protect patient information include:

1. Not talking about patients in public areas where others may overhear, such as elevators, hallways or the cafeteria
2. Not leaving confidential information and patient information on computer screens, printers, fax machines or other places where people may see it
3. Properly disposing of confidential information, using the confidential destruction bins located throughout the hospital and clinics (The contents of these bins is shredded.)
4. Following Park Nicollet's policies on confidentiality (refer to the Confidentiality policy and agreement)
5. If you use a computer to access patient information, do not share your logon ID or password and only access the information that you are asked to work on
6. Do not email patient information outside of parknicollet.com or tria.com
7. Never discuss any patient on social media, even if you think you have removed all identifiers
8. Not giving out information without proper authorization
9. Asking questions and reporting problems to your supervisor, Volunteer Services, Human Resources or the Manager, Privacy, Compliance and HIPAA.

Hospital directory: Sometimes patients ask for an additional level of privacy protection during their hospital stay. They ask that their name NOT be included in the hospital directory. You must respect this request. This means that visitors who check at the admissions or information desks should NOT be given information about that patient, no callers will be transferred to the patient's room and that no flowers or other items may be delivered to the room.

Answers are not always clear.
Rules can't always tell you what to do in every situation. Protecting patient privacy requires an understanding of what can and cannot be said, accessed or shared. If you have any doubts, please ask the supervisor in your area or contact one of the numbers below.

Who to call with questions or concerns:

- Manager, Compliance, Privacy and HIPAA: Sally Amundson 952-993-7644
- Volunteer Services, Methodist Hospital: 952-993-5086
- Volunteer Services, Park Nicollet Clinic: 952-993-1786

****Definition of Protected Health Information (PHI)***
Individually identifiable information in any form, (electronic, written, or oral) created or received by PNHS that relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

All of these items are considered to be PHI and may not be disclosed without proper authorization. Check with your supervisor if you have questions.

- name and address
- dates (birth date, date of death, admission/discharge dates, dates of service)
- any specific age older than 89 years
- telephone and fax numbers
- e-mail addresses
- Social Security numbers
- medical record numbers and health plan beneficiary numbers
- account numbers
- license or certificate numbers
- vehicle identifiers
- serial numbers and device identifiers
- web addresses (URLs) or IP addresses
- biometric identifiers
- full-face photographic images and comparable images (such as images of distinctive tattoos or other unique identifying marks or features)
- any other unique identifying number, characteristic, or code, including DNA

Consequences of Releasing Confidential Information without Proper Authorization
If you deliberately release confidential information without proper authorization, the following may occur:

- You may be barred from volunteering at Park Nicollet
- You may be fined
- You may face legal action

Infection Control

The most effective way to prevent the spread of infection is through proper hand hygiene.

If hands are NOT visibly soiled, use antiseptic hand foam.

1. Apply product to palm of one hand
2. Rub to cover all hand surfaces until hands are dry
3. If you experience stickiness or grittiness after a number of applications, wash with lotion soap and water to eliminate that sensation.

If hands ARE visibly soiled, use soap and water followed by hand lotion.

1. Wet hands under warm (not hot) running water
2. Apply soap, thoroughly distribute over hands
3. Use friction to vigorously rub hands together for 15 seconds. Pay special attention to areas between fingers, under fingernails, above the wrist.
4. Thoroughly rinse hands with water to remove residual soap
5. Dry hands with paper towel
6. Turn off water faucet with paper towel
7. Apply Park Nicollet-approved lotion to all surfaces of the hands as needed after hand hygiene to prevent skin dryness.

Procedure for handling dirty linen: All dirty/soiled linens are considered "potentially" infectious. Soiled sheets, towels and other linens are to be handled in a way that minimized contact with patient body substances. Do not "shake out" dirty linen as this may release tiny infectious particles into the air. Do not rinse out dirty linen into the sink.

1. Put on gloves
2. Roll the linen into a ball as it is removed from the bed / area
3. Carry the linen away from your uniform
4. Immediately place the soiled linen into the linen bag / hamper
5. When soiled linen bag is ¾ full, tie bag and transport to designated linen chute
6. Remove gloves
7. Perform hand hygiene

When to Clean Your Hands & Wear Gloves: A Guide for Volunteers

Type of Activity	Hand Hygiene	Gloves
Touching a patient for patient care reasons	Clean hands before & after touching patient	No
Transporting patients in a wheelchair	Clean hands before touching patient. Clean hands after transporting patient.	No*
Cleaning wheelchair	Clean hands after removing gloves	Yes
Using cleaning products	Clean hands after removing gloves	Yes
Entering patient room	Clean hands before entering & after leaving room	No
Completing paperwork	Not necessary	No
Before eating	Clean hands	No
After using the bathroom	Clean hands	No

*Gloves would be worn only when contact with body substances is likely. However, volunteers should not be transporting patients with uncontrolled body substances.

The Minnesota Employee Right-To-Know (ERTK) Act

Summary of the Act: The Minnesota Employee Right-To-Know (ERTK) Act is intended to ensure that employees are aware of the dangers associated with hazardous substances, harmful physical or infectious agents (in hospitals and clinics) that they may be exposed to in their workplaces. As volunteers, we want you also to be aware of potential dangers and hazards.

MN ERTK Act requires employers to evaluate their workplaces for the presence of hazardous substances, harmful physical agents, and infectious agents and to provide training to workers concerning those substances or agents to which someone may be exposed.

Written information on agents must be readily accessible to anyone working or volunteering in the area. You have a conditional right to refuse to work if assigned to work in an unsafe or unhealthful manner with a hazardous substance, harmful physical agent or infectious agent. Labeling requirements for containers of hazardous substances and equipment or work areas that generate harmful physical agents are also included in MN ERTK Act.

Volunteer Rights:

- To receive information on hazardous substances, harmful physical agents or infectious agents to which they may be exposed.
- To be trained on the hazards of the above.
- To discuss any concerns you have about chemical hazards or information you do not understand with your supervisor.
- To refuse to work if assigned to work in an unsafe or unhealthful manner with a hazardous substance, harmful physical agent or infectious agent.

Safety data sheets (SDS): SDS sheets are detailed bulletins about the hazards of a material. They are written by the manufacturer and are unique to the substance for which it is written. SDSs are available to you in the following ways:

- Via *FACETS*. Click on Tools>Material Safety Data Sheets.
- Via phone. Call **1-877-451-6919 a**bout a specific SDS, to have a copy of a SDS faxed to you, or to speak to a medical professional.

Safety and Emergency Procedures

1. To protect yourself from overexposure to a chemical, follow proper work practices:
   - Follow hazard and precautionary statements on the chemical label.
   - Use the personal protective equipment (PPE) required.
   - Keep PPE clean and store it properly.
   - Keep work area and tools clean.
   - Properly store chemicals when through using them.
   - If chemicals get on your skin, wash them off immediately.
   - Never eat or drink around hazardous chemicals.
   - Never mix chemicals together unless they are meant to be used in that way. Never mix ammonia and bleach as this produces a toxic gas.
   - Be sure you understand which chemicals need to be diluted and the proper way to dilute those chemicals.
   - Remove gloves and wash your hands after dispensing or using chemicals.

2. In case of a chemical emergency (such as a leak, spill or fire), follow your department's process for dealing with and reporting emergencies. **Do not** try to clean up a spill by yourself unless you have been trained and authorized to do so. **Do** evacuate the immediate area if appropriate, and notify your supervisor.
3. In the event you splash hazardous chemicals in your eyes, or on your skin or clothing, use the eyewash or safety showers and wash the affected area thoroughly for 15-20 minutes. Report the incident to your supervisor. Get additional treatment if needed.
4. If you experience any symptom of overexposure (dizziness, short of breath, irritation of eyes, nose or mouth, rash, etc) while working with or near hazardous chemicals leave the immediate work area and notify your supervisor.

Additional Resources

1. Park Nicollet Employee Right-to-Know Program (H.04-HSM-8260-1197)
2. *FACETS:* Employee Occupational Health and Safety web site
3. Toll Free 24-hour telephone hotline for chemical questions: **1-877-451-6919**

If you have questions or concerns about any substance to which you may be exposed, please speak to your supervisor.

Emergency Management

There is a lot to know about Emergency Management. Review the grid on the next page for detailed information on Emergency Management. **Most importantly, there are two items to remember in case of an emergency:**

- Refer to the quick reference guide attached to your ID Badge for information & instruction
- Know the number to call to report an emergency:
    - Methodist Hospital or St. Louis Park Clinic campuses CALL 111
    - All other sites CALL 9-911

Code White:

In 2012, Park Nicollet introduced a new code, Code White. This code has not yet been added to the grid. Code White is when an adult patient's location is not known. When called, all team members in public areas should watch for potential individuals matching the description announced overhead. If observed, call Safety and Security (at 3-5101) and identify yourself and your location. Do not attempt to resolve the situation yourself.

Code Red:

If you discover a fire or smoke, the following acronym will help guide your response - RACE:

R Rescue any person in immediate danger from the fire if it does not endanger your own life.

A Alert someone to the fire by calling 111 at Methodist Hospital or St. Louis Park Clinic campuses, or 9-911at all other sites. Or, report the fire by activating a pull station (these are red boxes located on the wall in main exit corridors). Please stay on the line until the building name and location has been repeated back to you by the operator or police dispatcher.

C Confine the fire by closing all doors and windows.

E Evacuate the area immediately.

Park Nicollet

Emergency Management

This guide does not reflect all response procedures that might be needed for emergencies affecting the environment of care.
Review applicable policies and procedures for more emergency response requirements.

Emergency Procedure	Description	All Sites 4-point Fire Plan			
		1	2	3	4
CODE RED FIRE	Evidence of a fire; smoke or flame	Move anyone in immediate danger to safety	Pull fire alarm Methodist …Call 111 PNC—SLP…..Call 111 Branch sites….Call 9-911	Close doors, windows	If trained and safe to do so, fight fire with extinguisher

		Methodist Hospital			Other Park Nicollet properties		
Emergency Procedure	Description	Initial response	Secondary response	Follow-up	Initial response	Secondary response	Follow-up
CODE BLUE	Cardiac or respiratory arrest, major medical event	Call 111. Report location and condition.	Notify co-workers. Locate required support.	Document incident and deficiencies.	Call 111 or 9-911. Report location and condition.	Notify co-workers. Locate required support.	Document incident and deficiencies.
OPERATION ORANGE	Influx of patients needing medical care	Initiate department call list.	Review protocol. Assign responsibilities.	Maintain dept. protocol until cancellation.	Sites where emergency services are not offered do not have site responsibilities in this policy.		
SEVERE WEATHER CONDITIONS	Severe thunderstorm warning OR tornado watch	Close all doors and windows. Clear hallways. Review protocol.	Maintain code integrity until specified time, as announced.	Report deficiencies to supervisor.	Close all doors and windows. Clear corridors. Review protocol.	Maintain code integrity until specified time, as announced.	Report deficiencies to supervisor.
	Tornado warning OR straight-line winds 75 mph +	Move people away from windows and into safe areas.	Staff go to safe areas until "all clear" is announced.	Report deficiencies or damages to supervisors.	Move people away from windows and into safe areas.	Staff go to safe areas until "all clear" is announced.	Report deficiencies or damages to supervisors.
BOMB THREAT	Notification of a bomb in place via phone, letter or package	Obtain as much information as possible from the caller.	Call Security STAT at 111. Review protocol.	Wait for further instruction. Document dept. activities.	Obtain as much information as possible from the caller.	Notify manager, police at 9-911 and Security at 3-1777.	Review protocol. Wait for further instruction. Document.
"CODE PINK" INFANT/CHILD ABDUCTION	Attempt to remove an infant/child from a unit or facility by noncustodial person(s)	Call Security STAT at 111. Departmental announcement of "Code Pink."	Post staff at all dept. exits. Confirm location of all infants, children.	Notify administrators. Review protocol. Start documentation.	Call 111 or 9-911. Give name, city, address. Call Security at 3-1777.	Advise site manager and on-call administrator.	Document all events and information about the situation.
UTILITY FAILURE	Loss of any utility to all or a portion of a building or campus	Assess extent of loss in your area.	Call Engineering at 3-5102.	Review protocol. Maintain dept. viability.	Assess extent of loss in your area.	Call Facilities at 3-2003.	Review protocol. Maintain dept. viability.
TELEPHONE SERVICE LOSS	Loss of phone service, full or partial	Call IT at 3-9000 via cell or outside phone.	Assess needs. Assign runners.	Maintain required communications.	Call IT at 3-9000 via cell or outside phone.	Assess needs. Assign runners.	Maintain required communications.

Code of Conduct (Page 1)

Compliance Questions?

Help is available from:

Any supervisor or manager.
The PNHS Corporate Compliance Office – 952-993-3063.
The PNHS Manager of Employee and Labor Relations in the Human Resources Department – 952-993-1600.
The PNHS Compliance Hotline – 1-855-246-PNHS (7647).

You also can report a concern anonymously online via the Compliance and Contracting Facets page. Go to the Hotline Quick Click for more information.

Park Nicollet

17540 (10/12)

Park Nicollet Code of Conduct

Park Nicollet

OUR MISSION

To care for and support the health, healing and learning of those we serve. This Code of Conduct describes the ethical and legal standards we follow in fulfilling our mission.

This Code of Conduct applies to all directors, officers, trustees, medical or professional staff members, employees, temporary employees, students and volunteers of Park Nicollet Health Services (PNHS) and its affiliates – collectively referred to in this code as "PNHS staff," and individually referred to as a "staff member." PNHS vendors, contractors and consultants also are expected to act in a manner consistent with the principles outlined in this code. Failure to comply with this code can result in disciplinary action, up to and including termination.

This code is necessarily broad in scope and may not contain detailed information about every compliance issue. PNHS staff must review the more detailed Compliance Resource Manual. The Compliance Resouce Manual and specific PNHS policies and procedures can be found on *Facets*. PNHS staff must comply with all relevant laws and PNHS policies, even if they are not summarized or referenced in this code. PNHS staff with questions should contact their supervisors or the PNHS Compliance and Contracting Department for additional information.

Code of Conduct (Page 2)

OUR VALUES

PNHS adheres to the following values:

Patient care

We recognize the dignity and autonomy of each patient, respect each patient's values and beliefs, involve patients appropriately in decision-making and do not discriminate on the basis of race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, gender identity, disability, veteran's status or medical assistance status.

◆

We provide patients with high-quality care in compliance with applicable professional standards.

◆

We follow laws governing the privacy of patient health and financial information and take care to respect patient privacy when communicating with or about our patients.

◆

All individuals who present at Methodist Hospital's emergency center receive appropriate emergency medical screening examinations, stabilizing treatment or appropriate transfers as required by the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

Organizational ethics

We are an equal opportunity employer and value diversity in the workplace.

◆

We are committed to protecting PNHS staff, patients and visitors from violence and harassment, and to maintaining a safe environment that is free from tobacco, illegal drugs and inappropriate use of alcohol.
We maintain accurate books and records, cooperate with our auditors in the review of our financial statements and ensure the Methodist Hospital cost reports properly reflect the hospital's costs and charge structure.

◆

We protect the assets of PNHS and follow laws governing the use of those assets, including applicable tax and intellectual property laws.

Business relationships

We are honest in our business relationships and do not offer or accept gifts, bribes, kickbacks or other inappropriate financial inducements as a means to influence or reward the decisions of any person.

◆

We require PNHS staff to disclose potential conflicts of interest and to follow our conflicts of interest policy when addressing conflicts of interest.

◆

We structure our business and compensation arrangements in ways that comply with applicable law, this Code and PNHS policies.

Legal compliance

We comply with federal and state laws prohibiting fraudulent and abusive transactions involving health care providers, vendors and suppliers, including the federal anti-kickback law and the physician anti-self-referral (Stark) law.
Our dealings with competitors comply with antitrust laws and are not structured in ways that undermine fair and honest competition.

◆

We comply with governmental and private billing requirements, and do not permit PNHS staff to knowingly submit claims that are false or inaccurate. We do not submit bills for services that were not rendered or not medically necessary.

◆

We abide by the tax laws governing tax-exempt organizations, including those governing the use of charitable assets and those barring political campaign activity using our resources.

COMPLIANCE

It is the responsibility of all PNHS staff to comply with this Code.

◆

Conduct themselves with honesty, integrity and high ethical standards in everything they do for PNHS.

◆

Understand and follow the law, this Code and all PNHS policies relevant to their jobs.

◆

Guard against activities that could cause violations of the law, this Code or any PNHS policy.

◆

Report suspected violations of the law, this Code or any PNHS policy.
PNHS staff are encouraged to ask questions about any legal, compliance or ethical issues. In many situations the ethical and legal course of action is obvious. In other cases, however, the correct action may be less clear. PNHS staff with questions should ask them.

IT IS NOT GOOD ENOUGH TO GUESS.

COMPLIANCE HOTLINE

PNHS staff who wish to raise an issue anonymously should call the PNHS Compliance Hotline, 1-855-246-PNHS (7647).

PNHS contracts with an external entity to receive and process reports to ensure anonymity. PNHS will attempt to keep information provided to the Hotline confidential – including the name of the caller and any PNHS staff named in the call. However, PNHS may need to identify a caller in order to properly investigate an allegation, to cooperate with governmental authorities, to consult legal counsel or for other purposes.

PNHS will not allow retaliation against PNHS staff who, in good faith, seek advice, raise concern or report misconduct. PNHS staff engaging in retaliatory behavior are subject to disciplinary action, up to and including termination. Suspected retaliation should be reported immediately. Allegations of retaliation will be investigated and appropriate action taken.

Confidentiality Policy

SUBJECT: Confidentiality	**REFERENCE NUMBER**: I.53-HSM-8250-1098
APPROVALS:	**ORIGIN DATE**: 11/85
	REVISION NUMBER: 18
	REVISION DATES: 1/97,10/98,12/98,6/00, 9/00, 9/01, 1/03, 2/05, 8/05, 10/07, 11/07, 1/09, 11/10, 1/11/ 1/25/11, 3/11, 10/11, 6/12, 10/12 **MOST RECENT REVIEW DATE**: 10/12

PURPOSE:
To establish guidelines related to the access, use and disclosure of Confidential Information by Park Nicollet Health Services ("PNHS") Staff Members and the consequences for unauthorized access, use or disclosure of this information.

OWNER:
The PNHS Chief Compliance Officer is ultimately responsible for this policy. The Chief Compliance Officer may delegate enforcement of this policy to the Vice President of Human Resources and others to meet organizational needs.

CONTACT/CONTENT EXPERT:
Manager, Compliance, Privacy and HIPAA, IT Security Manager, IT Director, Compliance

POLICY:
No Staff Member will access, use or disclose any Confidential Information, during or after employment or service at PNHS, that the Staff Member has accessed or received by virtue of employment or service with PNHS, except as provided by this policy, other PNHS policies relating to the privacy and security of Confidential Information, and applicable law.

DEFINITIONS:
Confidential Information: means data or information the access, use or disclosure of which is restricted by any PNHS policy or by law. Confidential Information may exist in verbal, written or electronic form, including but not limited to PNHS computers, e-mail messages, and/or voice mail messages. Confidential Information includes, but is not limited to:

- Medical records of PNHS patients, Staff Members, and applicants for employment
- PNHS personnel and payroll records of all kinds, such as salaries, employment records, student records and disciplinary actions, etc., including employee address, phone number, or birthdate
- Financial, technical, and business information regarding PNHS, including financial and statistical records, strategic plans, internal reports, memos, contracts, quality data, peer review information, attorney/client information, communications, proprietary information and technology.
- Vendor and other third party information (such as payer information, purchasing agreements and other contracts)
- Protected Health Information (PHI), as defined in this policy

Protected Health Information (PHI): individually identifiable information in any form, (electronic, written, or oral) created or received by PNHS that relates to the past, present or future physical or mental health or

condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. PHI includes but is not limited to the following categories of information:

Medical Record Data: patient identifiable data used to provide and document healthcare. Examples include but are not limited to progress notes, physician orders, dictated reports, final lab report, radiology interpretation, medical correspondence and summaries of such data.

Source Data: patient identifiable data in any medium used in assessing the patient's health condition or from which interpretations, summaries or notes may be derived. Examples include but are not limited to audio of dictation or patient telephone calls, diagnostic films, fetal monitoring strips, cardiac rhythm strips, office visit videos, telemedicine consultation videos or any other image from which interpretations are derived.

Administrative Data: patient identifiable data, created in the normal course of PNHS business, which is used for administrative, regulatory, healthcare operations, and payment (financial) purposes. Examples include but are not limited to correspondence which is not directly used to provide medical care and treatment, authorization forms for release of information, birth and death certificates, event history/audit trails, billing claims, data retrieved for quality assurance, utilization management, risk management, patient relations or security purposes.

Staff Member: means any PNHS Medical or professional Staff member, employee, temporary employee, student, or volunteer. For the purposes of this policy, "staff member" includes independent and contracted physicians.

PROCESS:

A. Primary Accountability Leaders
   1. All Leaders are responsible for developing, implementing, and providing training to staff relating to Confidential Information as it applies to their department.
   2. All Leaders are responsible for providing all of their department Staff Members with a copy of this policy and information concerning specific confidentiality issues that may apply to that department or clinic.
   3. All Leaders are responsible for notifying one of the following if there is a reason to believe that a violation of this policy has occurred or will occur:
      a. Their Leader
      b. PNHS Chief Compliance Officer
      c. PNHS Manager, Compliance, Privacy and HIPAA
      d. PNHS Director of Employee/Labor Relations; or
      e. The Compliance Hotline at 1-855-246-PNHS (7647)

B. Primary Accountability – Staff Members
   1. All Staff Members are responsible, as a condition of employment, to comply with all aspects of this policy, all applicable PNHS policies regarding the privacy and security of Confidential Information, and applicable law governing the use and disclosure of Confidential Information.
   2. Each Staff Member is responsible for notifying one of the following when there is reason to believe that a violation of this policy has occurred or will occur:
      a. Their Leader
      b. PNHS Chief Compliance Officer
      c. PNHS Manager, Compliance, Privacy and HIPAA
      d. PNHS Director of Employee/Labor Relations; or
      e. The Compliance Hotline at 1-855-246-PNHS (7647)
   3. Each Staff Member is responsible for seeking clarification of this policy if he or she is unsure about its meaning or application.

C. General Guidelines

1. All Staff Members who have access to Confidential Information will access such information ONLY in accordance with applicable PNHS policies and applicable law, and as necessary to perform their assigned duties. The requirements included in this policy and the responsibility to protect Confidential Information apply whether the duties are being performed at a PNHS facility, from home or any other place.
2. Staff Members will release confidential information to others only after determination that proper written authorization, if required, or verbal verification has been established. Questions regarding proper release of medical record information should be referred to Health Information Management.
3. All Staff Members are prohibited from using or disclosing Confidential Information, unless they disclose the information to other Park Nicollet Health Services staff members who need the information and as necessary to perform their assigned duties.
4. No Staff Member shall access, use or disclose Confidential Information, including the medical and employment records of the Staff Member's family (including minor children), coworkers, or acquaintances, unless it is necessary for the Staff Member to access, use or disclose such information to perform his/her assigned job duties, and the access, use or disclosure complies with applicable PNHS policies and applicable law. For example:
    a. Staff members may not access medical records of family members, coworkers, or acquaintances even with their permission or at their request unless the family member, coworker, or acquaintance is presently presenting themselves as a patient and it is the staff member's job to provide the person with the services they are requesting
    b. A "Permission to Verbally Discuss" form or any other written authorization does not grant a staff member access to the electronic medical record of a family member, coworker, or acquaintance.
    c. Staff members may not schedule appointments for themselves or for family members, coworkers, or acquaintances unless the staff member's regular job is to schedule appointments for those who call for appointments in the department where the appointment is desired.
    d. Parents who are staff members are allowed access to their child's medical record in accordance with law and PNHS practices, but they should not use their access to the electronic medical record to view the record. Instead, they must request a copy of such records through Health Information Management in accordance with the Release of Medical Record Information policy in the same way as a parent of any other patient.
    e. A staff member may not use their access to the electronic medical record to look up the address or phone number of co-workers or any other person unless it is for a business need related to their employment at PNHS.
    f. Staff members who participate in online social networking may not disclose Park Nicollet business confidential or patient confidential information (PHI).
5. Staff members will not in any way access, use, disclose, copy, release, sell, loan, alter or destroy any Confidential Information, except as properly and clearly authorized within the scope of assigned job duties and responsibilities and in accordance with all applicable policies, procedures, laws and regulations.
6. Staff Members may review their own medical record or computerized medical records information, but may NOT remove their records, copy them, print them, add to them and/or modify them, or remove the contents of their records. If a staff member has records that are protected by the electronic medical record's (EMR's) Break the Glass functionality (e.g., psychotherapy notes), the staff member should not "break the glass" to review these records. Audits are routinely conducted to determine whether or not the Break the Glass function has been appropriately used. For copies of your records, or to request an amendment, contact Health Information Management Department. Patient Financial Services staff members may not review their own medical record via their access to PNHS information systems, but may obtain a copy by providing a written request to the PNHS Health Information Management Department.
7. Staff Members may view their personnel file by making arrangements with the PNHS Human Resources Department.

8. Each Staff Member will take reasonable precautions to minimize the probability that conversations concerning Confidential Information will be overheard by persons who are not authorized to hear the conversation.
9. Staff members who have been granted electronic access to PNHS's information systems (including the system, computer or device, as well as the data and information contained therein) are subject to the following:
    a. Staff Members shall use PNHS' information systems and resources only as necessary to perform assigned duties and for approved purposes. Use of information systems or personal computers to access, use or disclose Confidential Information for any other purpose is strictly prohibited.
    b. Staff Members shall take reasonable precautions to prevent unauthorized access, accidental or intentional disclosure and unauthorized manipulation to information systems, computers, or other devices.
    c. User IDs and passwords are attached to all transactions. Staff members will safeguard User IDs and passwords and not disclose them to anyone, including supervisors. If a Staff Member has reason to believe that the confidentiality of a password has been compromised, he/she will immediately change the password.
    d. Staff members should accept responsibility for all activities undertaken using his/her User ID, password, access codes or other authorizations. All transactions performed by staff members may be monitored in order to assure appropriate use of PNHS' information systems at any time and without notice.
    e. Staff member access to the PNHS information systems may be revoked at any time.
    f. Staff members should only conduct systems transactions and activities using the PNHS information systems required for the performance of their job duties and responsibilities. Staff members should not use their access to PNHS information systems to view medical records without a legitimate purpose relating to their job duties or responsibilities (business need).
10. If a staff member is granted remote access to PNHS information systems, it should be considered as a privilege extended by PNHS, solely for the purpose of conducting functions related to his/her job duties and responsibilities. Any claim brought as a result of a breach of confidentiality when using remote access will be the responsibility of the staff member and not of PNHS
11. PNHS Confidential Information should not be left unattended on any computer, and staff members should log off or lock the computer when leaving the workspace, including remote access workspaces
12. Confidential information and non-approved devices
    a. Confidential Information should not be downloaded to the hard drive of any personal computer or copied to a disc or other portable storage device, unless via an approved process and under the supervision of the Health Information Management department.
    b. If an approved exception is granted, the media containing ePHI must include a label stating that "*Contents are confidential and only for the use of the intended recipient. If this media is lost or you have received it in error, please return it to Park Nicollet Health Services, Health Information Management/Release of Information, 3800 Park Nicollet Blvd, St. Louis Park, MN 55416.*"
    c. Confidential Information should not be uploaded, processed, stored or otherwise handled on any non-approved devices. (For example, cell phones, iPads, personal digital cameras other personal devices are NOT considered to be approved devices.)
13. If it is necessary to transport non-original paper medical records, staff members should prevent unauthorized access to such records by keeping them under their direct control. (No original paper medical record can be removed from PNHS premises unless by court order, by subpoena with a valid patient authorization or with approval by Risk Management.)
14. Staff members will comply with all federal and state regulations regarding patient confidentiality.
15. Annual acceptance of PNHS Confidentiality Agreement
    a. Each staff member with access to the Learning Point will be assigned a "Park Nicollet Confidentiality Agreement" activity as part of their mandatory annual training. This activity

provides a link to the Confidentiality policy and the confidentiality agreement with the opportunity to accept/refuse the agreement. "Refused" and "not started" status will be tracked and reported to staff members' leaders on a regular basis for follow up.

b. Each staff member without access to the Learning Point will receive a copy of this policy and the department's protocols related to confidential information from his/her manager and will be required to sign an annual confidentiality agreement. All clinicians will receive a copy and be required to sign during the credentialing process.

16. Staff Members should direct questions regarding Confidential Information or report breaches of confidentiality, including inappropriate use, access or disclosure of Confidential Information to one of the following:
    a. Their Leader
    b. PNHS Chief Compliance Officer
    c. PNHS Manager of Privacy and HIPAA Compliance
    d. PNHS Director of Employee/Labor Relations; or
    e. The Compliance Hotline at 1-855-246-PNHS (7647)

D. Consequences for Breaches of Confidentiality

1. A Staff Member who accesses, uses, or discloses Confidential Information in violation of this policy, other applicable PNHS policies, or applicable law may be subject to disciplinary action, up to and including termination of employment, loss of privileges and/or cancellation of any contract or agreement that allows access to confidential patient information.

RELATED DOCUMENTS:
J.01-HSM-8510-0596 Release of Medical Record Information
J.37-HSM-8201-0802 Privacy and Security of Protected Health Information (PHI)
User ID and Password Management (J.23-HSM-8120-0404)
Remote Control Access to Workstations and Servers (J.40-HSM-8120-0404)
E-Mail Usage (J.16-HSM-8120-0101)
Workstation Usage (J.24-HSM-8120-0404).

REFERENCE MATERIALS:
Patient Bill of Rights
The Minnesota Medical Records Statute, Minn. Stat. § 144.335 et seq.
Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

COMMITTEE APPROVAL:
Corporate Compliance

Conclusion

This concludes the 2013 Volunteer Services mandatory education packet. Now that you have reviewed these materials, you may complete the mandatory education survey. This survey is located at the following link: https://www.surveymonkey.com/s/manedu.