Release of Information / Records

I. General Policy: The Health Center will maintain the confidentiality of patient-related information. Access to patient information will be restricted. Information will not be released without written consent unless allowed by law. Breaching confidentiality of patient information is grounds for corrective action up to and including termination.

II. Release of Information
   A. Purpose: Patient information will be routinely released for the purpose of facilitating treatment, payment, and healthcare operations only. A specific consent is required to release medical information for non-routine purposes.
   B. Consent: A written consent is required prior to the release of any patient information that is not specifically allowed by law. The consent, unless otherwise stated, allows for the release of information as stated in *A. Purpose.*
   C. Documentation of Release: Each release of medical records will be recorded in a log located in the copy room.
   D. Release of Information Via Facsimile:
      1. All faxes are to be sent using the Health Center's fax coversheet.
      2. Staff members will not fax any medical information without written consent to release the information.
      3. Staff members will double check the fax number before sending the records.
   E. Release of Information to Patient: Staff will verify the patient's identity by photo identification prior to releasing written copies of their record.
   F. Restrictions: The patient may place restrictions on the consent to release information.
   G. Non - Routine: Any release of information that is not related to treatment, payment, and health care operations is categorized as non-routine. A specific consent for the release of information is required in such situations.
   H. Required or Allowed By Law: A consent is not required in order to release information mandated or permitted under law. Examples include: pertinent patient information during a medical emergency, subpoenaed records, and non-identifiable patient information such as age, gender, diagnosis, and treatment for statistical purposes.
   I. Staff members will not release patient information unless written consent is given by the patient.

III. Staff Access to Records- Staff will have varying access to patient records depending on their job duties. Access to patient information is granted on a need to know basis. All of the staff, except the custodian and health programming coordinator, are either involved in patient care or have administrative duties that require varying access to medical records.

IV. Patient Access to Records: Patients may review their records and request amendments.

V. Computerized Medical Records: Computerized health information is not transmitted outside the local network of the Health Center. Access to the computer programs are protected by permit, username, and password.

Disposal of Patient Information

Policy: All documents containing patient information must be shredded prior to disposal.

Patient Charts

I. Definitions:

A. *Active Chart,* for Health Center purposes, will be defined as the records of a patient who has visited the Health Center within seven years.

B. *Inactive Chart,* for Health Center purposes, will be defined as the records of a patient who has not visited the Health Center within seven or more years.

II. Policy:

A. General: The Health Center will construct, maintain, and store patient charts in a manner that will facilitate the timely delivery of quality medical services. Patient charts and the documents thereof shall be treated as confidential documents (see *Confidentiality of Information / Records*). The Secretary III maintains primary responsibility for the care, distribution, protection, and utilization of the medical records.

B. Labeling: Patient chart labels will include the patients' last name, first name, middle initial, and SHSU ID along with a sticker noting the year of their last visit.

C. Filing and Storage: All patient charts will be filed in the chart room alphabetically by the patient's last name.

D. Retention of Records: The Health Center shall maintain patients' medical records for seven years from the anniversary date of the date of last treatment.

E. Destruction of Inactive Records: Prior to destroying any record, an entry documenting the patient name, date of last activity, general content of record, and date of destruction must be made in the Medical Record Destruction Log. During the winter and summer break of each year, inactive records will be purged and destroyed via shredding.

III. Basic Content of Record

A. Patient Information Sheet containing demographic, contact, insurance, and payment information.

B. Health History Summary

C. Patient Privacy Act

D. Patient Rights & Responsibilities

E. Patient Health History

F. Patient Rights & Responsibilities Form

G. Blank Patient Assessment containing sections for documentation of the patient's chief complaint, vital signs, diagnosis, treatment, charges / payment, name, SHSU ID, receipt number, the date of visit, and the practitioner's signature

H. Previous Assessment Sheets containing the completed documentation of the information outlined in item G.

I. Related nursing or practitioner notes documenting pertinent information related to the patient's visit

J. Reports relevant to the patient's visit such as test results

K. Miscellaneous documents related to the patient's medical care

I have read and understand the policies, procedures, and protocols as they relate to my position. I agree to adhere to the policies, procedures, and protocols in this manual.

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Staff Signature	Date
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Staff Signature	Date

I agree to maintain the confidentiality of any protected health information (PHI) that I may be exposed to as a result of my association with the SHSU Student Health Center. Specifically, I agree to comply with all state and federal laws, departmental policies, procedures, protocols, and any other instructions relative to the protection of PHI. I realize that I may be subject to criminal prosecution, civil litigation, and/or corrective action, including termination (employee), as a result of any act that violates the confidentiality of PHI.

SIGNATURE	**ASSOCIATION**	**DATE**