



CONFIDENTIALITY

Federal and State laws and regulations mandate patient confidentiality. While these laws and regulations cover all patients (even those who have died), there are specific restrictions on information related to mental health and chemical dependency. Releasing medical information without proper authority may result in liability for, among other things, violations of the Health Insurance Portability and Accountability Act ("HIPAA") or the Federal Law on Confidentiality of Substance Abuse Patient Records and regulations relating to either of these statutes, invasion of privacy, defamation (harming the reputation), libel, or slander. Violations of HIPAA, the Federal Law on Confidentiality of Substance Abuse Patient Records, or defamation may result in criminal as well as civil action or monetary penalties. Charges for breaking these laws range from misdemeanors to felonies. Penalties for breach of patient confidentiality range from paying a fine to incarceration in a correctional facility.

In addition to the legal restrictions, the core commitments of Owensboro Health requires that all patients be treated with respect and have their privacy protected. All employees, students, vendors, and/or volunteer shall be expected to observe the strict confidentiality concerning patients even after his/her relationship with Owensboro Health ends.

Breach of confidentiality is defined as unauthorized use, discussion or release of confidential information regarding patients either identity, and or their hospital records (hard copy and computer). This includes unauthorized retrieval of records on the computer, checking labs or other data without a need to do so, and conversations or discussions that may be overheard by unauthorized persons.

Breach of confidentiality is considered a major offense at Owensboro Health. This violation of personal conduct justifies immediate termination of employee/student/vendor/volunteer status without regard to the employee's/student's/vendor's/volunteer's length of service or prior record or conduct.

By signing below, I certify that I understand the importance of maintaining patient confidentiality and that I agree to abide by the privacy policies and procedures adopted by Owensboro Health. I further certify that I have received training on HIPAA's privacy rule.

Signature

Date