UNIVERSITY OF ALABAMA, ASD CLINIC
(Pertaining to Written, Electronic and Verbal Patient Information)

Applies to all ASD Clinic healthcare “workforce members” including: faculty, staff, students, all other health care professionals, volunteers, agency or temporary staff workers, and all others (regardless of whether or not they are ASD Clinic trainees or rotating through the ASD Clinic from other institutions).

General Introduction

The practical details of creating, maintaining, sharing and protecting medical and financial records and other patient information, are extremely complex. The policies stated below attempt to consider a number of such problems, but in the final reality, it becomes the responsibility of every ASD Clinic employee to be sensitive to the issue of confidentiality and to work to protect the rights of the ASD Clinic patients. Policy on confidentiality applies to every person who performs a function or activity involving the use of patient information at the ASD Clinic, including, secretarial, administrative, and professional personnel as well as volunteers. Safeguarding this information about patients, which has been obtained by the staff of the ASD Clinic is a primary obligation of all ASD Clinic personnel.

Conditions for Communication Information

A. Disclosures are permitted for ongoing treatment, payment or healthcare operations. The ASD Clinic may use or disclose its own PHI for treatment, payment or healthcare operations (exception is psychotherapy notes). Patient information released to any person or party not pertaining to treatment, payment or healthcare operation will have to have the written authorization of the patient prior to any information being released.

B. Information obtained in clinical or consultant relationship is discussed only for professional purposes and only between persons clearly concerned with that specific care.

C. Only the information required for a legitimate purpose should be requested and provided. Thus, information is shared with others only when it is deemed that such information will be used for purposes of constructive patient assistance which cannot be provided without this information. Every effort should be made at all times to avoid overdue invasion of the patient’s privacy.

D. The patient has the right to decide what information may be disclosed with anyone beyond the immediate professional provider of the service. Thus, the patient has the right to request that specific information be restricted from whatever information is to be disclosed.
E. All information which is disclosed, either written or orally, which the patient has agreed to release should indicate to the receiver that the information is confidential.

F. Patient records and other patient related materials, which may be used in teaching or other consultation, should insure that the identity of that patient or other patients involved is adequately disguised, unless authorized by the patient or patient’s representative.

G. Unless there is an appropriate reason for another staff member, rather than the primary professional patient contact, to provide information on a client, this should not be done. When information is shared by another ASD Clinic staff member who is not the primary professional contact, it should only be done with the authorization of the primary professional or of his/her supervisor.

H. These rules of confidentiality continue to apply after treatment has been completed and whether or not the patient’s record is still carried in the active files.

Family Rights

A. When a child or adolescent is the primary patient, the interest of that minor should always be paramount and take precedence over those interests of others. When the staff is concerned with a family as a unit, the rights of each member of that unit must be safeguarded when joint problems are handled.

B. Minors may independently consent or authorize use of their patient information. Alabama law considers anyone under the age of 19 an unemancipated minor. Thus, parents may have access to patient information on persons still considered a minor (this includes married patients).

C. The ASD Clinic should always obtain consent of a patient or a legal guardian, as well as when appropriate, the minor patient himself/herself, before information on such a minor can be shared with another agency or another individual.

D. A wife or husband must give consent for information to be shared with each other. It is not automatically assumed that because a husband or wife is receiving treatment at the ASD Clinic, his or her spouse has a right to such information.

ASD Clinic Internal Communications

A. Information about a patient, which is not related to constructive patient assistance, should not be discussed at any time. Information, which is related to constructive patient assistance, should never be discussed in any public place within the Clinic facilities.
B. Under no circumstances should clinical information or financial information regarding a patient be left in an unsupervised or public location within the Clinic.

C. All information, which is clinically or financially sensitive, should be placed under lock and key when unattended.

Phone Calls

A. Unless an ASD Clinic staff member is absolutely certain of the party receiving information, no information of any nature related to a patient should ever be given out on the telephone. In fact, every effort should be made for information to be shared in person or in writing unless situations require otherwise.

B. The primary professional patient contact should be the only person giving out information on the telephone unless she/he has specifically and appropriately delegated another staff member to act in this capacity.

C. Individuals may request the ASD Clinic to communicate with them in different locations and in different ways. Forms are available for this purpose. Telephone contacts to leave messages for individuals are permitted by the ASD Clinic unless otherwise specified.

Emergency Communications

A. Information concerning a patient, which is received in confidence, may be revealed only when there is a clear, and imminent danger to the patient, to any other individual, or to society in general. Unless the immediate conditions warranted, such a decision to release information should always be cleared with one’s supervisor.

B. ASD Clinic staff should keep in mind that there are very few situations which would meet the criteria of a “clear imminent danger”.

Special Situations

A. ASD Clinic staff should be friendly to personal acquaintances and/or family members who are being seen at the Clinic, but should not become involved with them or any other member of the ASD Clinic staff in discussing their treatment. If such an acquaintance or family member should raise an issue, he/she would be referred to their primary professional contact.

B. Information or opinions, whether this be concerning competence or otherwise, about the ASD Clinic staff should not be discussed with patients.
C. Prior to using one-way mirrors, tape recorders, cameras, audio-visual or data processing equipment for assessment, treatment educational and/or evaluational purposes, members of ASD Clinic staff should explain the purpose for utilizing such equipment to the patient and obtain his/her authorization for such use. (Please see the attachment)

D. Email with patients is permitted only after the patient has given written permission to communicate by email.

Agreement
I certify that I have read the above confidentiality policy, that I understand it fully and that any questions that I have raised concerning this confidentiality policy have been fully answered to my satisfaction. I further state that I will adhere to these policies, not only specifically to the rule of such policy, but also the spirit of confidentiality as pertains to protecting the individual patient’s right. I further understand that violation of any part of this policy will be grounds for disciplinary action, including termination.

______________________________
Signed

______________________________
Date

______________________________
Witness

______________________________
Date