
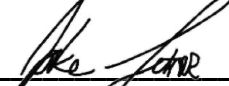




Community Health Center of Southeast Kansas

CONFIDENTIALITY/HIPAA	
Effective Date: August 21, 2025	Policy Section: General
Approval:  08/21/2025	Approval:  08/21/2025
Chief Executive Officer Date	Board Chairperson Date

Purpose:

Board members, employees, students, volunteers, and contractors of the Community Health Center of Southeast Kansas, Inc. (CHC/SEK)¹ are entrusted with confidential information, the nature of which requires maintenance of confidentiality. It is their responsibility to preserve and protect confidential patient, employee, and business information.

CHC/SEK will comply with federal and state regulations that protect this information including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR, governing the release of patient identifiable information by health care providers. These regulations establish protections to preserve the confidentiality of various medical and personal information and specifies that such information may not be disclosed by law except as authorized by law or the patient or individual.

Confidential Patient Care Information (“protected health information” or PHI) includes: Any individually identifiable information regarding a patient’s medical history, mental or physical condition, or treatment, as well as the patient’s and/or their family members’ records, test results, conversations, research records, and financial information. Examples include, but are not limited to:

- Medical, dental, behavioral health, and substance abuse treatment records, including paper, electronic, photo, video, diagnostic and therapeutic reports, laboratory, pathology samples, and other patient data;
- Patient insurance, billing, and financial assistance records;
- Appointments and services provided;
- Verbal information given by the patient, including conversations about the care and treatment of the patient; and
- Demographic data that can be used to identify the individual (for example name, address, social security number, birth date).

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;

¹ For the purposes of this policy, CHC/SEK includes all subsidiaries, doing business as designations, and tradenames otherwise associated with (i.e. wholly owned by) CHC/SEK.

- Spouse and other relatives' names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from CHC/SEK records which, if disclosed, would constitute an unwarranted invasion of privacy;
- Disclosure of confidential business information that may/would cause harm to CHC/SEK; and
- Peer review and risk management activities and information (e.g. morbidity and mortality functions, pharmacy and therapeutics functions).

Policy:

A. Confidentiality of PHI and CHC/SEK business information:

1. It is the responsibility of every person to ensure confidentiality of a patient's protected health information, confidential employee information, and CHC/SEK business information, and to provide protection from unauthorized release of this information.
2. Board members, employees, students, volunteers, and contractors assume an obligation to maintain confidentiality of information learned during the course of their work either on or off premises of CHC/SEK.
3. Only the minimum necessary information to satisfy job role or the need of a request is accessed.
4. Confidential information about CHC/SEK, CHC/SEK's patients, suppliers, or employees should not be divulged to anyone other than persons who have a right to know, or are authorized to receive such information.
5. When in doubt as to whether certain information is or is not confidential, caution dictates that no disclosure be provided without first clearly establishing that such disclosure has been authorized by appropriate supervisory or management personnel.
6. Confidential or proprietary information obtained as a result of affiliation with CHC/SEK is not to be used for the purpose of furthering any private interest or as a means of making personal gains.
7. Any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law.
8. Title 42 of the Code of Federal Regulations (42 CFR), and other state and federal regulations, give special protection to mental health and substance abuse treatment records.
9. Unauthorized use or disclosure of such information can result in civil or criminal penalties as well as disciplinary action, up to and including immediate termination.
10. Requests for information from the media are to be referred to the CEO/designee (see CHC/SEK's Agency Representation policy for additional details).

B. Confidentiality of employee information:

1. In order to assure confidentiality and security of employee personal information, confidential information (i.e. social security number, date of birth and other personal information) will be issued on a limited need-to-know basis. Confidential information will be excluded when possible from reports to protect the identity and privacy of employees.
2. Departmental posting shall exclude confidential employee information (i.e. phone numbers, home addresses, social security numbers, and complete birthdates).

C. Security of information:

1. Electronic medical records are protected from unauthorized access.
2. Computers are password protected.
3. User IDs are recorded when electronic records are accessed. Each individual has a distinct user ID and only that individual is authorized to utilize their own user ID. The individual is the only one authorized to use the specific user ID. Staff will maintain the security of all log-ins and passwords. A password/log-on security statement will be maintained in staff members' personnel files.
4. An electronic medical record is maintained for each patient and is protected from loss, damage, or alteration, and is confidential.
5. CHC/SEK email and mobile devices do not provide a secure network to protect patient health information. Readily identifiable information such as the patient's name, address and social security number is not to be used in email or texts. This applies to both CHC/SEK and employees' personal devices based on Centers for Medicare & Medicaid Services' recommendation that only the Electronic Medical Record's messaging capability should be utilized for all patient health information. Use of texting messaging generally discouraged, even when permitted.
6. Paper records belonging in the patient's medical record are scanned into the electronic medical record and shredded.

D. Release of PHI:

1. An employee's release and discussion of patient-related information will be conducted according to:
 - 42 CFR, Part 2 (mental health and substance abuse treatment) and HIPAA,
 - Applicable federal or state law that authorizes release or disclosure, or in
 - Accordance with written permission from the patient and, if applicable, the patient's parent, guardian, or designated representative.
2. The patient's consent/authorization is not required under HIPAA to use or disclose health information to carry out treatment, payment, healthcare operations or other disclosures permitted under the law.
3. Medical records are released only by authorized staff.

4. Prior to releasing or disclosing patient information to a requesting party, staff will determine that a proper consent for release of confidential information has been obtained in a language understood by the individual signing the authorization.
5. Written permission/authorization for release or disclosure of a patient record or information shall include:
 - The individual, provider, program, or entity requesting or receiving the record or information;
 - The entity, person, or program authorized to make the disclosure;
 - The purpose of the disclosure;
 - A description of the patient record or information to be released or disclosed;
 - A statement indicating patient permission has been given and may be revoked at any time with a description of how the individual may revoke the authorization;
 - The date or condition when the permission expires;
 - The signature of the patient and, if applicable, the patient's parent, guardian, or designated representative; and
 - The date the permission was signed.
6. A record of patient information released will be recorded by staff and maintained in the client file. Any paper authorization is scanned into the medical record.

E. Patient Right to Confidentiality/Privacy of Information

1. Patients/personal representative have the right to review and obtain a copy of their PHI with the possible exception of psychotherapy notes or when the provider believes access could cause harm to the patient or another.
2. Patient/personal representative has the right to request their PHI or medical record be amended when that information may be inaccurate or incomplete.
3. Patients/personal representative has the right to request that CHC/SEK restrict use or disclosure of PHI to specific persons involved in their healthcare or to family members. While CHC/SEK's desire is to abide by the wishes of patient/personal representative, certain circumstances may warrant the disclosure of PHI, regardless of the request of the patient/personal representative, under applicable state or federal law (e.g. the existence of an emergency).
4. Complaints by patients and others regarding confidentiality/HIPAA privacy may be directed to:
Senior Vice President, Chief Compliance Officer at (620) 240-5015 or dcreitz@chcsek.org

OR

Centralized Case Management Operations

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
1-800-368-1019

1-800-537-7697
OCRComplaints@hhs.gov
OCRMail@hhs.gov

OR

Office for Civil Rights (Midwest Region/Kansas City Office)

U.S. Department of Health and Human Services
601 East 12th Street - Room 353
Kansas City, MO 64106
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
OCRMail@hhs.gov

OR

Office for Civil Rights (Southwest Region)

U.S. Department of Health and Human Services
1301 Young Street, Suite 106
Dallas, TX 75202
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
OCRMail@hhs.gov

- F. Known or suspected breaches of confidentiality/HIPAA are to be reported by staff, board members, volunteers and students to the Chief Compliance Officer without fear of retaliation for good faith reporting. Concerns will be investigated and will be reported appropriately.
- G. Violations of this policy will result in disciplinary action, up to and including termination of employment with CHC/SEK or termination of a business relationship with CHC/SEK.
- H. Employees, board members, volunteers and students will be required to sign a Confidentiality Agreement at the time of affiliation with CHC/SEK and periodically thereafter to acknowledge their awareness of and reaffirm their commitment to this policy. (See attached Acknowledgement)

Updated:	June 21, 2007	October 15, 2015	January 18, 2018
	April 19, 2012	February 18, 2016	March 19, 2020
	January 19, 2023	August 21, 2025	

**Acknowledgement and Agreement –
Confidentiality/HIPAA Policy**

I have read and understand Community Health Center of Southeast Kansas, Inc.'s (CHC/SEK) Confidentiality/HIPAA Policy (Confidentiality Policy), as amended.

My signature below signifies my agreement to comply with the Confidentiality Policy.

I understand that 42 CFR gives special protection to mental health and substance abuse treatment records.

I understand that failure to follow the Confidentiality Policy will lead to disciplinary action, up to and including termination of my employment with CHC/SEK or termination of my business relationship with CHC/SEK.

Print Name: _____

Signature: _____ Date: _____

If student is under 18 years of age, a parent or guardian must sign this form.

Print Name: _____

Relationship to Student: _____

Signature: _____ Date: _____

Updated: August 2025