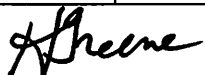


BAPTIST HEALTH POLICY AND PROCEDURE MANUAL		
		No. 6.5.8
Section: Privacy	Subject: LIMITATIONS ON EMR ACCESS BY TEAM MEMBERS	
Original Date: June 1, 2007	Supersede: August 31, 2015	Effective Date: August 31, 2018
Review Date: August 31, 2021	Scope: ALL BAPTIST HEALTH	
Approved:		/A. Hugh Greene, CEO

I. POLICY

It is the policy of Baptist Health and its subsidiaries (collectively, "BH") to prohibit its team members who are authorized to view BH's electronic medical records ("EMRs") from accessing certain elements of information through EMRs, including some of their own patient information and patient information about family members, friends and co-workers unless such information is needed to accomplish the duties of their job. Team members of BH who are not EMR Authorized may not access patient information through EMRs except as provided in this Policy.

II. SCOPE

This Policy applies to all team members of Baptist Health and its affiliated entities.

III. PURPOSE

To ensure that BH has reasonable safeguards in place to protect the confidentiality of patient information.

IV. DEFINITIONS

EMR Authorized Team members: BH team members whose job responsibilities require that they are authorized to view EMRs.

Individually Identifiable Health Information ("IIHI"): Information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. 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; and
 - a) That identifies the individual; or
 - b) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Psychiatric Records: IIHI that is associated with the provision of psychiatric treatment or care, excluding Psychotherapy Notes.

Psychotherapy Notes: Notes recorded in any medium by a BH mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the patient's medical or psychiatric records. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of the treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

V. PROCEDURES

- A. EMR Authorized Team members are allowed to access BH clinical systems containing IIHI as follows:
1. To obtain the minimum amount of a patient's IIHI necessary to accomplish the responsibilities of their position as a team member of BH; and
 2. To view their own IIHI, subject to the restrictions in Section V.B. below; however, an EMR Authorized Team member shall not access, through BH clinical systems, the IIHI of any other person including, but not limited to, his or her children, spouse, friends, relatives and co-workers unless s/he must access IIHI of such persons in order to accomplish the responsibilities of his or her BH job position.
- B. An EMR Authorized Team member may not access his or her own IIHI through BH clinical systems if such information is contained within any one of the following:
1. Psychiatric Records or
 2. Psychotherapy Notes.
- C. Any BH team member or BH employed physician may request or require an EMR Authorized Team member to access through BH clinical systems the IIHI of certain BH patients, including his or her own IIHI, under the following circumstances:
1. BH team members or BH employed physicians who must access IIHI of particular patients in order to accomplish the responsibilities of their job may request an EMR Authorized Team member to provide them access through BH clinical systems to IIHI of such patients, including, but not limited to, the following examples:
 - a) BH employed physicians may access IIHI of patients who are under the care of such physicians by requesting such information from appropriate EMR Authorized Team members; and
 - b) BH General Counsel and Associate General Counsel may access IIHI of patients whose care is the subject of litigation, peer review, etc.;
 - c) BH supervisors may direct BH team members under their supervision to access IIHI of patients in order that such supervisors or team members may accomplish the responsibilities of their jobs.

2. BH team members may ask their physician or practitioner to (i) discuss with them their IHI contained in EMRs or (ii) grant them supervised access through EMRs to their IHI while an inpatient at a BH hospital as described in BH Policy No. 6.5.4.
- D. Any BH team member may be entitled to a hard copy of his or her own IHI, including Psychiatric Records and Psychotherapy Notes through the HIM Department of the BH hospital where the team member received care. (See BH Policy No. 6.5.4, *Patient Privacy - Patient Access to Own Information*).
- E. BH shall audit its BH clinical systems in order to monitor compliance with this policy.
1. BH will conduct regular audits of BH clinical systems to ascertain who has accessed patient records in order to ensure that EMRs are viewed only by those who are authorized to do so.
 2. BH may audit relevant BH clinical systems as part of an investigation of any credible report of a violation of this policy, including, but not limited to, an inappropriate access to IHI through a BH clinical system.
- F. Violations of this policy shall be managed per the *Privacy Complaints and Violations Policy* No. 6.6.2, *Collaborative Culture of Safety Policy* BH No. 2.37, *Progressive Discipline Policy* HR No. 1.2.11, and *Immediate Discharge Policy* HR No. 1.2.10 for employees and *Medical Staff Disruptive Behavior Policy* No. 10 for employed physicians.

VI. REFERENCE / CROSS REFERENCES

A. References

Health Insurance Portability Act of 1996, (HIPAA)

B. Cross-references

Immediate Discharge, BH Policy HR No. 1.2.10

Progressive Discipline, BH Policy HR No. 1.2.11

Patient Privacy – Use and Disclosure of Patient Information, BH Policy No. 6.5.3

Patient Privacy – Patient Access to Own Information, BH Policy No. 6.5.4

Patient Privacy – Privacy Complaints and Violations No. 6.6.2

Collaborative Culture of Safety – BH Policy 2.37

Medical Staff- Disruptive Behavior, Medical Staff Policy and Procedure Manual No. 10

This policy/procedure is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgment of the health care provider(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s).