



Kathleen L Behr M

1125E Spruce Ave - Suite 205 & 207 - Fresno, CA 93720

Phone: (559) 435-7546 • Fax: (559) 435-4976

Patient Confidentiality Office Policy

I. Objective:

To provide a control for the maintenance and release of patient health information.

II.

Policy:

The health record is the property of Kathleen L Behr M D and shall be maintained to serve the patient, the health care carrier and Kathleen L Behr M D in accordance with legal, accrediting and regulatory agency requirements. The information contained in the health record belongs to the patient, and the patient is entitled to the protected right of his/her information. All patient care information will be regarded as confidential and available only to authorized users. **III. Data Collection:**

All individuals engaged in the collection, handling or disclosure of the patient health information shall be specifically informed of their responsibility to protect patient data and of the penalty for violation of this trust. Proven violation of confidentiality of patient information shall be cause of immediate termination of access to further data, with possible termination of any employee-employer relationship without option for rehire. **IV. Storage:**

- a) All primary health records, kept on paper shall be housed in physically secure areas. All computerized patient health records are to be accorded to the same high level of confidentiality given to manually kept records and all policies herein stated apply to computerized patient health records as well as manually kept records.
- b) Primary health records (from this office) and secondary health records (records obtained from another physician) shall be retained according to legal, accrediting and regulatory agency requirements.
- c) Original health records may not be removed from the premises, except under a court order, request of the physician, or to be stored in an outside storage unit.
- d) Access to areas housing health information records shall be controlled by the Office Manager with the exception of the physician.
- e) Health care records shall not be left unattended in areas accessible to unauthorized individuals.

V.

Access:

- a) All requests for health records shall be directed to the Office Manager. Authorization for access to patient information is based on the need to know in order provide health care and related services required by the patient. All employees shall maintain patient information in the strictest confidence, sharing it only with others who have a need to know in order provide services to the patient. They shall guard against inadvertent release of information by avoiding the discussion of patient information in public areas.
- b) Release of information from the health record shall be carried out in accordance with all applicable legal, accrediting and regulatory agency requirements, and in accordance with written institutional policy.
- c) Direct access to patient health records for routine administrative functions, including billing, shall not be permitted, except where the employees are instructed in policies on confidentiality and subject to penalties arising from violation of these specified in III. a.
- d) All information contained in the health record is confidential and the release of information will be closely controlled. Medical records shall be released when:
 1. It is required by law
 2. For release to another health care provider currently involved in the care of the patient
 3. For medical care evaluation
 4. For research and education
 5. For accreditation surveys
- e) Health records shall be made available for research to individuals who have obtained approval for their research from the appropriate staff. Data compiled as part of research studies may not include patient identity or other information which could identify the patient unless prior authorization has been obtained.



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NOTICE OF PRIVACY PRACTICES CONSENT FORM

By my signature below, I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices for Kathleen L. Behr M.D. and Behr Laser & Skin Center.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority