

| | |
|---|--|
|  | Title: Confidentiality 8010-034 |
| Number: 8010-034 | |
| Document Category: Administrative | |
| Document Type: Policy | |
| Department/Committee Owner: Talent Division (Human Resources) | |
| Original Date: 07/01/1992 | |
| Approval Date: 06/20/2022 | |
| Approved By: President & CEO, Vice President - Clinical Excellence | |

1.0 Purpose

The purpose of this policy is to identify the processes that protect the integrity, security, and confidentiality of LMH Health’s information.

2.0 Scope

This policy applies to all members of LMH Health’s workforce and data and communications systems.

3.0 Policy

Confidentiality of Information

1. Access to information shall be authorized based upon job duties, the “need to know” and “minimum necessary” principles of HIPAA compliance
2. Access to Confidential information shall be limited by position role, responsibilities, distributed authority, and a “need to know”
3. Access to LMH Health IT applications shall be given only to trained personnel
4. All Protected Health Information (PHI) is confidential and shall not be accessed, used, disclosed, modified, or disposed of without appropriate authorization
 - a. The scope of PHI access shall be exclusively limited to the roles and responsibilities of each individual’s position minimum necessary
5. Appropriate administrative, physical, and technical safeguards shall be imposed to reduce the risk of inappropriate access to information (i.e., storage locks, data backups, audit trails, read/write constraints, etc.)
6. The following types of information shall not be released without proper authorization
 - a. PHI that has not been completely de-identified in accordance with HIPAA regulations

- b. Employee information
 - c. Business data, information and practices, proprietary information, financials, planning, pricing, personnel, corporate strategies, and information which may be classified as a Trade Secret
 - d. Data or information that would compromise the safety, profitability, and integrity of LMH Health or its workforce
7. The following types of information shall be released only on a “need to know” basis to authorized recipients
- a. Composite clinical data and de-identified PHI
 - b. Reports, reviews, and overviews of non-confidential information
 - c. Rosters, contact, phone numbers, Intranet web pages, and e-mail addresses
8. The following types of information are released by the Marketing and Communications Department or other authorized representatives as identified by the Marketing and Communications Department
- a. Public announcements, press releases, community education information
 - b. Publicly consumable informational materials
 - c. Information in response to requests under the Kansas Open Records Act (KORA)

Maintenance of Information

1. Information security shall be maintained through policy, workforce awareness and education, IT infrastructure, and regular auditing

Training

1. All workforce members shall receive Information Confidentiality and Security training
2. Additional training shall be provided by LMH Health on an as needed basis, or in response to an incident, event, or perceived or impending threat

4.0 Related Laws, Regulations, Polices, or Procedures

- 4.1 Workforce IT Security and Training Policy 8110-008
- 4.2 Access Control Policy 8110-041
- 4.3 Information Access Management 8110-032
- 4.4 Device and Media Controls Policy 8110-039
- 4.5 Healthcare Workers Amendment to Protected Health Information Policy 8120-001
- 4.6 Use and Disclosure of PHI for Marketing
- 4.7 Release of PHI 8120-005
- 4.8 Release of PHI via Subpoenas and Court Orders
- 4.9 Minimum Necessary Standard for Use and Disclosure of PHI
- 4.10 Notification of Breach 81010-035
- 4.11 IT SMP 09.5 Data Classification

5.0 Definitions

- 5.1 **Need to Know** - limiting access to information based upon a given role, responsibility and specific authorization.
- 5.2 **PHI** (Protected health information): information, including demographic information, whether oral or recorded in any form or medium, that relates to an individual's health, health care services, or payment for services and which identifies the individual.

6.0 Sanctions

All Associates are expected to perform in a manner consistent with LMH's Purpose, Beliefs, and Policies. When this does not occur, corrective action may result, up to and including termination.

7.0 Questions/Waivers

Questions regarding this policy should be directed to the Director of Human Resources.

8.0 Document History

| Rev | Date | Approved By | Comment |
|-----|---------------|---|---|
| 0 | 07/01/1992 | Director, Risk, MSO, and Compliance | Creation of Original Document |
| 1 | December 1995 | | Reviewed |
| 2 | November 1998 | | Reviewed |
| 3 | October 2001 | | Revised |
| 4 | April 2004 | | Revised |
| 5 | April 2009 | | Revised |
| 6 | January 2010 | VP, Human Resources VP, Clinical Services President & CEO | Revised |
| 7 | April 2013 | VP, Human Resources COO President & CEO | Revised |
| 8 | May 2013 | Compliance Officer Compliance Policy Subcommittee | Revised |
| 9 | March 2016 | VP, Human Resources | Revised |
| 10 | 2/21/2020 | VP, Clinical Excellence President & CEO | Revised – Major Revisions to all sections |
| 11 | 03/17/2022 | VP and Chief People Officer | Reviewed |