

POLICY INFORMATION

Policy Title: Patient Request Not to be Listed in Facility Directory Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To establish a policy for appropriate disclosure of patient information located in the facility directory to comply with HIPAA and its accompanying regulations. This policy complies with State and Federal law, professional ethics, and accreditation agencies.

DEFINITIONS

See HIPAA Glossary

POLICY

It is the policy of Nuvance Health and its affiliates ("Nuvance") to give patients an opportunity to opt out of having their personal information in the facility directory disclosed to individuals external to Nuvance. To the extent patients do not opt out of having their information disclosed in this fashion, Nuvance will disclose only certain, limited information about patients from the facility directory.

PROCEDURE

Nuvance patients may request to not be listed in the hospital directory where they are receiving services. Nuvance has a process in place to accommodate this patient request.

Original Effective Date: LHQ=4/15/03

Revision Dates: (list all) 2/28/24

Supersedes: HQ 5.2.11 Patient Request Not to be Listed in Facility Directory Policy;

HQ 5.2.11 Patient Request Not to be Listed in Facility Directory Procedure

A. FACILITY DIRECTORY INFORMATION

1. The following information is contained in the facility directory:
 - a. Patient's name
 - b. General condition (e.g. good, fair; see Definitions below)
 - c. Location within the organization (e.g. Room #, telephone #)
 - d. Religious affiliation
2. The following information can be disclosed to any person asking for the patient by name, except for those patients admitted under aliases or those patients requesting restrictions on access:
 - a. Location in facility
 - b. General condition
3. The following information can be disclosed to any member of the clergy, even if he/she does not ask for the patient by name:
 - a. Patient Name
 - b. Location in facility
 - c. General condition
 - d. Religious affiliation

B. PATIENT OPT OUT UNDER ORDINARY CIRCUMSTANCES

1. At the first point of entry, a registration representative informs the patient of the following:
 - a. The information located in the facility directory and the standard procedure for disclosing the information to persons and/or organizations external to the hospital;
 - b. The patient's right to restrict disclosure of the information kept in the directory and/or who will have access to the information;
 - c. The patient's right to revoke a restriction at any time.
2. If the patient has an objection or restriction, it must be documented on a Facility Directory Form:
 - a. Registration staff shall enter the restriction into the applicable patient information system, thereby notifying all personnel with access to the directory of the patient's restriction;
 - b. The Facility Directory Form must be filed in the patient's medical record.
 - c. Registration staff must notify the Nursing Department so that the patient's name is not listed on the outside of the room on the floor.
3. If the patient revokes an earlier objection or restriction:
 - a. The revocation shall be documented on a Facility Directory Form;
 - b. Registration staff shall update the patient information system;
 - c. The updated Facility Directory Form shall be filed in the patient's medical record.
 - d. Registration staff notifies the Nursing Department so that appropriate action can be taken.
4. The patient can verbally refuse to have this healthcare information provided.
5. If there is concern that a patient did not intend the restriction to apply to a specific visitor, the staff member may ask the visitor to wait while the patient's wishes are confirmed. Care should be taken not to reveal a patient's presence in the hospital during this confirmation period.
6. If any restrictions are documented, Workforce Members must abide by them and be careful not to disclose that information. The following script should be said:

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“Due to the Federal privacy regulations, we have additional responsibilities in protecting patients’ privacy. We, therefore, are unable to inform you whether or not a patient was admitted to our facility. We apologize for the inconvenience.”

C. EMERGENCY CIRCUMSTANCES

Emergency circumstances would apply when the patient is incapacitated or in need of emergency treatment when first entering the facility.

1. Facility directory information should only be disclosed if a medical or nursing staff member responsible for the patient’s care determines that the disclosure is in the patient’s best interest and consistent with any prior information about the patient’s preferences. The following factors should be considered:
 - a. Whether disclosing that the patient is in the facility could cause harm or danger to the patient (ex: disclosing information to a potential attacker);
 - b. Whether disclosing a patient’s location within the facility would give information about the patient’s condition (e.g., room number revealing psychiatric or maternity ward);
 - c. Whether it is necessary or appropriate to give information about the patient’s status to the family or friends (e.g.,: necessary to find out prior history on unconscious patient);
 - d. Whether the patient has previously expressed a preference about how information should be used in the facility directory.
2. After the patient’s incapacity or emergency treatment is over, the procedure for Ordinary Circumstances (See above), including giving the patient a copy of the Notice of Privacy Practices, must be followed.

ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR §164.510
The American Hospital Association (AHA) Definitions

APPROVAL

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Signature

2/28/2024

Date