

 Wake Forest Baptist Health	DOCUMENT TYPE: <b>POLICY</b>	CREATION DATE: 06/01/2012
		EFFECTIVE DATE: 02/12/2021

**ORGANIZATION(S):**

- North Carolina Baptist Hospital (NCBH)
- Lexington Medical Center (LMC)
- Davie Medical Center (DMC)
- Wilkes Medical Center (WMC)
- High Point Medical Center (HPMC)
- Wake Forest Health Network (WFHN)
- Wake Forest University Health Sciences (WFUHS)
- Wake Forest University School of Medicine
- NCBH Outpatient Endoscopy
- Wake Forest Baptist Imaging, LLC (WFBI)

**PURPOSE**

The purpose of this policy is to protect confidential information related to patients, donors, faculty, employees, trainees, students, research and the organization.

**SCOPE**

This policy applies to employees, faculty, leadership, students and trainees

**DEFINITIONS**

**A. Policy:** A statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities. A policy may help to ensure compliance with applicable laws and regulations, promote one or more missions, contain guidelines for governance, and set parameters within which faculty, employees, students, visitors, and others are expected to operate.

**B. WFBH:** Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Baptist Imaging, LLC (WFBI), NCBH Outpatient Endoscopy, Wake Forest Health Network (WFHN), and Premier Surgery Center.

**C. Confidential information or non-public information:** Includes sensitive personal and institutional information and must be given the highest level of protection against

unauthorized access, modification or destruction. Unauthorized access to personal Confidential Information may result in a significant invasion of privacy or may expose members of the WFBH community to significant financial risk. Unauthorized access or modification to Confidential Information may result in direct, materially negative impacts on the finances, operations, or reputation of WFBH. Examples of personal Confidential information include information protected under privacy laws (including, without limitation, the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA) and the Gramm-Leach-Bliley Act), information concerning

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the pay and benefits of WFBH employees, personal identification information or medical/health information pertaining to patients of WFBH, and data collected in the course of research on human subjects. Confidential information also includes WFBH financial and planning information, legally privileged information, invention disclosures and other information concerning pending patent applications. Without limiting the generality of the foregoing, Confidential information shall include "personal information" as defined by the North Carolina Identity Theft Protect Act.

D. **Public information:** Information that is generally available to the public, or that, if it were to become available to the public, would have no material adverse effect on individual members of the WFBH community or upon the finances, operations, or reputation of WFBH.

POLICY GUIDELINES

A. Employees, faculty members, trainees and students are not permitted to:

1. Access and/or disclose any Confidential Information unless authorized to do so for work-related purposes.

2. Use any WFBH username or password other than those assigned for them for work-related use.

B. Employees, faculty members, trainees and students are:

1. Responsible for protecting their computer usernames and passwords at all times.

2. Responsible for all access under their username to confidential information, unless it is clear that their username was improperly taken and used by another party.

C. Violations of this policy will result in corrective action according to the guidelines provided in this policy.

D. **Response to Suspected Breach of Confidentiality:** The Privacy Office will investigate reported or suspected violations of this policy, as well as the Information Security Policy and Medical Center Confidentiality Agreement. The Privacy Office will provide written recommendations as a result of substantiated violations of this policy to Employee Relations, the Chief Medical Officer or other appropriate leader (such as the Dean of the School of Medicine, or designee) for appropriate corrective actions pursuant to this policy.

E. **Corrective Action:** Appropriate action will be taken in response to violations of this policy.

1. Corrective actions issued for intentional violations of this policy will remain active in an employee/faculty member's employment record for the duration of employment.

2. Corrective actions issued for unintentional/accidental disclosure of confidential information will remain in place for a period of one year from the date the corrective action is issued.

3. Subsequent violations may result in progressive corrective action, up to and including end of employment.

4. The WFBH Privacy Office maintains a record of substantiated violations of this policy for a minimum of six years.

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5. The corrective action level may be adjusted, if warranted, based on mitigating or contributing factors such as: the circumstances of the incident, any active corrective action or due to the egregiousness of the incident.

6. Consequences for violations of this policy by students and trainees will be determined and implemented in accordance with the Code of Conduct or other relevant policy applicable to the student or trainee.

7. Recommended levels of Corrective Action based on policy violation:

Performance Standard				First Incident	Second Incident	Third Incident	Fourth Incident
<b>Protection of Confidential Information</b> <i>We protect confidential information related to our patients, donors, faculty, employees, trainees, students, research and Wake Forest Baptist Health.</i>							
•	Accidentally disclosing confidential or protected health information	V	W	F	D		
•	Intentionally obtaining or disclosing confidential information or PHI without authorization	F	D				
•	Intentionally altering or deleting confidential information or PHI without leadership approval for personal reasons (e.g., updating address in personal record)	F	D				
•	Intentionally altering or deleting confidential information or PHI without leadership approval with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm	D					
•	Using false pretenses to obtain or disclose confidential information or PHI	D					
•	Obtaining confidential information or PHI with intent to sell, transfer or use for commercial advantage, personal gain or malicious harm	D					
<b>Incident Key:</b> V = Verbal Advisory W = Written Advisory F = Final Written Advisory D = Discharge (All levels of correction action should be documented on a Corrective Action Form)							

Due to the accidental nature of these events, corrective actions issued will accumulate separately and will not be combined with corrective actions issued for all other acts listed in the table. Corrective actions issued for violations of this policy will however be progressive in nature (per the Performance Management Policy) when an employee/faculty member is already in the corrective action process for other policy violations.

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**REFERENCES**

Confidential Information Incident Response and Breach Policy  
Medical Center Confidentiality Agreement  
Privacy Policy  
Performance Management Policy

**ATTACHMENTS**

N/A

**REVISION DATES**

6/2012, 12/2014, 11/2018, 2/9/2021