

ADMINISTRATIVE PROTOCOL



Level:	DHP Division	Policy Number:	DHP-MIECHV 9
Applicability:	MIECHV	Date of Last Update:	
Effective Date:	12/13/2013	Approved	12/13/2013

Subject: Maternal Infant Early Childhood Home Visitation Project
Release of Information

Policy: CI and CSD protect client confidentiality and rights to privacy.

Purpose: To assure that families have their health information protected and the opportunity to share information through the CI System.

Procedure: CI follows Department confidentiality procedures in providing services.

1. All participant information is treated as confidential.
2. Referral forms contain release of information in plain language in English and Spanish.
3. Referrals cannot be entered into the Home Visit Access Database without a client consent signature or a referring agency note re verbal consent.
4. CI will release referrals only to home visit agencies with signed MOU's as Home Visit Referral System members.
5. Participants can revoke release and exchange of information in writing for the MIECHV team to document.

FORMS:

Approved By: (Signature)	
Approved By: (Name & Title)	Theresa Heaton, CI/CSD Manager
Date of Approval:	12/13/2013



Kane County Health Department Confidentiality Agreement

As an employee of the Kane County Health Department (KCHD), and as a condition of my employment, I acknowledge the following terms.

- I am responsible for complying with the KCHD Confidentiality Policy including state and federal confidentiality policies and procedures and those developed under the Health Insurance and Portability and Accountability Act of 1996 (“HIPAA”).
- I have been provided instruction on the guidelines of the KCHD Confidentiality Policy.
- I will not disclose or share any confidential information (as outlined in the KCHD Confidentiality Policy) with any person or entity.
- I will treat all confidential information received during my employment at KCHD as confidential and protected.
- Upon employment separation from KCHD, I agree to continue to maintain the confidentiality and privacy of all confidential information.

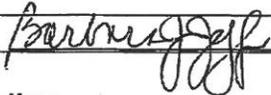
I understand that violation of this confidentiality agreement could result in disciplinary actions up to and including termination of employment at KCHD.

Name: (print) _____ Date: _____

Signature: _____

Title: _____

ADMINISTRATIVE POLICY

Level	Agency policy	Number	11.5
Applicability	All staff	Last Review Date:	12/10/2012
Effective Date:	12/10/2012	Approved by:	

Subject: Kane County Health Department Confidentiality Policy

POLICY:

This confidentiality policy is intended to ensure that Kane County Health Department (KCHD) employees, interns, contractors and consultants comply with all relevant state and federal laws and regulations concerning the protection of confidential information. This policy requires KCHD employees, interns, contractors and consultants to take all necessary precautions that protect confidentiality while providing clinical care, conducting public health investigations, managing human resource records, patient records and accessing and sharing classified information.

PURPOSE:

To assure fundamental rights to privacy and confidentiality for all persons receiving HIPAA covered services served by Kane County Health Department and to assure that requirements of the Health Insurance Portability and Accountability Act (HIPAA), along with all other relevant state and federal laws of confidentiality are not violated.

SCOPE:

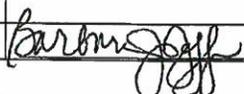
All persons served by Kane County Health Department employees, interns and or consultants have a fundamental right to privacy and confidentiality with respect to all confidential information (as outlined by HIPAA) held by the health department. Individuals have rights related to how their confidential information is used, maintained and disclosed.

PROCEDURES

1. KCHD employees, interns, contractors and consultants will collect confidential information that is authorized by law or regulation when deemed necessary to promote public health services.
2. KCHD employees, interns, contractors and consultants will use confidential information for the purposes for which it was collected and permitted by law.
3. Confidential information will not be released and/or exchanged unless the individual or guardian of the individual has signed a written informed consent or unless authorized by applicable laws or policy.
4. All disclosures of released confidential information will be documented in individual's case file, or the KCHD employee, intern, contractor or consultant's human resource file. The filed documentation would include but is not limited to: date of disclosure, person or entity receiving the information, nature of the information disclosed, method of disclosure (e.g. fax, e-mail, U.S. mail) and reasons for the disclosure.

Kane County Health Department

ADMINISTRATIVE POLICY

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5. All confidential information will be stored in a manner that ensures security and prevents unauthorized persons from gaining access to the confidential information. Records will be maintained in locked cabinets and or secure locked rooms with access restricted to only those with authorization.
6. Information request by Freedom of Information Act (FOIA), subpoena, discovery request, court order, or other forms of compulsory legal process to provide confidential information shall be provided as outlined by the FOIA policy and all other applicable laws.
7. KCHD shall prepare records for destruction as outlined by the Illinois Department of Regulations policies.
8. All employees, interns and consultants are required to comply with the confidentiality policy; violators of this policy may be subject to disciplinary action up to and including termination.
9. Any violations of this policy must be reported immediately to the Division Director or Assistant Director who will investigate to determine if a violation occurred and take the appropriate action.
10. All new employees will receive a copy and orientation of the Kane County Health Department Confidentiality Policy within 90 days of hire.
11. All new employees must sign and date a Kane County Health Department Confidentiality Agreement, indicating that they received the Kane County Health Department Confidentiality Policy and understand the implications.

Kane County Health Department