



Protected Health Information Confidentiality Policy

Background

The North Carolina Center for the Care of Huntington's Disease dba HD Reach is a non-profit organization whose mission is to provide access to care, education, and social assistance to patients and families affected by Huntington's disease in North Carolina.

HD Reach benefits from the participation of board members, committee members, employees, volunteers, agents, and advisors (called "Members"). In order to fulfill its mission, HD Reach has a need of expertise in Huntington's disease evaluation, treatment, research, health care delivery, systems development, institutional collaboration, philanthropy, finance and administration. The effort and skill of many individuals is necessary to operate a successful non-profit organization.

Definition of Protected Health Information

In connection with the fulfillment of its mission, Members of HD Reach may have access to the protected health information of clients, patients, and family members. This information may be gathered for the purpose of facilitating health care, health care delivery research, strategic program development, or in relationship to support group facilitation. Protected health information may be shared with HD Reach "Members" in the course of their work to fulfill the mission of HD Reach.

Protected Health Information may include but is not limited to primary and secondary diagnosis, referrals for services, treatment summaries, case management summaries, medical records, electronic medical transmissions, medical information provided by other health care providers or institutions, laboratory and radiology reports, genetic testing results or gene status, communications, or any other information that links a patient or client by name with HD Reach.

Confidential Information will also include any information that has been disclosed by a second party to HD Reach and governed by a non-disclosure or confidentiality agreement.

Confidentiality Obligations

Members must acknowledge in writing their understanding of the Health Information Confidentiality Policy and the HD Reach Notice of Privacy Practices for Protected Health Information.

HD Reach will retain all protected health information at its usual place of business in a secure location. Electronic information may be stored in duplicate at an off-site location or encrypted in an off-site server. Protected health

information is not to be used, reproduced, transformed, or stored on a computer or device that is accessible to persons to whom disclosure may not be made.

The obligations by Members to ensure and protect the confidentiality of protected health information will last indefinitely.

Disclosure of Protected Health Information

Confidential client, patient, or family information may only be disclosed in accordance with HIPPA regulations. See the HD Reach Notice of privacy Practices for Protected Health Information.

Protected Health Information may be disclosed if the patient or client is fully de-identified or in aggregate for the purposes of patient care supervision or research relevant to the mission of HD Reach.

Return of Confidential Information

Members will keep track of all protected health information and the location of such information. HD Reach may at any time request the return of all protected health information from a Member.

Notices

In the event that a Member is required in a civil, criminal, or regulatory proceeding to disclose any part of the protected health information, the Member will give to the Board Chair or the employee's supervisor prompt notice of such a request so the HD Reach may seek an appropriate remedy or alternatively to waive Member's compliance with the provisions of this Agreement in regards to this request.

Breach of Confidentiality

Any member may breach confidentiality in the event that a client, patient, or family member demonstrates an imminent risk to his or her own life or the life of another person, in accordance with NC State law. Disclosure to a responsible family member, health care provider, or law enforcement officer would be appropriate in this situation.

If a Member loses or fails to maintain the confidentiality of Protected Health Information, the Member will immediately notify the Board Chair, President, or the employee's supervisor and take all reasonable steps necessary to retrieve the lost or improperly disclosed Protected Health Information.

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