



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-033
PROGRAM:	Sexual and Reproductive Health Program (SRH)	VERSION:	1.00
TITLE:	Confidentiality	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Click or tap here to enter text.		ORIGINATION DATE: NEW	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC:		REPLACES: NEW	
Randy Smith, MPA		Date	

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center’s (SNCHC) process for ensuring compliance with the expectation that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing patient confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

It is the policy of Southern Nevada Community Health Center to safeguard confidentiality of all patients receiving services under Title X in accordance with (42 CFR § 59.10(a)). The health center’s medical records processes have safeguards in place to ensure privacy, security and appropriate access to personal health information (PHI).

Patients are informed of any potential disclosures of their confidential health information to other entities when the entity is someone other than the patient. All general consent forms are provided in a confidential manner, and third-party billing is processed in a way that protects client confidentiality.

IV. PROCEDURE

A. Inform and Obtain Consent

1. At check-in, provide the general consent form which informs patients that:
 - a. Minors have the right to speak with a provider privately without a parent or guardian present.
 - b. Services are confidential, but staff may encourage minors to involve a trusted adult.
 - c. Patients can request confidential billing to prevent statements or notifications from being sent home.
 - d. Patients are informed at check in that billing insurance may result in Explanation of Benefits (EOB) being sent to policyholders.
 - e. Patients are offered the option to self-pay to prevent insurance notifications. However, if a patient chooses to use insurance, they will be informed that an EOB may be generated. Patients are encouraged to contact their insurance provider directly to inquire about available options for alternative communication methods or EOB suppression offered by the insurer.
 - f. If preferred by the client, lab results and other records will not be mailed. Patients are encouraged to use the online portal for secure access to lab results and records.
 - g. Confidentiality preferences will be documented in the EHR to ensure privacy.
2. Consent Documentation
 - a. Patient initials form to acknowledge receipt of the Notice of Privacy Practices.
 - b. Mark HIPAA consent form received in the EHR.

B. Identify and Process Confidential Service Requests

1. At registration, ask:
 - a. “Would you like your visit to remain confidential?”

- b. “Do you have concerns about billing statements or notifications being sent to your home?”

- 2. If confidential services are requested:
 - a. Set the payment status to “Self-Pay” in the EHR (do not bill insurance)
 - b. Enter a global and billing alert stating, “patient requested confidential services.”
 - c. Update E Clinical Works (eCW) billing settings
 - i. Don’t send statements – prevents billing statements from being mailed
 - ii. Exclude from Collections – prevents unpaid balances from being sent to a collection agency

- 3. Secure Lab Results and Medical Records:
 - a. Patient Portal
 - i. Advise patients to sign up for the secure portal to access lab results and records.
 - b. Before Releasing Patient Health Information:
 - i. Refer to HIPAA-Identification Verification Policy ADM-006

- 4. Restrict Access to Confidential Medical Records in eCW
 - a. Per patient request (Refer to ADM-002 HIPAA Use and Disclosure of Protected Health Information)
 - b. Apply Patient Safety Access Control (PSAC) in eCW to limit access so that only the staff who created the record or those specifically authorized can view or update. This may be applied under these conditions but not limited to:
 - i. A patient requests restricted access to their records
 - ii. Sensitive services (e.g. mental health) are provided

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

- iii. A minor patient requests for confidential services in line with Title X and state laws
 - iv. The patient is a high-profile individual requiring additional privacy
 - v. There are legal safety concerns (e.g. protection orders, domestic violence, etc.)
5. Break the Glass Protocol
- a. If access to a restricted record is necessary, staff must use the “Break the Glass” option with a required justification.
 - b. Each access attempt is automatically logged in the audit trail.
6. Clinical Protocol Requirements
- a. Service Delivery Assurance:
 - i. Clinical policies must state that service delivery to all patients includes an assurance of confidentiality and privacy.
 - b. Confidential Services for Minors:
 - i. Title X providers must offer confidential services to minors in compliance with federal and state law.
 - ii. Minors must be informed that their services are confidential, except in cases where reporting is legally mandated (e.g. child abuse).
7. Staff Training and Compliance Monitoring
- a. All staff must complete Title X confidentiality training and sign the Title X Program Requirements Acknowledgement form upon hire and annually.
 - b. Training covers proper EHR documentation and eCW security settings. This includes:
 - i. Updated billing settings in eCW (e.g. “don’t send statements” and exclude from collections”)
 - ii. PSAC

Sexual and Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy
Sexual And Reproductive Health Confidentiality
Policy

- iii. Break the Glass Protocol
- iv. Confidentiality protocols
- v. Reporting – Immediately report any suspected breaches of confidentiality to the Privacy or Compliance officer

8. Workstation Security and Device Use (Refer to ADM-023-Workstation and Device Security Use Standards)

V. REFERENCES

2021 Title X Final Rule 42 CFR § 59.10(a)
(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.10>)

ADM-002 HIPAA Use and Disclosure of Protected Health Information

ADM-006 HIPAA Identity Verification Policy

ADM-023-Workstation and Device Security Use Standards

Title X Program Handbook, Section 3, Project Administration #9
(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>)

VI. DIRECT RELATED INQUIRIES TO

Title X Program Director (FQHC)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VI. ATTACHMENTS

Not Applicable