

White River Health District dba Deschutes Rim Health Clinic

Policies and Procedures

DEPARTMENT: Operations 	POLICY NAME: Confidentiality Policy/Code of Conduct and Professional Ethics	POLICY NUMBER: OP-04
EFFECTIVE (ORIGINAL) DATE: 01/18/2012	RESPONSIBLE PARTY: Chief Financial Officer	REVISED DATE: 11/10/2020
APPROVAL DATE: 11/18/2020	DATE REVIEWED: 11/01/2020	APPROVED BY: BOARD OF DIRECTORS
RESOLUTION NO:		BOARD CHAIR:
1605 George Jackson Road, Maupin OR 97037 541-395-2911 Fax 541-395-2912		

POLICY STATEMENT:

It is the policy of The White River Health District dba Deschutes Rim Health Clinic to carry out our mission of "YOUR community health center where we partner with you to achieve and maintain optimal health." To carry out our vision of "We will provide high quality, comprehensive, and compassionate health care to our neighbors in the region" and to have and hold anyone associated, paid or not, to the Values we have adopted "We will be outstanding examples of EXCELLENCE, INTEGRITY, and ACCEPTANCE".

Authority & Definition:

1. HIPPA Congressional Act of 1996 aka US Privacy Law.
2. Term "Client" All persons who engage clinic to perform any and all medically or dental related visits or procedures.
3. Term "Material" Includes all files, records, all personal and medical/dental information both written and verbal the clinic has obtained through being a client.

In delivering programs and services to our clients; employees and volunteers work with each other and the public at large. The following Code of Conduct ("the Code") is designed to allow The Health center to preserve integrity and credibility with the public and within the District and community. The Code applies to all direct and indirect contact with the White River Health District; Deschutes Rim Health Clinic) clients, service volunteers, Board members, all employees (permanent full-time, hourly, fixed term contract, permanent part-time), and any third-party service provider in face-to face contact with our clients.

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Code of Conduct

1. Always act with fairness, honesty, integrity and openness; Respect the opinions of others and treat all with equality and dignity without regard to gender, race, color, creed, ancestry, place of origin, political beliefs, religion, marital status, disability, age, or sexual orientation.
2. Promote the mission and objectives of the White River Health District, Deschutes Rim Health Clinic in all dealings with the public on behalf of the clinic. Never convey gossip, negative dealings or internal issues to any client, public, volunteer or employee of the Deschutes Rim Health Clinic; unless it is your immediate supervisor or chain of command per the employee handbook to follow protocol on conflict resolution.
3. Provide a positive and valued experience for those receiving services within and outside the White River Health District; Deschutes Rim Health Clinic; always providing a unified collaboration and support of the Health Center management, providers, board members, volunteers and coworkers.

Confidentiality

1. **Except as authorized, strict confidentiality of all client records, files and all information shall be maintained and no release of, nor access to, any such materials shall be granted, released or shared with any individual or organization internal and external unless a current written consent is on file.**
 - Exception on the above statement are Compliance with warrants, subpoenas, court orders and documents required to be released to payers the client has authorized the clinic to bill.
 - Endangerment of person(s): If at any time staff determines that there is reasonable cause to believe that there is a danger or harm to any person or property, including the client, staff will give information to the Clinic manager; District manager or Medical Provider so they may release to appropriate emergency personnel; including law enforcement, fire, medical and paramedical personnel. All staff have authorization to contact emergency personnel to request assistance when needed.
 - Suspected instances of child abuse, in accordance with State of Oregon laws and in accordance with the above policy regarding release of information staff shall report to the Clinic Manager, District Manager or Medical provider any instance of suspected child abuse. Appropriate authority, including law enforcement or Oregon state office of Services for Children will be provided any information necessary to establish the basis for the suspicion of child abuse.
2. **Client must submit in writing a release of information form signed and completed with the length of time and to whom information can be released. This document will be kept in the EMR as a permanent record. This is required from all other organizations or individuals.**
 - Exceptions on the above statement are for the purpose of obtaining referral and or authorization for services or products. The "client" will sign a yearly HIPPA consent form the first of every year annually to allow staff to release information for the purpose of obtaining healthcare services at other agencies all within the scope of providing care.
 - Exceptions for administrative and operational access to client records; include reporting requirements for State and Federal programs, PCPCH program mandates and for all payers needing information to process payment on behalf of the client. "Client" has given permission in the financial policy specifically for billing insurances.
 - Independent Contractors must have a Business associate agreement on file to access client records along with a description of their job function within the clinic to show need for

Confidentiality, Code of Conduct and Professional Ethics Policy

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accessibility to those records.

3. **Security of Materials are always maintained in a secure place with a HIPPA approved IT firm assuring software is secure, safety measure are in place including monthly audits of spyware, tracking software and EMR are running with maximum security features and firewalls allowable. No confidential material may be removed off the premises without approval of the Clinic Manager or District Manager.**
4. All information for "clients", and White River Health District dba Deschutes Rim Health Clinic are confidential and will be covered under this policy; regardless if information was gained as a volunteer, board member or employee, including, but not limited to, all computer software and files, client information EMR; both defined and non-defined as protected under the this policy including business documents, printouts, business plans and all volunteer, employee and supporter records.

Accountability & Code of Professional Ethics

1. Act with honesty and integrity and in accordance with professional standards and / or governing laws and legislation that have application to the responsibilities you perform for or on behalf of the White River Health District, Deschutes Rim Health Clinic.
2. Comply with both the letter and the spirit of any training or orientation provided to you by the White River Health District, Deschutes Rim Health Clinic in connection with those responsibilities.
3. Adhere to the policies and procedures of the White River Health District; Deschutes Rim Health Clinic and support the decisions and directions of the District Board and its delegated authority.
4. Follow reporting lines to facilitate the effective resolution of problems.
5. Place the integrity of the Health Care Clinic and the interests of clients above your own personal interests.
6. Use reasonable care and exercise independent professional judgment when conducting professional business office duties, recommendations, actions, and engaging in other professional activities that will ultimately reflect your association with the Health Care Clinic or any participant in the health care industry.
7. Practice and encourage others to practice in a professional and ethical manner that will reflect credit on ourselves and the profession.
8. Promote the integrity and viability of the Health Care clinic to assure a market for the ultimate benefit of the district, and our community.
9. Maintain and improve professional competence and strive to maintain and improve the competence of the Health clinic through example, positive attitude, appropriate behavior and Respect of all that work in our immediate Health Care Clinic, any associated or collaborative partners.

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I Adhere to this code of confidentiality, conduct and ethics policy.

I, _____ do hereby attest that I have read, understand and agree to follow this policy in its fullest and understand breaching the above policy could lead to immediate dismissal of your job with possible fines from Federal agencies like CMS up to \$75,000 per incident, and an individual civil lawsuit.

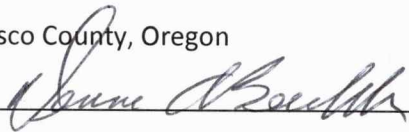
_____ Date _____

Passed by a majority of the Board of Directors of White River Health District, with a quorum in attendance the 18th Day of November 2020.

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Wasco County, Oregon

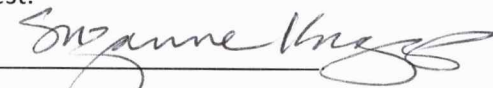
By



Dennis Beechler, Chairman of the Board

Attest:

By



Sue Knapp, Secretary of the Board