

PATIENT CONFIDENTIALITY SURVEY
August 2001

Accounting Unit Name: _____

Accounting Unit Number: _____

1. Total number of employees in your Accounting Unit: _____

2. Does any of your Accounting Unit staff (excluding physicians, if any) receive or have access to individual patient information in the performance of their job responsibilities? (Please refer to list below)

Please check (✓) below in the **“Receive/Access”** column patient information your employees receive or have access.

Receive/Access	Require	Information	Receive/Access	Require	Information
		Patient Name			Voice Print
		Patient Age			URL's –Web Universal Resource Locators
		Inpatient Admission Date			Photograph of Patient
		Inpatient Discharge Date			Diagnosis
		Ambulatory Appointment Date			Third Party Payer Name
		Date of Service			Laboratory, Microbiology, Blood Bank results
		Social Security Number			Radiology reports
		Medical Record Number			Pathology Reports
		Home Address			Clinical notes
		Telephone Number			Billing information
		Fax Number			Confidential Medical Results, i.e., information of drug abuse, mental health, sex abuse, AIDS
		Electronic Mail Address	Other Identifiers (Please specify)		
		Health Plan Number			
		Patient License Numbers, i.e., driver's license			
		Vehicle Plate Number			
		Finger Prints			

3. Of all the patient information that your staff receives/accesses (as checked above) what is required in performance of your Accounting Unit's responsibilities? Please check which information your Accounting Unit requires to continue to receive. **(Check all that apply in the “Require” Column Above)**

4. Listed below are the major LUMC sources of patient information. Which of these does your staff have access to and in which form, i.e., on-line, hardcopy? Please list other patient specific information sources on the lines provided.

Check (✓) all that apply and/or add other sources not listed.

Online	Hard Copy	Sources	Online	Hard Copy	Sources
		Ascent (Provider Relations)			Patient Transport System
		CNS–Community Nursing System			PIMS (Patient Information Medical System)
		Clinical Labs (SunQuest)			PV Lab
		Diamond System (Provider Relations)			RES–Respiratory Therapy Information System
		Electronic Medical Record-OACIS			RICI (Radiology)
		E-Care (Electronic Billing)			SMS INVISION (Patient Accounting)
		FORCE (Decision Support)			SMS INVISION (Patient Management)
		Fundal (Development Department)			SMS Signature (Physician Billing)
		Healthmatch (Patient Triage/Referral)			Social Work System
		IDX (Patient Appointments)			STAT (Community Nursing)
		LUCI			STIX (Occupation Health)
		Medicus (Nursing Acuity)			
		MIDAS (QA & CCE)			Tumor Registry
		ORBIT (Operating Room)			WECAL – Patient Accounting
		Patient Medical Record (Hard Copy)			Other:

5. Separate from the information sources above, does your Accounting Unit create or maintain its own files or database containing any of the individual patient information listed in Question 2?
 _____ Yes _____ No - If No, skip to 6.

a. If yes, in what form(s) is this patient information kept?
 _____ Electronic _____ Hard Copy

b. Where is this information stored?
 _____ Department Files _____ Laptop/Personal Computer
 _____ Network Server _____ Other (specify) _____
 _____ Palm Pilot _____

c. Please check the categories below and indicate whether permission in the form of **Written** and/or **Verbal** from the patient is obtained prior to release of that information.

Released To	Permission Obtained		Category
	Written	Verbal	
			A. Individuals—non-family; Not immediate family
			B. Health Care Providers – Hospitals, physicians, nurses, nursing homes, home health agencies
			C. Employers – Patient’s or Guarantor’s place of employment
			D. Third Party Payers – Insurance Companies, HMO’s, PPO’s, Workers Comp, Medicare, Medicaid
			E. Government & Social Service Agencies – Federal Government, state/local health departments, police, social services
			F. Health Care Suppliers & Vendors – Pharmaceutical firms, medical equipment vendors, suppliers, software vendors
			G. Financial and Legal – Financial rating agencies, attorneys, accountants, auditors
			H. Consultants – Contracted and non-contracted with LUMC
			I. Researchers – Universities, Medical Schools, Private Foundations, Private research projects
			J. Professional organizations/associations —AMA, AHA, IHHA, UHC and others
			K. Media-reporters/producers from newspaper, radio, television, other media
			L. Contracted services-transcription, bill processing, data processing
			M. Other-not mentioned above _____

7. If you obtain written patient permission, please specify where the permission form is filed.

_____ Accounting Unit

_____ General Consul Office

_____ Patient Medical Record

_____ Other, _____

Please send a copy of the permission form along with this completed Survey.

7. Aside from LUMC policies, does your **Accounting Unit** have its own written policies and procedures concerning patient information confidentiality?

_____ Yes, **if yes please send a copy of the policy with this completed survey form.**

_____ No

8. Are there any issues concerning patient confidentiality that are not addressed in this survey?
Please describe (Use back for more space) _____

Name of pers on completing this survey _____

Title _____

Phone number _____

Date _____

**PLEASE RETURN THIS COMPLETED SURVEY BY SEPTEMBER 14 INTER-OFFICE MAIL
TO THE DEPARTMENT OF PLANNING—Bldg. 201, Room 4901**

**THANK YOU FOR YOUR PARTICIPATION AND COOPERATION
September 25, 2001**