

Confidentially is Everyone's business!

A vital part of GCA's values is honoring the dignity of every individual and ensuring his or her right to privacy. Every faculty or student worker is charged with handling student confidentiality issues appropriately. People trust us with their most private information and trust us to keep that information private.

WE NEED TO LOOK AT HOW WE PERFORM OUR JOBS TO INSURE THAT WE DO NOT BETRAY THAT TRUST AND HAVE A BREACH OF CONFIDENTIALITY.

Breach of Confidentiality:

Breach of confidentiality occurs when private and protected information is improperly given out, either intentionally or unintentionally. Breach of confidentiality is a serious matter because it can emotionally damage the student as well as members of the family. It can make students feel a lack of confidence in the staff member as well as in the school or church. Students may not share important health or personal information if they are afraid it will not be kept private.

What is Confidential Information?

Confidential information includes a wide variety of information about a student's care, academic information or any financial information.

Examples include:

- _ Any student family financial information
- _ Any student academic records
- _ Any student discipline records
- _ Details about illnesses or medical conditions
- _ Medical or academic tests results
- _ Information about treatments or response to treatments
- _ Prognosis
- _ Communication between the student, family, administration, and friends

Basically, if you aren't sure whether you should talk about the information or not, DON'T.

How Does a Breach Occur?

- _ Rumors.
- _ Talking in public areas.
- _ Unauthorized disclosure.
- _ Failure to secure recorded or computerized information.
- _ Not paying attention or thinking about what you're doing.

Who is Authorized to See Confidential Information?

_ Staff with “The Need to Know.”

○ No student consent is required to share information with people who need it for the student’s care, billing, or maintaining and distributing records. However, this information is only given on a “need to know” basis.

_ The Student

○ Information in a student’s record belongs to the student or the family. A healthcare provider can deny a student their record only if releasing it would injure the student. (The business office also reserves the right to hold transcripts until the bill is paid.)

_ Others

○ Some people such as insurance providers, courts, law enforcement officials, attorneys, and other government agencies may have access to students’ information if certain criteria are met.

Who Should Not See Confidential Information?

_ Staff who don’t have “The Need to Know.”

○ Staff do not have an automatic right to see or hear confidential student information. To see a student’s information, an employee must need it to provide care or perform his or her job.

_ Unauthorized Friends and Family

○ Friends and family do not have an automatic right to an adult student’s confidential information. Be sure you have written approval from the student before you give information to anyone, even loved ones or close friends. (Check with the business office or the registrar’s office if you are not 100% sure.)

Protecting Student Confidentiality

Information exists in all forms within an institution. Data can be distributed by way of written medical, academic, or business records, faxes, computers, and other storage media such as USB storage devices. We need to look at how we do our job in our routines, our recordkeeping procedures, and our interactions with others, in order to minimize accidental disclosure of confidential information.

Verbal Communications

Do not talk about students in any public place. Do not discuss confidential information where others (including other students, visitors, or other staff) might overhear.

In Conclusion

Confidentiality is the basis of our student relationship. Maintaining it boils down to one thing – handling student information responsibly. If we treat information as if it were our

own, we will guarantee that it is handled in a manner consistent with GCA's values of dignity and justice.

Confidentiality Post Test

Name: _____ Date: _____

Please circle the correct answer.

1. Student confidentiality means to keep information about a student's health, academic, or discipline private.
 - a. True
 - b. False

2. No student consent or permission is needed to share information with people who need it for the student's care, billing, or maintaining and distributing records.
 - a. True
 - b. False

3. All friends and family have an automatic right to an adult student's confidential information.
 - a. True
 - b. False

4. A student's best friend is curious to see the results of some of her friend's recent tests, medical or academic. You should:
 - a. Politely state that she will need to ask her friend for that information.
 - b. Politely obtain the results for her.

5. After your meeting in ad council, a friend asks you who received what discipline. You respond by:
 - a. Listing the names of the people who were discussed and let them know what they received for discipline, along with who voted what way.
 - b. Reminding them that it would be best for them to read the minutes on the teacher share (if they are a school staff member) or ask the school administration if they have any questions.

**HIPAA PRIVACY POLICIES AND PROCEDURES
CO-WORKER CERTIFICATION AND CONFIDENTIALITY AGREEMENT**

I, _____, have read and understand the Georgia Cumberland Academy HIPAA Privacy Policies and Procedures regarding the privacy of Protected Health Information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In addition, I acknowledge that I have received training in the HIPAA Privacy Policies and Procedures regarding private information use disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or association with the GCA and its affiliates, I hereby agree that I will not at any time – either during my employment or association with GCA or after my employment or association ends – access, use, or disclose private information to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with GCA, or as set forth in the HIPAA Privacy Policies and Procedures including what may be permitted under HIPAA.

I understand that this obligation extends to any private information that I may acquire during the course of my employment or association with GCA, whether in oral, written, or electronic form, and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply the Privacy Policies and Procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of private information will result in disciplinary action, up to and including termination of my employment or association with GCA, and that I could be subject to the imposition of civil or criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with GCA regardless of the reason for such termination.

GCA Staff/Student Worker:

Signature: _____

Printed Name: _____

Date: _____

PARENT (if student worker is a minor)

Signature: _____

Printed Name: _____

Date: _____