

Confidentiality Policy

Policy Statement

Intermountain Healthcare and SelectHealth staff have a duty to protect confidential information.

Scope

Intermountain Health Care, Inc., IHC Health Services, Inc., SelectHealth, Inc.

Definitions

Confidential Information - Data proprietary or confidential to Intermountain Healthcare, other companies, or other persons, plus any other information that is private and sensitive and which Intermountain has a duty to protect. Examples of confidential information include but are not limited to intellectual property, trade secrets, research data, know-how, software, technology, non-public business or financial information, internal memos and communication, customer data, employee data (personal identification information), patient data, personally identifiable information, personal health information, payment card industry information, any written materials marked as confidential or privileged, and any other information – including visual or oral – that reasonably should be understood to be confidential.

Staff - Individuals involved in health care delivery and support operations including employees, volunteers, students, employed physicians, interns, residents, medical staff, agency and traveling nurses, temporary service employees, vendors, Intermountain agents, board members and brokers (SelectHealth).

Provisions

1. Protection of Confidential Information
 - 1.1. Every Staff member is required to protect Confidential Information.
 - 1.2. Every Staff member must sign the Access and Confidentiality Agreement and abide by applicable confidentiality laws, regulations, bylaws, policies, and procedures.
2. Use and Release of Confidential Information
 - 2.1. Staff may use and release Confidential Information but only in compliance with both policies and procedures and job responsibilities.
 - 2.2. This policy is not intended to limit access to or disclosure of confidential employee information in personnel records to persons who have a legitimate business reason to know of such information. This policy is also not intended to prevent employees from discussing their terms and conditions of work with coworkers or other individuals.
 - 2.3. All inquiries from the media whether concerning Confidential Information or not should be referred to the Communications Department or administration.
3. Misuse of Confidential Information
 - 3.1. Staff members who misuse Confidential Information will be subject to corrective action and other relevant legal remedies.
 - 3.2. Staff members must report inappropriate use of Confidential Information to their supervisor or director, a member of the Compliance Team, a Human Resources representative, a member of the Legal Department, the Corporate Compliance Officer, or the Compliance Hotline.
4. Confidentiality Orientation and Training
 - 4.1. Employed Staff
 - 4.1.1. Orientation and training shall include material on how to handle Confidential Information during the course of employment.
 - 4.2. Non-Employed Staff
 - 4.2.1. The appropriate administrator or designee shall explain and distribute the Access and Confidentiality Agreement to non-employed staff whose function relates to Confidential Information.

Exceptions

Exceptions to this policy are subject to review and administrative approval by the Vice President of Business Ethics and Compliance.

Primary Sources

CFR 485.713 Condition of Participation: Physical Therapy Services

CFR 485.721 Standard Protection of Clinical Record Information

Secondary Materials

[Access Confidentiality Agreement](#)

[PHI Disclosure Treatment Payment Operations Policy](#)

[PHI Safeguards Policy](#)

[Intellectual Property Policy](#)

[Intellectual Property Distribution Policy](#)

[Privacy Information Security Violation Sanctions](#)