GUIDELINES ON CONFIDENTIALITY

Confidentiality is an extremely important trust. Patients entrust health care professionals with personal information about themselves and their relationships with others. They are willing to reveal this information because (a) they understand that it is needed for rendering quality medical care and (b) they trust that it will be used only for this purpose and kept in confidence by the professionals and institutions to whom it has been entrusted.

Virtually all professional codes and directives in the health care field contain provisions acknowledging the importance of protecting confidentiality.

GENERAL GUIDELINES


§5.05 CONFIDENTIALITY. The information disclosed to a physician during the course of the relationship between physician and patient is confidential to the greatest possible degree. The patient should feel free to make a full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication. The physician should not reveal confidential communications or information without the express consent of the patient, unless required to do so by law.

The obligation to safeguard patient confidences is subject to certain exceptions which are ethically and legally justified because of overriding social considerations. Where a patient threatens to inflict serious bodily harm to another person and there is a reasonable probability that the patient may carry out the threat, the physician should take reasonable precautions for the protection of the intended victim, including notification of law enforcement authorities. Also, communicable diseases, gun shot and knife wounds, should be reported as required by applicable statutes or ordinances.

Confidentiality is a fundamental tenet of medical care. It is a matter of respecting the privacy of patients, encouraging them to seek medical care and discuss their problems candidly, and preventing discrimination on the basis of their medical conditions. The physician must not release information without the patient's consent (often termed a "privileged communication"). However, confidentiality, like other ethical duties, is not absolute. It may have to be overridden to protect individual persons or the public – for example, to warn sexual partners that a patient has syphilis or is infected with HIV – or to disclose information when the law requires it. Before breaching confidentiality, the physician should make every effort to discuss the issues with the patient. If breaching confidentiality is necessary, it should be done in a way that minimizes harm to the patient and that heeds applicable federal and state law.

Discussion of the problems of an identified patient by professional staff in public places (for example, in elevators or in cafeterias) violates confidentiality and is unethical. Outside of an educational setting, discussions of a potentially identifiable patient in front of persons who are not involved in that patient's care are unwise and impair the public's confidence in the medical profession.

**POLICY RECOMMENDATIONS**

In recognition of the importance of confidentiality, The University of Tennessee Medical Center at Knoxville affirms the following policies:

**I. Within the walls of UTMCK,** employees, students, guests, and staff will exercise care and discretion in obtaining information about specific patients and discussing it with others.

**A. Medical Record:** The purpose of the medical record is to serve as an instrument of communication between members of the health care team. Patient charts should be consulted on a "need to know" basis. Only those directly involved in a given patient's care have a valid reason to consult the patient's chart, and even then one ought to take care to consult only those parts of the chart directly relevant to one's specific function on the health care team.

**B. Personal Concern or Curiosity:** It is inappropriate to gain information about patients in order to satisfy personal curiosity or as an expression of personal concern unrelated to one's institutional role.

**C. Discussions with Family and Friends of the Patient:** It is a breach of confidentiality to pass on information about specific patients to their family, friends, and acquaintances without the person's express permission.

**D. Clinical Encounters:** When participating in clinical activities, the standard practice is to keep
anything that one sees or hears regarding the patient confidential, to be shared only among the caregivers on a “need to know” basis.

E. Educational Conferences: In educational conferences, the standard practice will be to attempt to avoid identifying the patient by name, unless identification is essential to the educational purpose or to promote continuity of care. Information that is presented containing patient identification is to be considered confidential and treated by all persons in attendance in the same manner as information from the medical record.

G. Informal Discussions: In informal discussions about specific patients, no mention should be made of either the patient's name or of any references such as room number, personal or social information which might serve to identify him/her to any who overhear.

To describe specific patients, staff members, or units of the institution may breach confidentiality even if the name is not used – i.e., if the information you give would allow the hearer to make an identification.

In general, discretion should be used in discussing patients in areas of the institution accessible to the public, even if the anonymity of patients has been assured.

Further, similar discretion should be used whenever one may be overheard by employees and healthcare workers who do not have a “need to know” with respect to the patient about whom you wish to speak.

II. In providing information to external parties,

A. The prior consent of the patient will be sought, and information will not be released without written consent of the patient except for reports mandated by law.

B. The patient will be informed specifically of any instance of release of information as soon as possible.

C. When practicable the hospital will help patients understand their option to limit the scope of the information to be disclosed to the minimum necessary.

D. When information is released to third parties,

1. care will be taken to ensure (especially for telephone inquiries) the identity of the person(s) to whom the information is given.

2. care will be taken to release only that information which is reasonably relevant to the purposes of the receiving party.

3. it should be emphasized to the receiving party that the information is confidential and that the receiving party is expected to maintain its confidentiality.
III. In any discussions that take place outside this institution and any written material referring to cases encountered here, one should:

A. strictly avoid identifying any patient or staff member by name,

B. describe individual cases in a way that disguises the identity of the patient, staff members who are involved in the case, or specific dates of treatment and

C. include only such information about the patient as is essential for the scholarly purposes of the discussion or essay.

IV. Computerized Data System: The possibility of access to information is greater with a computerized data system than with information stored in the traditional written form. Therefore, careful safeguards should be developed to guard against unauthorized access to computer-stored information.

V. These Guidelines are a Supplement: These guidelines are not intended to supercede the protection of confidentiality in research and publication by the Institutional Review Board. Instead, this is an added supplement to this and other institutional measures for the protection of this important right.

VI. Periodic Reminders: All practitioners, staff, students, and guests of this institution should be reminded periodically of these points.

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FOR FURTHER INFORMATION, CONTACT:

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GUIDELINES ON CONFIDENTIALITY

I, ____________________________________________________________,

(PRINT your full name)

hereby certify that I have read the University of Tennessee Medical Center at Knoxville GUIDELINES ON CONFIDENTIALITY and that I agree (a) to ask questions about any aspects I do not fully understand and (b) to follow these guidelines in all activities relating to the University of Tennessee Medical Center at Knoxville, its patients, or its staff.

________________________________________________________

(SIGN your full name)

__________________________________________

(Date)