

 SAINT FRANCIS Care	Title Privacy Protection Policy		
<input checked="" type="checkbox"/> Saint Francis Hospital and Medical Center <input checked="" type="checkbox"/> Mount Sinai Rehabilitation Hospital <input checked="" type="checkbox"/> Saint Francis Medical Group, Inc. <input checked="" type="checkbox"/> Saint Francis Care Medical Group <input checked="" type="checkbox"/> Asylum Hill Family Medicine <input checked="" type="checkbox"/> Collaborative Laboratory Services <input checked="" type="checkbox"/> PATH, P.C. <input checked="" type="checkbox"/> Saint Francis Physician Hospital Organization	Responsible Department Compliance Department	Policy Number CCP 4.006	Version 1
	Section or Manual	Published Date 5/28/2009	Review Cycle 2 years

PURPOSE:

The purpose of the policy is to protect the confidentiality of Personal Information of employees, patients and others doing business with Saint Francis in accordance with state and federal law.

Personal Information means information capable of being associated with a particular individual through one or more identifiers, including, but not limited to, a Social Security number, a driver's license number, a state identification card number, a health insurance identification number, an account number, a credit or debit card number, a passport number, and a non-US citizen registration number and does not include publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

POLICY:

It is the policy of Saint Francis to ensure that appropriate safeguards exist to protect and keep confidential the Personal Information of employees, patients and others doing business with Saint Francis that is collected, stored and distributed for legitimate business purposes of Saint Francis.

PROCEDURE:

I. Storage of and Access to Personal Information

Collection: Saint Francis will collect Personal Information including Social Security numbers only when it is absolutely necessary for the operations of Saint Francis (e.g., billing for services, employment, etc.).

Storage: Individual departments within Saint Francis shall be responsible for having adequate controls and firewall protection to secure all documents containing Personal Information, whether such information is on paper documents or stored on computers, so as to minimize potential misuse and inappropriate disclosure of such information.

Access: Employees are permitted to access and use certain Personal Information, including Social Security numbers, only as necessary and appropriate to carry out their assigned tasks in

performance of their respective job functions. Access to Personal Information and other records is based on an individual's job responsibilities. Any employees granted such access must take all necessary precautions to ensure the integrity of records that include such Personal Information.

II. Reporting and Destruction

Reporting: Any employee aware of unauthorized use, access or disclosure of Personal Information must report the unauthorized use and/or provide any copies of the information to their supervisor or to the Corporate Compliance Officer.

Destruction of Personal Information: Each department is responsible for ensuring that both paper and electronic records which include Personal Information, including Social Security numbers, will be maintained and destroyed in accordance with Saint Francis' record retention and destruction policies and procedures.

III. Violations

Any individual who is found, after appropriate investigation, to have violated the provisions of this policy will be subject to disciplinary action, up to and including immediate termination.

Nothing in this policy is intended to modify an employee's or patient's right to access their own files in accordance with Saint Francis policies.

IV. Responsibility

The Saint Francis Board of Directors maintains the responsibility and accountability over all Saint Francis compliance matters and designates the Audit and Compliance Committee of the Board to approve policies related to these substantive issues. The Chief Financial Officer is responsible for this policy and as such designates the Vice President of Revenue Management and the Chief Compliance Officer as the responsible Administrators to review and update this policy every two years based on any guidance provided by Federal or State law and regulations.

V. Reference to Other Policies

In addition to this Policy, the Board has approved additional policies to provide specific guidance on particular personal identification protection, including, without limitation, the Saint Francis Hospital Identity Theft –Red Flag Policy.

VI. Amendments to Policy

Any substantive change to this Policy will require appropriate Board Committee and Management approval.

STATUTORY, REGULATORY OR OTHER REFERENCES/POLICY CROSSREFERENCE:

Connecticut Public Act 08-167; CGS § 52-571h; CGS §53a-129a et seq
HIPAA 1.002 ; Identity Theft Prevention – Red Flag Policy; MA 201 CMR 17.00;

APPROVED BY:

<u>/s/ Robert M. Ellis</u>	<u>5/21/09</u>	<u>/s/ Steven Rosenberg</u>	<u>5/19/09</u>
Robert Ellis, Chairman Audit and Corporate Compliance Committee	Date	Steven Rosenberg Chief Financial Officer	Date
<u>/s/ Teresa Bolton</u>	<u>5/18/09</u>	<u>/s/ William Godburn</u>	<u>5/18/09</u>
Teresa Bolton Vice President, Legal Affairs	Date	William Godburn Vice President , Revenue Management	Date
<u>/s/ Sr. Sally Hodgdon</u>	<u>5/18/09</u>		
Sister Sally Hodgdon Chief Compliance Officer	Date		

APPROVAL FOR PUBLICATION:

<u>/s/ Jennifer S. Schneider</u>	<u>5/28/09</u>
Jennifer S. Schneider Vice President, Lean and Continuous Improvement	Date

PREVIOUS POLICY VERSION/SUPERSEDES:

None