

## 1: Confidentiality: Ethical Topic in Medicine

*Confidentiality is one of the core duties of medical practice. It requires health care providers to keep a patient's personal health information private unless consent to release the information is provided by the patient.*

Received Aug 15; Accepted Aug This article has been cited by other articles in PMC. Abstract Background Respect for confidentiality is important to safeguard the well-being of patients and ensure the confidence of society in the doctor-patient relationship. The aim of our study is to examine real situations in which there has been a breach of confidentiality, by means of direct observation in clinical practice. Methods By means of direct observation, our study examines real situations in which there has been a breach of confidentiality in a tertiary hospital. To observe and collect data on these situations, we recruited students enrolled in the Medical Degree Program at the University of Cordoba. The observers recorded their entries on standardized templates during clinical internships in different departments: As regards their severity, severe breaches were the most frequent, accounting for Most of the reported incidents were observed in public areas Conclusions In addition to aspects related to hospital organization or infrastructure, we have shown that all healthcare personnel are involved in confidentiality breaches, especially physicians. While most are committed unintentionally, a non-negligible number are severe, repeated breaches 9. Electronic supplementary material The online version of this article doi: The duty to ensure discretion and confidentiality in the medical profession is morally justified based on the rights arising from relationships, and medical practice involves trust relationships with both patients and society. This duty of confidentiality provides a fundamental basis for the existence of some level of trust in the doctor-patient relationship [ 1 , 2 ]. From the ethical point of view, respect for the principles of beneficence, non-maleficence and also autonomy is recognized as a major justification for maintaining patient confidentiality, based upon a fundamental consideration for persons [ 3 ]. Respect for confidentiality is important to safeguard the well-being of patients and ensure the confidence of society in the doctor-patient relationship. Health information is not only based on objective observations, diagnoses, and test results, but also subjective impressions about the patient, their lifestyle, habits, and recreational activities. This obligation is stringent but not unlimited. In fact, there are two general exceptions where it is necessary to question whether or not to maintain confidentiality: Medicine today is practiced by healthcare teams formed not only by physicians, residents, and nursing staff, but also nursing assistants, orderlies, administrative personnel, and even students. Patients should be aware of the large number of people in hospitals who need to access their medical records to provide the best possible health care [ 8 ], which consists in obtaining an accurate diagnosis, providing the appropriate treatment, as well as receiving the necessary training to do so. It is for this reason that hospital personnel are required to protect patient confidentiality. Breaches of confidentiality in clinical practice due to carelessness, indiscretion, or sometimes even maliciously, jeopardize a duty inherent in the doctor-patient relationship [ 9 ]. Careless behavior, such as speaking about patients in public spaces like elevators [ 10 ] and cafeterias, during telephone conversations, or even when accessing electronic data, can result in breaches of patient confidentiality [ 7 ]. By means of direct observation, our study examines real situations in which there has been a breach of confidentiality. To achieve our aim, we first estimate the frequency of the phenomenon, that is, we quantify the number of times that patient confidentiality is breached in the different medical departments of a hospital. We then classify the situations recorded by the observers according to two characteristics: Thirdly, we establish a relationship between the data recorded during the observations: The identification and characterization of such situations could be of use to health professionals and hospital management with a view to implementing the necessary measures to prevent such incidents. Method Experimental design We conducted an observational, cross-sectional epidemiological study on situations defined as breaches of confidentiality in clinical practice. The study was carried out in a bed university tertiary hospital with an average of 39, admissions and , patient visits per year. All participants were adults, and signed a consent form with a confidentiality agreement, especially in order to avoid awareness of the study and consequently the bias of changing the behavior of the observed subjects. A total of 99 observers 75 women and 24 men participated in the study, two of which abandoned the project. To ensure the anonymity

of the participants in the study, each of the observers was assigned a numerical code. In order to standardize the collection of data, the observers were trained by the researchers through interviews and in training sessions with groups of up to three students. A checklist was used during the training sessions to inform the observers about different types of confidentiality breaches. Specifically, the checklist contained several items describing situations in which the most common confidentiality breaches may occur. However, the observers were also instructed to record any other type of incident that was not specifically reflected on the checklist. Incidents that the researchers did not consider to be examples of unethical conduct i. The observers recorded their entries on standardized templates during clinical internships in the following departments and units: It seems important to underline that observers were interested in collecting the type of professional, as well as another anonymous sociodemographic data; therefore, the identity of the observed subjects remained unknown for the researchers. The resulting categories were: Number of observations Number of observations refers to the number of times the same type of breach committed by the same staff member was observed during the corresponding rotation. This allowed us to determine if the breach of confidentiality was an isolated or repeated incident, which in turn, had an effect on the degree of severity of the breach. Type of breach observed Once all the templates were collected, the recorded breaches of confidentiality were classified into three categories according to their description as follows: Confidentiality breaches related to the custody of clinical histories and records admission forms, clinical and nursing report sheets, laboratory tests and other complementary examinations, and any other type of record containing patient data , as well as computer access to such records. Breach severity In addition, we ranked the severity of the breaches described above from low to high severity as follows: Minor confidentiality breaches are defined as those in which sensitive patient data is not properly safeguarded or handled excluding the following categories , but which do not result in observable consequences. This includes the custody of clinical histories and records or breaches due to inadequate hospital infrastructure. Minor confidentiality breaches committed repeatedly: Severe confidentiality breaches are defined as the disclosure of sensitive data, as well as incidents that result in some kind of observable consequence. Such breaches are considered to be particularly severe as these data are of a highly private nature. Serious confidentiality breaches that occur repeatedly: Area where the breach was observed In order to reduce the number of areas where the observations were recorded, we grouped the areas into categories based on their similarity as follows: Meeting areas offices, classrooms, etc. Nursing stations on hospital wards. Patient rooms, which are usually occupied by two patients and their respective companions. Personnel involved in the breaches The observers were required to record the staff member who committed the breach of confidentiality. Once all the data were collected, it was found that two or more staff were often responsible for the confidentiality breach. The personnel were classified as follows:

## 2: Confidentiality - Wikipedia

*Moreover, in medical practice confidential information includes credibility and privacy of patient's information submitted by the hospital employee during treatment, medical accesses or services. There are two basic kinds of privacy and confidentiality.*

Privacy law Lawyers are often required by law to keep confidential anything pertaining to the representation of a client. The duty of confidentiality is much broader than the attorney's client evidentiary privilege, which only covers communications between the attorney and the client. Both the privilege and the duty serve the purpose of encouraging clients to speak frankly about their cases. This way, lawyers can carry out their duty to provide clients with zealous representation. In such situations the lawyer has the discretion, but not the obligation, to disclose information designed to prevent the planned action. Most states have a version of this discretionary disclosure rule under Rules of Professional Conduct, Rule 1. A few jurisdictions have made this traditionally discretionary duty mandatory. In some jurisdictions the lawyer must try to convince the client to conform his or her conduct to the boundaries of the law before disclosing any otherwise confidential information. Note that these exceptions generally do not cover crimes that have already occurred, even in extreme cases where murderers have confessed the location of missing bodies to their lawyers but the police are still looking for those bodies. Supreme Court and many state supreme courts have affirmed the right of a lawyer to withhold information in such situations. Otherwise, it would be impossible for any criminal defendant to obtain a zealous defense. California is famous for having one of the strongest duties of confidentiality in the world; its lawyers must protect client confidences at "every peril to himself [or herself]" under former California Business and Professions Code section e. Until an amendment in which turned subsection e into subsection e 1 and added subsection e 2 to section, California lawyers were not even permitted to disclose that a client was about to commit murder or assault. The Supreme Court of California promptly amended the California Rules of Professional Conduct to conform to the new exception in the revised statute. Recent legislation in the UK curtails the confidentiality professionals like lawyers and accountants can maintain at the expense of the state. Breach of confidence in English law[ edit ] Main article: Breach of confidence in English law The "three traditional requirements of the cause of action for breach of confidence" [1]: First, the information itself, in the words of Lord Greene, M. Thirdly, there must be an unauthorised use of that information to the detriment of the party communicating it. The case featuring the royal accoucheur Dr William Smoult Playfair showed the difference between lay and medical views. Playfair was consulted by Linda Kitson; he ascertained that she had been pregnant while separated from her husband. Kitson sued, and the case gained public notoriety, with huge damages awarded against the doctor. Legal protections prevent physicians from revealing certain discussions with patients, even under oath in court. Whatever, in connection with my professional service, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. Traditionally, medical ethics has viewed the duty of confidentiality as a relatively non-negotiable tenet of medical practice. However, numerous exceptions to the rules have been carved out over the years. For example, many American states require physicians to report gunshot wounds to the police and impaired drivers to the Department of Motor Vehicles. Many states in the U. Your Information, Your Rights [7] outlines these rights. All registered healthcare professionals must abide by these standards and if they are found to have breached confidentiality, they can face disciplinary action. A healthcare worker shares confidential information with someone else who is, or is about to, provide the patient directly with healthcare to make sure they get the best possible treatment. They only share information that is relevant to their care in that instance, and with consent. There are two ways to give consent: Explicit consent is when a patient clearly communicates to a healthcare worker, verbally or in writing or in some other way, that relevant confidential information can be shared. When personal confidential information is shared between healthcare workers, consent is taken as implied. Patients have the right, in most situations, to refuse permission for a health care professional to share their information with another healthcare professional, even one giving them care—but

are advised, where appropriate, about the dangers of this course of action, due to possible drug interactions. However, in a few limited instances, a healthcare worker can share personal information without consent if it is in the public interest. These instances are set out in guidance from the General Medical Council, [8] which is the regulatory body for doctors. Sometimes the healthcare worker has to provide the information - if required by law or in response to a court order. This principle bolsters the therapeutic alliance, as it promotes an environment of trust. This includes instances of suicidal behavior or homicidal plans, child abuse, elder abuse and dependent adult abuse. Congress, a similar federal Sunshine in Litigation Act has been proposed but not passed in , , , and Wikiquote has quotations related to:

## 3: Confidentiality - GMC

*Confidentiality in the Medical Practice. Introduction. Doctors and medical personnel need the health records of their patient's in order to provide efficient health care. In the same way, Physicians have the duty to keep the information about patient confidence to protect them from harm (Sullivan & American Bar Association, ).*

Personal information - confidentiality 1. Confidentiality of personal information provides a secure environment for the provision of quality care and service for patients. The hospital is required by law to protect personal information and comply with the Health Records Act and other relevant legislation. Department Heads are responsible for taking appropriate action where confidentiality has been or may be breached. All staff must not use or disclose information of a personal nature, except to the extent that it is required, authorised or permitted under law. All patients should be provided with the "Privacy of your Personal Information" brochure on presentation to the hospital. In accordance with the requirements of the Health Records Act, this brochure: Explains to the patient why their information is collected, what it is used for and when and to whom it may be disclosed, and also 6. This arrangement is known as an "opt out" arrangement. Where a patient chooses not to consent to the disclosure of information to their GP hospital staff need to ensure the consent for info release flag is set correctly on IBA. Patients can change their mind at any time. Under section of the Health Services Act , staff must not disclose identifying information about a patient, unless that information is: Where requests for patient information must be dealt with immediately to provide emergency patient care, information can be given without specific patient consent. Section of the Health Services Act governs disclosure by public hospitals, and persons who work in hospitals, to those outside the hospital environment. If you are unsure whether your situation is covered, or if you have any queries, you should speak with your manager, RCH Privacy Officer or Legal Services before giving out any information. What are my obligations when information is given "in confidence"? When information is given "in confidence " to the RCH about apatient by a person other than the patient that is a request that it not be communicated to the patient to whom it relates staff must: Only access information if it is relevant to your work. Do not divulge, copy, release, sell, loan, review, alter or destroy any personal information unless it is part of your job. If it is part of your job to do any of these tasks, staff are to follow the correct RCH procedure such as putting confidential papers in appropriate security bins. Verbal information must be protected. All staff need to be mindful of where they carry out discussion of patient care. Conversations regarding patients must not be conducted in the presence of, or be heard by, unauthorised persons. Patient and staff information e. Patient information should only be discussed between -clinical staff involved in the care and treatment of the patient. Confidentiality of information may be breached when communicating personal information. Staff should be aware of and follow the RCH procedure when using the fax or phone to communicate personal information. Refer to RCH Procedure: Personal Information - Security. All personal information for patients and staff is protected according to the RCH procedure. In certain circumstances patients or staff may request additional measures to protect their personal information. Personal Information - Requesting Privacy. The highest standards of confidentiality are expected within the RCH. Any violations of the confidentiality procedure will be addressed through the Department Manager, Human Resources and the Privacy Officer and could result in termination of employment. Divulging personal information without consent. Telling a relative or friend about a patient or staff member at the RCH. Gossiping about patients or staff. Reading medical records when it is not in the course of work duties. Discussing patient information in lifts or corridors. Accessing pathology results of family, friends or co-workers. Accessing a medical record or components of the patient record that are not required for you to do your work. Accessing electronic systems that you are not authorized to do so through password sharing.

## 4: Confidentiality breaches in clinical practice: what happens in hospitals?

*Confidentiality is an important legal and ethical duty but it is not absolute. This guidance gives you eight principles that you should apply to your practice. It provides a framework to help you decide when you can share information.*

Balancing interests Confidentiality, privacy and security of health information: Balancing interests Written by Valerie S. Yet, each of these concepts has a different fundamental meaning and unique role. This article will briefly explore differences in meaning of privacy, security and confidentiality of health information. Selected examples of sources of law and guidelines will be offered with respect to these concepts. Challenges in balancing interests of individuals, healthcare providers and the public will be noted, as will the role of health information management professionals. Confidentiality Confidentiality in health care refers to the obligation of professionals who have access to patient records or communication to hold that information in confidence. Confidentiality is recognized by law as privileged communication between two parties in a professional relationship, such as with a patient and a physician, a nurse or other clinical professional Brodrik, Rinehart-Thompson, Reynolds, While application in legal proceedings is subject to evidentiary rules and consideration of the public need for information, support of privileged communication can be seen in case law. An example is the landmark Jaffee v. Redmond decision where the U. In writing the majority opinion, Justice Stevens said: Effective psychotherapy depends upon an atmosphere of confidence and trust in which the patient is willing to make a frank and complete disclosure The psychotherapist privilege serves the public interest by facilitating the provision of appropriate treatment for individuals suffering the effects of a mental or emotional problem Jaffee v. When considering sensitive health information requiring special layers of confidentiality, such as with mental health treatment, state statutes provide guidance for health information management professionals. In Illinois, for example, the Mental Health and Developmental Disabilities Confidentiality Act offers detailed requirements for access, use and disclosure of confidential patient information including for legal proceedings MHDDCA, Privacy Privacy, as distinct from confidentiality, is viewed as the right of the individual client or patient to be let alone and to make decisions about how personal information is shared Brodrik, Even though the U. Individuals are provided some elements of control, such as the right to access their own health information in most cases and the right to request amendment of inaccurate health information HHSa, , pp. However, in that attempt to strike a balance, the Rule provides numerous exceptions to use and disclosure of protected health information without patient authorization, including for treatment, payment, health organization operations and for certain public health activities HHSa, , pp. Whatever one might think about HIPAA, it is hard to dispute that it has had a vast impact on patients, the healthcare industry, and many others over the last 10 years and will continue to shape healthcare and HIM professionals for many more years to come. Roe, recognized the right to health information privacy This case considered a state statute requiring that physicians report for entry into a New York Department of Health computerized database information on prescription of certain types of drugs likely to be abused or over-prescribed; information included patient, physician and pharmacy name, and drug dosage McWay, , p. A group of patients and two physician associations filed suit, saying this violated the protected physician-patient relationship Whalen v. Interestingly, the Whalen decision also noted growing concern with collection of private information in electronic format, and the role of regulatory guidelines. As stated by the Justices: We are not unaware of the threat to privacy implicit in the accumulation of vast amounts of personal information in computerized data banks Security Security refers directly to protection, and specifically to the means used to protect the privacy of health information and support professionals in holding that information in confidence. The concept of security has long applied to health records in paper form; locked file cabinets are a simple example. As use of electronic health record systems grew, and transmission of health data to support billing became the norm, the need for regulatory guidelines specific to electronic health information became more apparent. Again, that notion of balance appears in the law: Conclusion The sources of law and guidelines noted here are only samples of many considerations in health information confidentiality, privacy and security. Managing electronic health information presents unique challenges for regulatory compliance, for ethical

considerations and ultimately for quality of care. A response to the challenge is information governance, described as the strategic management of enterprise-wide information including policies and procedures related to health information confidentiality, privacy and security; this includes the role of stewardship. Health information managers are uniquely qualified to serve as health information stewards, with an appreciation of the various interests in that information, and knowledge of the laws and guidelines speaking to confidentiality, privacy and security. The role of the steward encompasses not only ensuring the accuracy and completeness of the record, but also protecting its privacy and security. All who work with health information—health informatics and health information management professionals, clinicians, researchers, business administrators and others—have responsibility to respect that information. And as patients, we have privacy rights with regard to our own health information and an expectation that our information be held in confidence and protected. As citizens, our public interest in health information may prevail, such as in situations involving public health or crime. Balancing the various interests in health information and upholding its confidentiality, privacy and security present ongoing and important challenges within the U.S.

## 5: Privacy and Confidentiality in Medical Practice

*Medical professionals are obligated to protect the confidentiality of their patients. The duty to ensure discretion and confidentiality in the medical profession is morally justified based on the rights arising from relationships, and medical practice involves trust relationships with both patients and society.*

Physician Expert Witness in Medical Liability Suits A confidential relationship between physician and patient is essential for the free flow of information necessary for sound medical care. Only in a setting of trust can a patient share the private feelings and personal history that enable the physician to comprehend fully, to diagnose logically, and to treat properly. The American Academy of Family Physicians AAFP supports full access by physicians to all electronic health information within the context of the medical home. The AAFP believes that patient confidentiality must be protected. Though not absolute, the privilege is protected by legislative action and case law. Nothing herein or below shall be construed as contravening the standards for health information contained in Health Insurance Portability and Accountability Act HIPAA relating to privacy, confidentiality, or security of personal health information. The AAFP believes that state and federal legislators and jurists should seek a greater degree of standardization by recognizing the following principles regarding the privacy of medical information: The right to privacy is personal and fundamental. Medical information maintained by physicians is privileged and should remain confidential. The right of access is not absolute. The privacy of adolescent minors should be respected. Confidentiality must be maintained particularly in areas where the adolescent has the legal right to give consent. However, patients and physicians must authorize release of any personally identifiable information to other parties. Third party payer and self-insured employer policies and contracts should explicitly describe the patient information that may be released, the purpose of the information release, the party who will receive the information, and the time period limit for release. Policies and contracts should further prohibit secondary information release without specific patient and physician authorization. Any disclosure of medical record information should be limited to information necessary to accomplish the purpose for which disclosure is made. Physicians should be particularly careful to release only necessary and pertinent information when potentially inappropriate requests e. Sensitive or privileged information may be excluded at the option of the physician unless the patient provides specific authorization for release. Duplication of the medical record by mechanical, digital, or other methods should not be allowed without the specific approval of the physician, taking into consideration applicable law. Disclosure may be made for use in conducting legal medical records audits provided that stringent safeguards to prevent release of individually identifiable information are maintained. Policy exceptions which permit medical records release within applicable law: To another physician who is being consulted in connection with the treatment of the individual by the medical-care provider; In compelling circumstances affecting the health and safety of an individual; Pursuant to a court order or statute that requires the physician to report specific diagnoses to a public health authority; and Pursuant to a court order or statute that requires the release of the medical record to a law enforcement agency or other legal authority. Electronic health information communication systems must be equipped with appropriate safeguards e. Individuals with access to electronic systems should be subject to clear, explicit, mandatory policies and procedures regarding the entry, management, storage, transmission and distribution of patient and physician information. The AAFP supports the use of patient record information for primary care research, biomedical and pharmaceutical research and other health research, provided there is appropriate protection for research subjects, i.

## 6: Privacy and confidentiality | Australian Medical Association

*confidentiality* [kon-fĀ--den-she-alĀ 'Ā--te] a substantive rule in bioethics saying that the information a patient reveals to a health care provider is private and has limits.

Case 2 Article Confidentiality is one of the core duties of medical practice. Why is confidentiality important? Patients routinely share personal information with health care providers. If the confidentiality of this information were not protected, trust in the physician-patient relationship would be diminished. Patients would be less likely to share sensitive information, which could negatively impact their care. Creating a trusting environment by respecting patient privacy encourages the patient to seek care and to be as honest as possible during the course of a health care visit. See also Physician-Patient Relationship. For conditions that might be stigmatizing, such as reproductive, sexual, public health, and psychiatric health concerns, confidentiality assures that private information will not be disclosed to family or employers without their consent. What does the duty of confidentiality require? Appropriate care often requires that information about patients be discussed among members of a health care team; all team members have authorized access to confidential information about the patients they care for and assume the duty of protecting that information from others who do not have access. Electronic medical records can pose challenges to confidentiality. What if a family member asks how the patient is doing? While there may be cases where the physician feels naturally inclined to share information, such as responding to an inquiring spouse, the requirements for making an exception to confidentiality may not be met. If there is not explicit permission from the patient to share information with family member, it is generally not ethically justifiable to do so. What other kinds of disclosures are inappropriate? Unintended disclosures may occur in a variety of ways. For example, when pressed for time, providers may be tempted to discuss a patient in the elevator or other public place, but maintaining privacy may not be possible in these circumstances. Similarly, extra copies of handouts from teaching conferences that contain identifiable patient information should be removed at the conclusion of the session in order to protect patient privacy. And identifiable patient information should either be encrypted or should not be removed from the security of the health care institution. Overriding concerns can lead to the need to breach confidentiality in certain circumstances. Concern for the safety of other specific persons Access to medical information and records by third parties is legally restricted. Yet, at the same time, clinicians have a duty to protect identifiable individuals from any serious, credible threat of harm if they have information that could prevent the harm. The determining factor is whether there is good reason to believe specific individuals or groups are placed in serious danger depending on the medical information at hand. An example is homicidal ideation, when the patient shares a specific plan with a physician or psychotherapist to harm a particular individual. The California Tarasoff case exemplifies the challenges providers face in protecting confidentiality. In that case a graduate student, Prosinjit Podder, disclosed to a counselor affiliated with Berkeley University that he intended to obtain a gun and shoot Tatiana Tarasoff. Moore then faced dual obligations: Moore sent a letter to campus police about the threat. They spoke to Mr. Podder, told him to stay away from Tatiana, but determined he was not a danger to her. He later stalked, stabbed and killed Tatiana. The lower court refused to hear the case, claiming that Dr. Thus, it may call for him to warn the intended victim, to notify the police, or to take whatever steps are reasonably necessary under the circumstances. The implication of this ruling is that a duty to warn third parties of imminent threats trumps a duty to protect patient confidentiality, however, it is usually difficult for a therapist or health care provider to accurately ascertain the seriousness and imminence of a threat. Ethically, most would agree that a duty to warn an innocent victim of imminent harm overrides a duty to confidentiality, but these cases are rare and judgment calls of this sort are highly subjective. Hence, the duty to maintain confidentiality is critical, but may be overridden in rare and specific circumstances. From a legal perspective, the State has an interest in protecting public health that outweighs individual liberties in certain cases. For example, reportable diseases in Washington State include but are not limited to: Suspected cases of child, dependent adult, and elder abuse are reportable, as are gunshot wounds. Local municipal code and institutional policies can vary regarding what is

reportable and standards of evidence required. Stay informed about your state and local policies, as well as institutional policies, governing exceptions of patient confidentiality. A Test for Breach of Confidentiality In situations where you believe an ethical or legal exception to confidentiality exists, ask yourself the following question: If the answer to this question is no, it is unlikely that an exception to confidentiality is ethically or legally warranted. The permissibility of breaching confidentiality depends on the details of each case. If a breach is being contemplated, it is advisable to seek legal advice before disclosure. What are the confidentiality standards regarding adolescents? In many states adolescents may seek treatment without the permission of their parents for certain conditions, such as treatment for pregnancy, sexually transmitted infections, mental health concerns, and substance abuse. Familiarize yourself with state and local laws, as well as institutional policies, regarding adolescents and healthcare.

### 7: Patient confidentiality one of most important pillars of medicine, says expert - Telegraph

*This confidentiality policy also encompasses any trade secret scientific or technical information developed by the Practice or its personnel. Employees shall never discuss a patient's medical condition with any non-employee of the Practice, friends, or family members.*

Many people are familiar with the idea of confidentiality as an integral part of the professional code of ethics in the legal, medical, and mental health fields. What you tell your doctor, lawyer, or psychologist is supposedly protected information that cannot be shared with others, no matter how intimate, gory, or revealing it may be. Whether or not to disclose personal medical information is often said to be a balancing act between the benefits of keeping confidentiality and the benefits of waiving it. In the medical field, confidentiality even dates back to the Hippocratic Oath, but there are many updated versions of confidentiality, defined by various medical associations around the world. Recent years have muddied our understanding of medical confidentiality. Developments in technology have challenged our traditional understanding of "personal" information and privacy. As a result, officials have tried to develop privacy protections that apply to different settings and circumstances. Why Confidentiality May Be Waived As important as patient confidentiality is, there are certain times that most people would agree that medical doctor-patient confidentiality needs to be waived. And if a patient is declared legally "incompetent," then his or her caretaker can be legally authorized to have access to medical information that would otherwise be confidential. If divulging personal health information to the state protects or serves public health, is it ok? Is sharing information with other doctors or researchers acceptable if it is for research purposes that ultimately advance public health? Supreme Court has stated that "disclosures of private medical information to doctors, to hospital personnel, to insurance companies, and to public health agencies are often an essential part of modern medical practice. So there are a couple of questions that are up for debate. The first is how to define confidentiality, since there are many different types, with different objectives at heart. The second issue, which stems from the first, is under what circumstances confidentiality should be broken. How do we weigh the pros and cons of sharing personal health information with others in the medical community and with the government? This article will explore how confidentiality should be conceived and if and when it should be broken. The Hippocratic Oath, for example, requires the physician to promise that "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about. Ethical theories provide many different ways to view confidentiality laws. For example, according to the medical ethics scholars Tom Beauchamp and James Childress, confidentiality protections can be justified using three types of arguments: Consequentialist theory suggests that without assurances of confidentiality, patients are less likely to disclose important medical information to their doctors. Rights-based theory states that patients have a right to control how their medical information is used. Fidelity-based confidentiality suggests that physicians have an obligation not to disclose information shared with them in their medical role. Interestingly, none of these philosophical arguments suggests that confidentiality should not be breached under certain circumstances. Again, it is a matter of weighing the pros and cons between keeping and breaching confidentiality. Legal Definitions Although confidentiality is certainly related to professional ethics and norms, it is also based in law. The law defines confidentiality in a number of ways. One definition of confidentiality is based on contract law: Protecting the Vulnerable Another legal definition is based on fiduciary theory, which arose out of contractual relationships where one party was particularly vulnerable and unable to protect itself against a breach. In some ways, the fiduciary model makes sense in the medical setting â€” the patient is clearly a vulnerable party. But in reality, physicians do not fit into the fiduciary model so well as they often have responsibilities to promoting the health of the broader population in addition to the specific patient, and fiduciary theory is not so easily applied when determining how and when confidentiality should be waived. Fiduciary theory would state that it should be to benefit the vulnerable party. Should the focus be on prolonging life? But what if a patient threatens suicide? Disclosing this information would prolong his or her life, but it might also prolong suffering. These

are the kinds of questions that are important to consider, and difficult to answer using legal theories of confidentiality. Privacy Since neither contract nor fiduciary theory provides clear guidance in defining the scope of confidentiality protections, perhaps we should think about general privacy protections, like those found in the federal or state constitutions, or in common law, in order to address confidentiality. In fact, quite a lot of personal information is not protected at all. The bottom line is that not all information, even medical information, is automatically granted legal protection from disclosure: State Confidentiality Laws State confidentiality protections vary widely. Only a few states have comprehensive confidentiality laws, and many states control disclosure of health information through a combination of statutes addressing everything from particular disease information to autopsy records. One of the biggest problems in confidentiality protections is the lack of clarity about when patient confidentiality can be breached. Another problem, however, is what to do regarding the patient who has discovered a breach of confidentiality. The obvious solution is to go to court, but this means making public the information they did not want anyone to know in the first place! Therefore, it is important to develop "front-end" safeguards that prevent unauthorized breaches from occurring. But these safeguards must be designed to achieve a balance between protecting confidentiality and the need to share information in order to need to treat patients, assure quality health care, and conduct research that will lead to health advances. Another problem, however is what to do regarding the patient who has discovered a breach of confidentiality. State laws typically either address the type of information usually based on disease or illness or the entity holding the information such as government agencies , or both. Thirty-seven states require physicians to maintain confidentiality of medical records – almost all states have placed some restrictions on the use of information contained in medical records that are held by state agencies. In the next section, we will look at the circumstances under which confidentiality may be broken. When You Cannot Expect Medical Information to Remain Confidential All of the different ways of conceptualizing confidentiality include exceptions, allowing disclosure under certain circumstances or to particular agencies. All states allow disclosure to third party payers insurance companies , although in most cases the patient will provide consent to this practice at the time of treatment generally in a section of most hospital or physician office intake forms or when one signs the initial coverage contract. The most obvious examples of public health concerns outweighing individual rights to confidentiality are from contagious disease cases. In the latter situation, the laws usually provide protections against liability for disclosure. In the former situation, liability may be imposed for failing to disclose. The statutes and case law governing exceptions can be separated into a number of different areas, including public health, public safety, protection of vulnerable persons, and research. The final category, waiving confidentiality for research purposes is a little bit different, but even here the goal is linked to health – specifically advancing general knowledge so as to achieve future health benefits. Public Health and Safety Physicians have an ethical responsibility to society as well as to individual patients. This is usually taken to mean that physicians have a duty to protect the public health, though the extent of this duty is not completely clear, There are some definite restrictions: In this case, of course,, the obligation to the patient outweighs the obligation to society. In particular, should a physician be able to breach confidentiality when public health or safety is threatened? Public Health The most obvious examples of public health concerns outweighing individual rights are from contagious disease cases. Reporting laws usually require disclosure of these diseases to the appropriate public health agencies. But these statutes may also include provisions allowing for disclosure to specific at-risk individuals. As a result, disclosure may be not to public health authorities and other medical care providers, but also to partners, family or even needle sharers. At least one court has held that a physician may have a duty to disclose genetic information about a patient to immediate family members. Disclosing genetic information is another issue in public health. But genetic information does have implications for the health of blood relatives. Given the health concerns, at least one court has held that a physician may have a duty to disclose genetic information about a patient to immediate family members. Similar issues apply to postmortem disclosure. Genetic information is likely to be regarded as extremely useful to family members for predicting their own health care needs possibly even more so than other types of medical information , and thus there may be a strong argument in favor of disclosure after a patient has died. Public Safety In addition to concerns about public health, there are also a number of situations in which

physicians must disclose information in order to protect public safety. However, it is less clear whether doctors have the same ethical responsibility to protect public safety as they do public health, and as a result, mandatory reporting laws for public safety reasons are less well-defined. Many states have reporting statutes for injuries from criminal behavior, injuries from alcohol, motor vehicle impairments, and burns. Ohio, for example, has a statute mandating the reporting of drug abuse when the individual in question is a public transportation employee, and New Jersey requires physicians to report cases of epilepsy to the Division of Motor Vehicles. In some situations, however, a doctor might be obligated to disclose information to a particular individual or group of individuals. This concept originated in a California case, *Tarasoff v. In Tarasoff*, a patient informed his therapist of his intention to kill a young woman. After her murder, the family sued, claiming that the physician should have warned the victim. A number of states have adopted this principle, and some have extended it to all physicians or mental health professionals. Duty to warn cases focus on 1 the seriousness of the threat of harm and 2 the identifiability of the victim whether there is a specific individual at risk. Therefore, a doctor is not under any obligation to reveal threats of minor harm, threats that the doctor does not believe are serious, or general threats where there is no identifiable individual at risk. Given these parameters, duty to warn cases are not without controversy, and some people believe that they place the physician in the undesirable role of law enforcer, rather than healer. It is unclear how this issue affects confidentiality, and, many states have been hesitant to extend such a duty to health professionals. Protecting the Vulnerable Cases involving the protection of "vulnerable" persons, such as children, are slightly more clear-cut. Although doctors along with other professionals have at least some responsibility to protect vulnerable persons, it is not clear whether this should extend to the general public, or whether it should outweigh individual confidentiality protections. Almost all states have child abuse reporting statutes. Missouri specifically requires physicians to report drug dependent minors to the health department, and New Jersey expands the requirement to all drug dependent patients. In addition, some states have statutes that require reporting of abuse of hospital patients or long-term care patients, elder abuse, spousal abuse, and domestic abuse. Research and State Registries Besides reporting for health and safety, there are also laws that address reporting for informational or research purposes. Informational disclosure is usually the least controversial since the information is provided to state or federal agencies and not the public. In addition, Indiana keeps track of children with developmental disabilities, and Montana requires reporting of occupational diseases. Some states have statutes that require reporting of abuse of hospital patients or long-term care patients, elder abuse, spousal abuse, and domestic abuse. These registries are usually kept confidential, and in many cases the information is kept separately from any individually identifying information. Recently, however, there have been some concerns raised about such databases, especially when the information can be linked to individuals in other words, it is not completely anonymous or it is stored electronically without adequate security. Sharing medical information for research purposes is more controversial. In some research protocols, identifiers remain so that data can still be traced to particular individuals. While it is generally accepted that patients must consent before being entered into a research study, some state laws explicitly carve out an exception to confidentiality restrictions, allowing access to medical records for research purposes. Because research allows better treatments to be developed and in this way serves the general public, it seems reasonable that disclosure should be permissible under certain circumstances, provided that individuals have the option of remaining anonymous.

## 8: Patient Confidentiality: Privacy and Public Health

*Confidentiality in the Medical Field Medical professionals on all levels must maintain confidentiality for patients. Patients are more likely to trust and divulge personal information to their doctors if they believe the doctors can maintain privacy.*

Even in explicit advertisements for healthcare products, services, etc. In general, researchers and clinicians are obligated to protect the identity of their subjects and ensure that the parameters of such protection are fully explained before any experimental or clinical treatment begins. This can be problematic and generates a number of questions. In this way, as Bok has noted, latitude to defer confidentiality might be afforded as circumstantially and ethically appropriate. Certainly, patients would need to be informed of these potential risks. But is this really feasible or possible? Despite the best intentions and most stringent attempts to limit where and how patient information could be revealed and directed, once in the public domain there can never be complete certainty about where the dissemination process could lead and in what context s patient information could be accessed, seen, and used. Legal Issues in Mental Health Care. The limits of confidentiality. Confidentiality in medicineâ€”a decrepit concept. The concept of autonomy in a pluralist society. Pharmacoepidemiology and Drug Safety. The Virtues in Medical Practice. The view of members of local research ethics committees, researchers and members of the public towards roles and functions of LRECs. Journal of Medical Ethics. Responsibilities and obligations of the patient-physician relationship. Of oaths, authenticity and agency. Am J Pain Mgmt. Giordano J and Neale A. Principles of Biomedical Ethics, 5th ed. Canadian J of Philosophy. Techniques, technology and tekne: On the ethical use of guidelines in the practice of interventional pain medicine. Toward a reconfiguration of bioethical principles. Giordano J and Hutchison PJ. Regrounding medicine in humanity amidst technocracy and cultural pluralism. The randomized controlled trial: Am J Pain Management. January 28, 1.

### 9: Policies and Procedures : Personal information - confidentiality

*Physicians Practice With the HIPAA Omnibus Rule requiring greater identification, documentation, and management between medical practices and vendors, some new formalities may come into play. Here's a sample confidentiality agreement, drafted by attorney Amy Fehn of [www.enganchecubano.com](http://www.enganchecubano.com), to help put your vendors on notice and demonstrate to the federal government your good faith efforts to achieve HIPAA compliance.*

Nursing Free Essays Privacy and Confidentiality Privacy is a duty or need to prevent any form of information leakage. There are two basic kinds of privacy and confidentiality. They are voluntary and forced. In the first case, it refers to prerogative of the individual. In the second case, information is a meaning for official use, which is available for a limited number of officers, individual state agency or organization, employees of private companies, and others. Both types of privacy are used in medical practice because limit of the information spread is identified not only by ethical norms but also by acts of legislation Sanbar Privacy relations between the professional and the client doctor and patient are desirable as it is the evidence of fundamental values such as private life. Only a guarantee of observing by confidentiality requirements encourages the patient to be frank. Need custom written paper? Medical diagnosis or medical information can significantly limit opportunities for social self-affirmation of a human. Privacy also protects economic interests of the patient. Information about human disease can severely limit economic, social, and political activity, promotion of career, and professional development. Confidentiality is essential for ensuring openness in communication of doctor and patient. Patient should be sure that it will not have undesirable consequences for him or her while this person is an open book for a doctor or nurse. Owning the right to choose a doctor and medical institution, the patient selects those, except by appropriate professional qualifications corresponding to high moral standards Jones Seriously ill people often depend entirely on the doctors. This confidence helps defeat the disease. Respect for the principle of confidentiality in the relationship between doctors and patients is provided not only by ethical standards but also acts of the current legislation Field Client says about us Andy W. Alabama I guess you know that your writers are experts in Economics. They prepared a few great academic papers for me, despite the deadline was strict and the topics were really complicated. Sofia, Calgary One of the best writing services. All papers were delivered on time and were flawless. I ordered lots of my papers here and all of them were written professionally! I did not even expect such a high quality of writing! Peter, Weston I was really stressed out with my course and I knew I could not write this paper on my own. You really helped me much and I got a high grade on my final assignment. It is understood that original owner of confidential medical information is the patient. He or she takes the initial decision to cart possibility of information distribution by any means and anyone, including health care employees. Further, in the process of patient care, health workers make out medical documentation. This newly created material, which carries confidential medical information, becomes the property of the medical institutions or private doctors. Hospitals and other health care facilities depend on the ability of staff to keep secrets of patients. Doctors, nurses, and clerks have access to highly confidential information. Private data can be uncovered solely when it has apparently manifested permission of the patient or is demanded by enactment. It is prospective that the patients permit the revelation of confidential information to medical contingent participating in treatment. All data that could reveal the identity of the patient must be protected. The degree of protection should be adequate form of data storage. Patients have a right of accessing medical history as well as all materials related to diagnosis and treatment. Patient has the right to obtain copies of these materials. However, data concerning the third party should not be available to the patient. Patient has the right to request correction, additions, improvements, and elimination of personal and medical treatment if they are inaccurate, incomplete, or irrelevant to the justification of diagnosis and treatment. Any intrusion into matters of personal and family life of the patient is prohibited, except for cases where the patient does not object to this interference and if the need is dictated by the objectives of diagnosis and treatment. In any case, medical intrusion in secrecy of the patient, of course, involves consideration for his secrets. Therefore, such an encroachment could be carried out only in the presence of precisely needful for its carrying persons, unless otherwise wish of the patient Balint

Patients coming in the health care setting have the right to rely on the existence of inventory in this facility and equipment necessary for ensuring the preservation of medical confidentiality, especially in those cases where medical professionals provide care, conduct research and treatment. There is a ministerial ordinance that sets the regulations for health facilities and health insurance companies in respect of who can sight and obtain personal health information. The chapters of this act consist of several important statements. If you want to get a copy, then you may have to present their request in writing and pay the cost of copying and postage. In most cases, a copy of your medical information must be provided to you within 30 days. Patient can request correction of any inaccurate information contained in documentation, or make additions if he believes that your health information is incomplete or misses anything. For example, if you and your hospital agree that your test results, listed in your documentation, are incorrect, then the hospital administration is obliged to correct this error. Even if the administration of the hospital believes that test results are correct, you have the right to put a mark on disagreement in your medical records. In most cases, medical documentation should be changed within 60 days Klosek In most of these cases patient can get a report on who was transferred to your health information. As a rule, health records cannot be consumed for objectives not related to individual treatment directly without authorization. For example, your doctor may not make transferal of health information date to your tenant or use it in trading and advertising without your permission done in writing form. You, probably, have noticed how your medical information may be used during your first visit to the new provider, or when you switched a new health insurance. However, patient can request a copy notification at any time Field Patient can inform health workers and health insurance company if he does not wish his information to be shared. Patient can ask if his health information is not passed to certain individuals, groups, or companies. For instance, you can ask your doctor not to transfer your health information to other physicians or medical staff of the clinic. Patient can ask to be contacted in certain places or in a certain way. For instance, patient can ask the nurse to call him or her at work, not home, or send information in the envelope, not on a postcard. There is a social hypothesis that the best way to solve the problem of medical privacy is to reveal the files and databases, making medical records freely available to all. Since each person has some medical problems, the best way to wash away the blot with the disease is to put them on public display Field But the problem with the opened access to medical records is personal features of each individual organism. Someone has diabetes, someone has asthma, and someone has inherited genetic disease. Some people have small schizophrenic deviations based on drugs. Making histories of everyone opened to the public will put people at risk of discrimination or personal attacks, for which there is always a reason. One of the goals of privacy in society is to protect all of us from different social problems that we have not got rid of Sylvester, Connell, and Reichman There is one more reason why we should still respect the privacy of the patient. People who were able to cope with their physical or mental illness deserve to be free from various well-wishers, constantly reminding them about it. People deserve to control their medical issues and privacy of medical records. Summarizing all research information, it should be noted that depending on regulations and ethics, confidentiality in the relationship of medical employee and patient is a principle that creates special atmosphere of trust and helps to provide complex of full rehabilitation in the features of social comfort and safety. Struggling with your essay?

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