HIPPA and the Parish Nurse

By Marcia Schnorr, RN, EdD, Parish Nurse Coordinator,
LCMS Health Ministries

Although the Health Insurance Portability and Accountability Act (HIPAA) became a law in 1996, its full impact will become more apparent after April 14, 2003 when the administration policies and procedures go into effect. The original intent of this legislation was to protect patient confidentiality in relation to information recorded, transmitted, or electronically stored. This may seem pretty straight forward, but sorting through materials from hospitals, long-term facilities, insurance carriers, and the American Hospital Association has been a lot like working my way through a maze in a field of corn.

The medical privacy regulation obligates hospitals, doctors, and other providers to use an individual patient's health information only for treatment, obtaining payment for services, and internal quality care audits. Any other disclosures must be withheld unless there is written permission. HIPAA rules are complex and lengthy—making it necessary for health care institutions to identify a privacy officer or manager of corporate compliance to monitor the nuances of the law and the policies and practiced of the institution. HIPAA is enforced with federal civil and criminal penalties for improper use or disclosure of protected health information, with stiffer penalties for intentional disclosure.

What implications does HIPAA have for parish nursing? The answer is not as simple as it may seem. Although HIPAA applies to all health care settings, procedural differences are allowed. Although the scope and practice of parish nursing is standardized, there are different models. One thing that is consistent is that it is more difficult to obtain health information. Parish nurses will want to inform their pastors congregations about the generalities of HIPAA and the implications it has for visitation ministry —as well as secondary implications for caring and sharing within the congregation.

Some parish nurses report that HIPAA has already affected their ministry. Parish nurses have found that they can no longer arrive at a hospital and ask for the names of patients from their congregations. Parish nurses who have arrived at a hospital to visit a specific patient are not informed that the patient was transferred to another facility for special care. A parish nurse made a hospital visit, was informed that the person was not there any longer. In fact the person had died but that information was not shared.

General Guidelines

- Hospitals and long-term care facilities ***may*** maintain a directory that may include the patient's/resident's name, location in the facility, general condition, and religious affiliation. The person must be given the opportunity to permit or refuse to be included in the directory.
- Directory information may be shared **only** if you ask for the person by name and they have given permission to be listed. Pastors and parish nurses cannot merely ask if there are any members from their congregation in the hospital. Parishioners should be apprised that they have to give specific consent or they will not be listed and we will be unable to access the information. **The best practice is for the patient or family member to inform the church of any admissions *and* give permission to be in the facility directory.**
- Health care facilities may require identification when asking for information. Pastors and parish nurses will be wise to have a picture ID available.
- Information will not be shared even if it is in the public domain without proper authorization. This may become a factor when "everyone knows" that Mr. X was involved in an accident or other incident and was brought to the hospital. Without authorization, the pastor or parish nurse will not be privy to this information by calling or making an on-site visit. **The best practice is for the patient or family member to inform the church of any emergency room visits—or request the staff to contact the church on your behalf.**
- The pastor or parish nurse who is either employed or volunteering in a health care facility cannot assume that information that has been gained through that role can be shared within the ministry team or congregation without patient consent.
- The parish nurse who receives health information from the patient cannot share this information—or their observations and assessments—with family members unless it is known that there is consent to share with family members.
- Disclosures required by state abuse and neglect laws or other information required for forensic purposes do not require authorization.

While all parish nurses will be affected by HIPAA, the impact will be different for parish nurses in an institutional model and those in a congregational model. The parish nurse (salaried or unsalaried) who is part of an institutional model will have more restrictions on general sharing, as they must comply with all agency policies and procedures. The parish nurse who is part of a congregational model will need to comply with the spirit of the law—to avoid inadvertently conflicting with the person's decisions regarding privacy.

Churches are not specifically included in the HIPAA rules, but they are encouraged to be sensitive to the person's right to have personal health information kept confidential. A patient who has withheld personal information from the hospital directory for personal reasons which may include safety and security will be done a disservice if churches share the information publicly in prayer or in print. Information obtained from a health care provider cannot be shared beyond the purpose for which it was shared—generally to allow the pastor and/or parish nurse access to the patient through the directory. It cannot be assumed that inclusion in the directory includes permission to share additional information with the general congregation and public.

It is recommended that parish nurses assist their congregation is establishing a privacy policy. Congregations should then work to inform their members of the policy. Although some congregations have initiated written consent forms for disclosure, the common practice remains verbal consent. Recommended items to consider in the privacy policy include

- The pastor, parish nurse, care-giving volunteers, and office staff will share information on a "need to know" basis to provide a Christ-centered health ministry.
- Names will be included in corporate prayers and with the prayer chain in general terms only. God knows the specific needs. Additional information will be shared only upon request from the patient (or in emergency, the immediate family)
- Names will be listed in bulletin and newsletters in general terms only without specific consent from the patient (or in emergency the immediate family)

It is clear that HIPAA has extended beyond the initial intent of limiting personal health information that is recorded, transmitted, or stored electronically. What remains unclear is some of the gray areas of practice as defined by local health care facilities. Parish nurses as members of a health care profession are advised to maintain usual standards of professional confidentiality, avoid policies that conflict with HIPAA, be sensitive to the needs of the parishioner, and continue to work in team ministry with the pastor and others to serve our parishioners and others in the name of the healing Christ.