Confidentiality Policy

All client records at J Atifa RN Support Services LLC are kept confidential as required by federal and state law and by professional ethics. Oklahoma statutory law has expanded the common law scope of confidential communication to include consultation or communication with health care professionals on a need-to-know basis.

In general, no client records or information therein should be released or discussed without the written consent of the client or by valid court order.

1. However, in most cases, client information may be shared appropriately on a need-to-know basis with the professional's rendering services without written consent.
2. Access to records is protected by responsible usage of passwords and user IDs. Passwords and user IDs are confidential and should not be shared with anyone, including peers or supervisors. In addition, computers should not be left unattended without first signing off, especially if client information is on the screen. It is important to remember that each user is responsible for protecting the integrity and the security of all confidential data in all the electronic health record systems, and that all entries are the responsibility of the individual identified by the password.
3. Information is an asset to be shared appropriately when necessary and to be protected at all other times. Access to client records should be limited to those who have a need-to-know as necessitated by the performance of required job duties.
4. Any incident of failure to maintain confidentiality with client information will be carefully reviewed for J Atifa RN Support Services and will result in disciplinary action.

All client records sent to the client will be sent electronically in a confidential manner that may require the use of passcode or password to access records in addition to an expiration date of when records can be accessed to maintain privacy and confidentiality of records.

Acknowledgment

I, _____, have received a copy of the confidentiality policy.
   (First and Last Name)

_____
(Signature)   (Date)

J Atifa RN Support Services LLC