

# CCHC Policies & Procedures

Policy: Confidentiality Policy	Area: Administration
--------------------------------	----------------------

Respecting the right to privacy is a basic element of the Charlotte Community Health Clinic, Inc. management policy. Information about a patient/client, volunteer, board member or employee required in the conduct of the Clinic's business will be collected only by proper means, restricted to that which is relevant, used only for the business purposes and maintained in a manner which will protect its confidentiality. All statutory requirements with regard to the privacy of such information shall be strictly followed. Except as required by law, no information shall be released without permission (NCGS 312-1, NCGS 108-80, NCGS 130A-1430).

- **Patient/Client** - It is imperative, because of the nature of our work that information pertaining to patients/clients is kept confidential. Under no circumstances should patients/clients be discussed outside the Clinic. Neither should cases be discussed within the clinic with anyone who is not directly involved. Do not discuss a case because of personal curiosity. Joint conferences for the purpose of discussing clients must be held in private and should be done on a "need to know" basis. No client information will be provided to outside agencies except with the client's express written consent.
  - **Employee** - The only information given without the express written consent of the employee or former employee of former employee regarding current or former employment will be verification of employment and relevant dates. No further information shall be released without the employee's written consent and the Executive Director's approval.
  - **Volunteer** - The only information released about volunteers will be that which is requested by the volunteer in writing to the Executive Director, unless such information is used for volunteer recognition purposes.
-

# CCHC Policies & Procedures

---

I have read and understand the above Confidentiality policy. I also understand that failure to adhere to this policy could result in immediate dismissal from Charlotte Community Health Clinic.

This Policy will be signed initially and reviewed and signed annually.

\_\_\_\_\_

Print Name & Title \_\_\_\_\_  
Date

\_\_\_\_\_

Signature \_\_\_\_\_  
Date

Reviewed:	
Adopted by Board:	November 5, 2008
Revision Date:	