



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Patient's Experience (PFR)		
Document:	Administrative Policy and Procedure		
Title:	Confidentiality, Integrity and Data Security		
Applies To:	All MCH Staff		
Preparation Date:	January 05, 2025	Index No:	PFR-APP-006
Approval Date:	January 19, 2025	Version :	2
Effective Date:	February 19, 2025	Replacement No.:	PFR-APP-006(1)
Review Date:	February 19, 2028	No. of Pages:	4

1. PURPOSE:

- 1.1 To maintain confidentiality of all types of information. This includes Medical Records, diseases, operation index, computers, microfilms and tapes.

2. DEFINITONS:

- 2.1 **Confidentiality:** The protection of information provided by people and organizations to us and ensuring it is not disclosed or made available to people or organizations who are not authorized to access it. Authorization should be given by the person providing the information, but may also be through legislation.
- 2.2 **Data integration:** The linking of data about the same person or organization (or unit) from two or more unit record datasets originally collected for different purposes.
- 2.3 **De-identification:** The process of removing information from data to reduce risk of spontaneous recognition. It typically includes removing names, exact dates of birth or death, and exact addresses.
- 2.4 **Information security:** The measures put in place to protect against data and information being disclosed to unauthorized people or organizations, and to ensure appropriate availability and integrity of information.
- 2.5 **Integrated Data Infrastructure (IDI):** Database containing de-identified people-centered data from a range of government agencies and non-government organizations.
- 2.6 **Integrity:** Assurance about the accuracy and consistency of data and information and that it is authentic and complete. It includes assurance that data and information has been properly created and has not been tampered with, damaged, or subject to accidental or unauthorized changes.
- 2.7 **Personal information:** Data and information about a person that we should not disclose to people who are not authorized to have access to it. It is a subset of confidential information.
- 2.8 **Privacy:** The individual's rights relating to control of the provision, use, and disclosure of information about themselves, commonly called their personal information.

3. POLICY:

- 3.1 All patient information, whether created in Maternity and Children Hospital Hafar Al Batin or provided by the patient, shall be highly confidential. This policy sets forth procedures to maintain all types of information in utmost confidentiality in compliance with MOH specifications and ethical rights of patients. **Minimum Necessary** rule shall be followed with regards to Disclosure of Patient Information

4. PROCEDURE:

- 4.1 All new hired employees, especially those who have access to patient information in any form, shall acknowledge awareness and understanding of their responsibilities to protect confidentiality of patient information by signing a confidentiality agreement upon hire. Signed confidentiality agreement shall be kept in employee's file in personnel department.

- 4.2 The protocol of the handling of in Maternity and Children Hospital Hafar Al Batin confidential patient information / medical records facilities shall be specified in all concerned contractual agreements.
- 4.3 Staff access to different categories of information is restricted on a need to know basis. in Maternity and Children Hospital Hafar Al Batin staff shall exercise caution and good judgment in discussing patient information with other employees. Sensitive information should only be released to personnel directly involved with a particular patient's care.
- 4.4 The collection of information about a patient, whether by interview, observation or review of documents, shall be conducted in a setting that provides the maximum possible privacy and protection of such information from unauthorized individuals.
- 4.4 Case discussion, consultation, examination and treatment shall be conducted discreetly and shall not be discussed with or disseminated to non in Maternity and Children Hospital Hafar Al Batin personnel, unless individual is involved by properly authorization.
- 4.5 As much as possible "No Discussion" shall be allowed between healthcare providers unless it is required to come up to a decision on the patient's health status. Discussion shall be allowed only to those involved in the patient care.
- 4.6 Data that are directly entered into the computer by assigned staff (e.g. Physician, nurses, laboratory staff, or radiology staff) shall be saved electronically according to assigned sections and shall bear the electronic staff's code and / or ID number of responsible person.
- 4.7 Minutes of meetings, reports and other such business documents containing identifying patient information that are not filed in the patient's medical record shall also be considered confidential and handled accordingly to this policy.
- 4.8 **Data and information security:**
 - 4.8.1 Persons working in the Medical Records, and other authorized persons who have access to patient Medical Records must not under any circumstances disclose any type of patient information to unauthorized persons. Disclosure of any information contained in the Medical Records is a breach of confidentiality. Anyone found to have disclosed any information to unauthorized persons would be subject to disciplinary action and possible termination.
 - 4.8.2 Medical Records in the department are kept secured and in strict confidentiality. No unauthorized persons are allowed to have access to patient Medical Records or any type of patient data information.
 - 4.8.3 Patient's medical records shall be returned after use to the Medical Records Department and shall not be forwarded to another individual (even if requested to do so) prior to its return to Medical Records Department.
 - 4.8.4 No records / files should be left unattended.
 - 4.8.5 No computers should be left unattended without password protection.
 - 4.8.6 For Medical Record in the inpatients areas, Medical Record should be kept in a secure cabinet if not in use.
 - 4.8.7 Medical Record staff should always be available. No staff should leave the department without handing over.
 - 4.8.8 Occurrence Variance report OVR should be written and Disciplinary action shall be taken against persons violating this rule in accordance with Employee Conduct, Responsibilities and Disciplinary Policy.
 - 4.8.9 Special care has to be taken to preserve the safety of records. Records have to be protected from insects, termites and prevent them from being exposed to heat, fire, dampness and dust. Adequate fire extinguishers (Clean agents and CO2) should be available in the Filing Area.
- 4.9 Disclosures that are permitted without Patient Authorization (Consent): In general, patient authorization is not required for providing care, obtaining payment, and running hospital's administrative functions. Disclosure to other organizations without patient authorization is also permitted in the following circumstances:
 - 4.9.1 **Court Order** – All patient information will be made available to the court upon request.
 - 4.9.2 Injuries, poisoning, accidents, abortions, suicidal and homicidal cases should be reported to the police or legal authorities by authorized persons in the concerned department.
 - 4.9.3 Events such as Births, Deaths, and foetal Deaths should be reported to registration authorities, by the concerned department or through the family.

- 4.10 Disclosures Require Patient Authorization (Consent)
 - 4.10.1 If Disclosure of Patient Information is not covered by laws and regulations, patient authorization is required.
 - 4.10.2 A written consent should be obtained from every patient or his legal representative to release copies of information from his medical records.
 - 4.10.3 The patient should give 4 names for Saudi Patient or complete name for Non-Saudi, next of kin and the patient registration number (if known).
 - 4.10.4 The specific information needed should be stated clearly (e.g. Medical Certificate).
 - 4.10.5 The patient or his legal representative must sign as to whom the information is to be released.
 - 4.10.6 The information should be forwarded to Patient Affairs Department for processing the release of information.
 - 4.10.7 Patient Affairs Department will identify the information required and forward it to Medical Records Department if applicable.
 - 4.10.8 Requested information should be photocopied from the patient records and provided to Patient Affairs Department.
 - 4.10.9 A copy of the request form should be kept in the patient file, bearing the signature of person who obtained the information.
- 4.11 Release of the information to investigator for study and research purposes:
 - 4.11.1 It is expected that the physician, persons requesting information are fully aware of MOH specification and ethical consideration for human research.
 - 4.11.2 It is expected that the physician. Requestor will comply with the requirements of concerned Ethics Committee.
- 4.12 Access of Patient to their Health Information:
 - 4.12.1 Patients/ families are encouraged to be actively involved in all aspects of their care and a minimum should participate in the development and implementation of the treatment plan that includes pain management and discharge preparation.
 - 4.12.2 Patient must obtain from all healthcare providers responsible for their care complete and current information regarding their diagnosis. Treatment and outcomes of your care, including any unanticipated outcomes.
 - 4.12.3 Completed discharge summary shall be given to all patents immediately after discharge.
 - 4.12.4 A detailed medical reports can be prepared and submitted to the patient per his/ her request. All requests shall be handled / routed through Patient Service Department / medical reports section.

5. MATERIAL AND EQUIPMENT:

- 5.1 Confidentiality Agreement
- 5.2 Patient Information Disclosure Consent

6. RESPONSIBILITIES:

- 6.1 All individuals/staff engaged in the collection, handling, dissemination, storage, or disposal of patient information are responsible to protect the patient's right to confidentiality





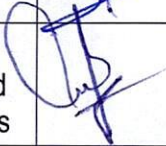

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ministry OF Health Rules and Regulations

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Rhodora Natividad	Document Management Control Coordinator		January 05, 2025
Prepared by:	Mr. Ahmed Al Mutairi	Patient Experience Director		January 07, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
Reviewed by:	Mr. Thamer Nasser Al Anizi	Assistant for Administrative and Operating Services		January 13, 2025
Approved by:	Mr. Fahad Hazam Al - Shammary	Hospital Director		January 19, 2025