



**ALLEGHENY COUNTY
BUREAU OF CORRECTIONS**

APPLICABILITY: All Authorized Personnel

POLICY NUMBER: 2108

EFFECTIVE: 3/23/2016

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REVIEWED: 1/29/2020

TITLE: Privacy of Care

NCCHC: J-A-07;

ACA: 4-ALDF-4D-13, 4-ALDF-4D-14, 4-ALDF-4D-19

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POLICY

It is the policy of the Allegheny County Bureau of Corrections Health Care Services Department that healthcare encounters and exchanges of patient information and clinical encounters remain private.

PURPOSE

To ensure the inmate's healthcare information is protected and that access to the information is in accordance with state and federal law.

PROCEDURAL GUIDELINES

NCCHC/ACA:

1. Discussions of protected patient health information and clinical encounters are conducted in private.
2. Privacy (e.g., screen, curtain, private area) should be afforded during physical exams, with special consideration for pelvic, rectal, breast, or other genital exams.
3. Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy.
4. Information about an inmate's health status is confidential. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law.
5. Information provided to correctional, classification staff, volunteers, and visitors address only the medical needs of the inmate as it relates to housing, program placement, security, and transport.
6. Female inmates are provided a female chaperone for encounters with a male healthcare provider.

PROCEDURE DETAILS

1. Health care encounters are conducted in areas that provide appropriate visual and auditory privacy. Security personnel is in close proximity only if the urgent or emergent nature of the clinical encounter warrants this, or the patient poses a probable risk to the safety of the health care provider or others.
2. Instruction on maintaining confidentiality is given to security staff or interpreters who observe or hear health encounters by the health care provider.
3. A private area or a privacy screen should be afforded the inmate during physical exams.

4. When indicated, a female chaperone will be present for encounters with a male provider.
5. If effective communication is compromised due to deficits in speech, hearing, or inability to communicate in the same language, arrangements should be made for an interpreter or assistive device. The selection process for a form of assistance or interpreter should reflect the patient's communication preference and desire for privacy.
6. The use of other patients as interpreters should be discouraged and used only in urgent and emergency situations.