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| Name of Policy: Confidential Patients Policy Number: 3364-100-01-13 Approving Officer: Chief Operating Officer, Chief of Staff Responsible Agent: Chief Medical Officer, Chief Nursing Officer Scope: University of Toledo Medical Center | |  Effective date: Original effective date: 7/1/1998 | |
| Key words: Confidential Patients, Security, Confidential Status, Information, Safety | | | |
| <input type="checkbox"/> | New policy proposal | <input type="checkbox"/> | Minor/technical revision of existing policy |
| <input checked="" type="checkbox"/> | Major revision of existing policy | <input type="checkbox"/> | Reaffirmation of existing policy |

(A) Policy Statement

Patients who present with documented, life-threatening security concerns or who request confidentiality will be registered under the No Information Available (“NIA”) status. This designation ensures that no identifying information is disclosed to unauthorized individuals.

(B) Purpose of Policy

This policy safeguards the privacy and safety of patients who are at risk or who request confidentiality during their care episode. It ensures consistent handling of sensitive cases across all departments and aligns with institutional privacy and security standards.

(C) Procedure

1. Eligibility for “NIA” Status

A patient may be designated as “NIA” if:

- There is a verified, life-threatening security concern, and both the patient care unit and HSC Security agree that confidentiality is necessary to protect the patient or staff.
- The patient independently requests confidential status.

2. Registration Protocol

- The patient will be registered in the system as NIA.
- No alias names will be used under any circumstance.
- The patient’s presence will not be acknowledged to any external party, including family members, unless explicitly authorized by the patient.

3. Information Handling

- No information about the patient’s admission, treatment, or location will be disclosed via phone, email, or in-person inquiry.
- Staff must respond to inquiries with: “We have no information on a patient by that name.”

4. Staff Responsibilities

- All staff interacting with NIA patients must be informed of the confidentiality status.
- Staff must document the confidentiality request and any related security concerns in the patient’s chart, using secure and restricted-access notes.

5. Audit and Compliance

- a) Access to NIA patient records will be monitored.
- b) Any unauthorized access or disclosure will be investigated and may result in disciplinary action.

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| <p>Approved by:</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Puneet Sindhwani, MD</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Legal, HAS</i></p> | <p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>7-01-13 Patients Using Alias Name</i> <p>Initial effective date: 7/1/1998</p> <p>Review/Revision Date:</p> <p>6/18/01 4/30/04 5/9/07 8/1/2008 5/18/2011 5/1/2014 5/1/2017 5/1/2020</p> <p>Next review date:</p> |
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