

### CONFIDENTIALITY RESPONSIBILITIES AGREEMENT for Access to the Facility Notification System

Name(Print) Last: \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

Contact phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Provider Number \_\_\_\_\_

Email Address \_\_\_\_\_ Medicare Number \_\_\_\_\_

Hospital/Facility/SC/SMO Name \_\_\_\_\_ State License Number \_\_\_\_\_

(If you are affiliated with more than one Hospital/Facility/Support Coordinator/SMO, provide the names, provider numbers, Medicare Numbers and State License Numbers for each. Use the back of page, if necessary)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Forms that will be submitted:(check all that apply)** \_\_\_ 148 \_\_\_ 148W \_\_\_ 142BH \_\_\_ Newborn Request \_\_\_ 1-HPE

Federal regulations 42 CFR 431.300 restricts the use or disclosure of information concerning applicants/enrollees to purposes directly connected with the administration of Medicaid. Federal regulations of CFR Part 160 and 164 governs the privacy of individually identifiable health information (HIPAA Privacy Rule.)

**Purposes directly related to the Medicaid program include:**

- Nursing Facility/Group Home (Form 148), Waiver (148W), Patient Liability (148PLI) and Behavioral Health (142BH), Newborn Births and TPL (Newborn Request), Assessing Hospital Presumptive Eligibility (BHSF Form 1-HPE) .

**Confidential information which shall be protected from disclosure includes, at a minimum, the following:**

- Name, SSN, and address of applicant/enrollee
- Medical services provided
- Social and economic conditions or circumstances
- Evaluation of personal information, and
- Medical data, including diagnosis and past history of diseases or disability.

It shall be unlawful for any person to solicit, disclose, receive, make use of, or to authorize knowingly permit, participate in, or acquiesce in the use of applications or client case records or the information contained therein for any purposes not directly connected with the administration of the Medicaid Program.

Publication of lists of names of applicants/enrollees is prohibited.

**Precautions in Safeguarding Information**

**\* Informal Discussions:**

All individuals, clerical as well as professional, shall refrain from discussing client situations informally in offices, rest rooms, while in transit or at social gatherings, regardless of whether the client's name is used. The use of names or of descriptions of unusual circumstances in discussions may easily lead to identification of the client. Regardless of the possibility of identifications, such discussions may create the impression that staff deals lightly with information received and does not have the proper respect for the affair of others.

**\* User Regulations:** The assigned email address/password may not be shared by other users. Each user must have their own email address and password,

**\* Record Material:**

Material used at staff discussions or training classes shall be edited for all identifying names and circumstances. If the group discussion is about a case under a fictitious name, the danger of the client's identity being determined is lessened.

*Any person who violates any of the provisions of confidentiality is subject to a fine of not more than two thousand, five hundred dollars (\$2500) or imprisonment for not more than two (2) years in the parish jail or both, nor less than five hundred dollars (\$500) or ninety (90) days on each count. In addition to these criminal penalties, violations of confidentiality requirements shall result in the termination of access to the Facility Notification System.*

**I have read, understand, and will abide by the confidentiality regulations in this agreement.**

\_\_\_\_\_  
User  
(Print or Type Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Facility/SC/SMO Manager  
(Print or Type Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail the ORIGINAL to:**  
Medicaid Eligibility Systems Section  
P. O. Box 91283, Bin #37  
Baton Rouge, LA 70821-9283

**Or send email to:**  
EligibilitySystemsSection@la.gov