

## **SECTION 2 PROGRAM ADMINISTRATION**

### **2.0 CONFIDENTIALITY OF CLIENT INFORMATION**

Provision of medical services and information contained in medical records of clients served under the Program is confidential. All medical providers and IBCCP staff must safeguard the use and disclosure of any client's medical and social information. IBCCP charts must be kept in locked file drawers.

The medical record is a legal document and all forms must be signed and appropriately witnessed. Medical records of clients may be disclosed only to medical providers or medical facilities accepting a client referral and to the IBCCP state and local agency offices. Information may be disclosed in summary or other form that does not identify particular individuals, if such information is in compliance with applicable Federal and State regulations and the exchange of individual medical record information is in keeping with established medical standards and ethics. Each IBCCP agency must provide confidentiality and privacy of the healthcare information they collect under that agency's HIPAA regulations. Each agency must provide a copy of the agency's privacy practices to each client and obtain the client's signature to verify receipt.

### **2.1 ILLINOIS STATE CANCER REGISTRY**

Cancer incidence data is collected and reported by the Illinois State Cancer Registry (ISCR) at the Illinois Department of Public Health. The ISCR is the only source of population-based cancer incidence data for the state. Cancer cases are collected through mandated reporting by hospitals, ambulatory treatment centers, and through the voluntary exchange of cancer patient data with nine other states. Information about ISCR and other data sources is available at the IDPH website ([www.idph.state.il.us](http://www.idph.state.il.us)).

Administrators or program directors at each Lead or Consortia Agency are required to sign an agreement with the ISCR. This agreement allows comparison of breast and cervical cancer data files collected by ISCR and IBCCP. Discrepancies identified between the two data files are investigated to insure the retained client data is accurate.

### **2.2 CLIENT PARTICIPATION AGREEMENT/RELEASE OF INFORMATION**

A signed, dated and witnessed Client Participation Agreement & Release of Information Form must be completed at enrollment; be reviewed with the returning client and become a permanent part of the patient's medical record. **Effective October 1, 2007, women with incomes over 250% Federal Poverty Level who do not have insurance and wish to participate in the Program are expected to sign the Client Participation Agreement/Release of Information form.**

The Client Participation Agreement & Release of Information Form contains a general description of the Program and a brief explanation of proposed medical examination

## **SECTION 2 PROGRAM ADMINISTRATION**

components. The form also describes what the client can expect to receive as a Program participant.

Consent to release medical information, including test results, must be given by the client. If the client is referred to the Medical Benefits for Treatment, information from her file will be released to the Illinois Department of Healthcare and Family Services (HFS).

### **2.3 CLIENT RECORD MAINTENANCE AND RETENTION**

*IBCCP Lead Agencies* must establish a client record to include all required forms outlined in 4.10 and provided in Appendix E, including income and age verifications. Along with required forms, the client record should maintain a copy of the actual screening and diagnostic examination results report including:

- A.) clinical breast exam;
- B.) mammogram (radiology report), if appropriate;
- C.) pelvic exam;
- D.) Pap test (cytology report), if appropriate; and
- E.) diagnostic examinations (radiology, pathology report), if appropriate.

#### **2.3.1 ADDITIONAL CLIENT RECORD REQUIREMENTS**

- A.) These records must be maintained in accordance with accepted medical records standards. This includes division of the chart allowing easy identification of all consent forms and all clinical results.
- B.) A signed privacy policy notification must be kept in the client's file.
- C.) Contracted medical providers must establish a comprehensive and concise medical record for every client enrolled as an IBCCP participant.
- D.) Medical records must be maintained for a predetermined number of years established by the Lead Agency's administration (See References – Record Retention).
- E.) Client data, health assessment information and test results must be entered into the Cornerstone System.
- F.) Periodic review or audits of records at contracted agencies are required by IBCCP and will be conducted at a mutually agreed upon time. All records

## **SECTION 2 PROGRAM ADMINISTRATION**

must be available to IBCCP staff when requested for review (See Sections 7.5 and 7.6).

1. The usage of electronic medical records is acceptable; however, it is the responsibility of the Program Coordinator to ensure required documentation is available to the Quality Assurance Nurse during site visits via hard copy or staff must be made available to assist with viewing client's records via the computer.
- G.) Copies of individual client records are available upon request by the client, as required by law. Clients must allow 24 to 48 hours for preparation of records for release. The client must sign a consent form for release of records.
- H.) Per the contract agreement between IDPH and the IBCCP Lead Agency, all client records remain the property of IDPH and must be returned to IDPH in the event the contract is not renewed or is revoked.

### **2.4 OTHER RESOURCES FOR INELIGIBLE WOMEN**

Resources available for clients who are not eligible for the Program:

- American Cancer Society;
- breast cancer centers and support groups;
- civic organizations;
- church-based assistance;
- hospital foundations; and
- various organizations throughout the local agency's geographic region.

#### **2.4.1 MIGRANT CLINICIANS NETWORK**

The Mission of the Migrant Clinicians Network (MCN) is to positively impact the physical, mental, and environmental health of Migrants and other mobile, underserved populations. Through a cooperative agreement between HRSA and the CDC, MCN initiated a new medical records transfer and care coordination project in 2004: CAN-track. The goal of CAN-track is to increase screening rates and reduce mortality rates from breast, cervical and colon cancers among migrant workers by decreasing the number of clients lost to follow-up. CAN-

## **SECTION 2 PROGRAM ADMINISTRATION**

track provides a records transfer system (via fax) and care coordination services (via a toll-free telephone number) to participating clinics and medical providers from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CAN-track transfers medical records throughout the United States, Mexico and Central America, integrating the services provided in those countries with the United States health care system and allowing clinicians to develop long-term care plans. Another important component of CAN-track is a comprehensive database containing contact and service information for over 150 different agencies that provide cancer screening and treatment services – as well as financial assistance and social services – in Mexico, Honduras, Guatemala, El Salvador and the United States. This database, as well as further information about MCN and CAN-track, is available on the MCN website: [www.migrantclinician.org](http://www.migrantclinician.org).

IBCCP encourages all Lead and Consortia agencies to consider linking with MCN for Hispanic clients who may need follow-up and are moving from place-to-place within the United States or moving to another country participating in the CAN-track Program.

### **2.4.2 SUSAN G. KOMEN FOUNDATION**

The Susan G. Komen Foundation Grants are available based on geographic location to a variety of IBCCP Lead Agencies and Consortia Agencies. The Race for the Cure, an annual Komen event, is the primary fund raising event. Those funds are supplemented by other donations received by the National Susan G. Komen ([www.Komen.org](http://www.Komen.org)) office located in Texas. Some Susan G. Komen Foundation chapters, such as the Peoria chapter, have additional private funds donated as memorials or other remembrances. The Chicago, Peoria, Decatur, Quad Cities and St. Louis chapters offer grant opportunities to county health departments and other agencies within the chapter's assigned geographic region to assist those facilities with screening women, educational programs for the public and professionals, and outreach and advertising. The grants must be submitted yearly based on a grant submission schedule established by the individual Komen chapter.

All eligible IBCCP Lead and Consortia Agencies are encouraged to apply for grants through their respective chapters. It is the agency's responsibility to establish and maintain a line of communication with the local Komen chapter representatives. Involvement in local Komen activities is optional but encouraged by IBCCP. Related costs are not reimbursed through IBCCP funds.

### **2.4.3 "MAMMOGRAMS SAVE LIVES" LICENSE PLATE FUND**

The "Mammograms Save Lives" License Plate Grants are available throughout the state of Illinois to Illinois Breast and Cervical Cancer Program Agencies and

## **SECTION 2 PROGRAM ADMINISTRATION**

other not-for-profit entities, health departments, hospitals, community social service organizations and other cancer advocacy organizations. The License Plate Grants are administered through the Peoria chapter of the Susan G. Komen Foundation using funds generated through purchase of the special license plates carrying the Pink Ribbon symbol for breast cancer awareness. Applications are usually available in July and due to the Peoria Chapter by September 30. The grant year is based on the calendar year. Awards are determined in November and announced in December. IBCCP staff serve on the review committee as determined in state law 625 ILCS 5/3-643 which established the license plate funds.

All IBCCP agencies are encouraged to apply for the License Plate Grant. Funding is primarily targeted to provide mammography screening for women under age 50. Limited funding for outreach and education has been available in the past. Agencies are also encouraged to work with the local Secretary of State driver's license facilities to maintain a supply of the "Mammograms Save Lives" License Plate application forms. The proceeds from these sales fund more mammograms for women in the state who cannot afford a mammogram. Contact [lmarticle@komenpeoria.com](mailto:lmarticle@komenpeoria.com) for additional information.