

Joint Commission Review Crosswalk for Chaplain Services

Commentary items are included in the “Hospital Plan for Chaplain Services Department,” “Chaplaincy Policies and Procedures,” and/or “Department Scope of Service” or in the Hospital P&P. Also found on the APC website.

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- Rev. 5.11 Stephen King, BCC, Network Liaison to The Joint Commission, APC Commission on Quality in Pastoral Services
- 9.08 Jon Overvold, BCC, Chair, APC Commission on Quality in Pastoral Services
- 6.05 Sue Wintz, BCC, former Chair, APC Commission on Quality in Pastoral Services

2011 Joint Commission Standard	Commentary/Chaplaincy	Needing Department Attention
<p>Rights and Responsibilities of the Individual RI.01.01.01 The hospital respects, promotes, and promotes patient rights.</p>	<p>Chaplaincy care is the responsibility of the Chaplaincy department. Chaplaincy follows the Common Code of Ethics.</p>	
<p>Elements of Performance</p> <ul style="list-style-type: none"> 2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) 4. The hospital treats the patient in a dignified and respectful manner that supports his or her dignity. 5. The hospital respects the patient’s right to and need for effective communication. (See also RI.01.01.03, EP 1) 6. The hospital respects the patient’s cultural and personal values, beliefs, and preferences. 7. The hospital respects the patient’s right to privacy. (See also IM.02.01.01, EPs 1-5) 9. The hospital accommodates the patient’s right to religious and other spiritual services. 28. The hospital allows a family member, friend, or other individual to be present with the patient for 	<p>EP 28 and 29 are NEW. The chaplain helps the hospitals advocate for the rights of those significant in the lives of the patients.</p>	

<p>emotional support during the course of stay. Note 1: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EPs 6-8.) Note 2: [Effective July 1, 2011, this will be part of the accreditation survey.] 29. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Note: [Effective July 1, 2011, this will be part of the accreditation survey.]</p>		
<p>RI. 01.01. 03 The hospital respects the patient's right to receive information in a manner he or she understands</p>	<p>Chaplains provide culturally sensitive, age appropriate, language specific, and spiritually/religiously appropriate care</p>	
<p>RI. 01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services</p>	<p>Chaplains participate in patient/family centered care, palliative care, and ethics committee</p>	
<p>RI. 01.03.05 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Elements of Performance 1. The hospital reviews all research protocols and weighs the risks and benefits to the patient participating in the research.</p>	<p>Both IRB participation and IRB approval for research in which Chaplains are investigators or staff In conducting research, Chaplains follow all research ethics and regulations in order to protect the patient</p>	

<p>2. To help the patient determine whether or not to participate in research, investigation, or clinical trials, the hospital provides the patient with all of the following information:</p> <ul style="list-style-type: none"> - An explanation of the purpose of the research - The expected duration of the patient's participation - A clear description of the procedures to be followed - A statement of the potential benefits, risks, discomforts, and side effects - Alternative care, treatment, and services available to the patient that might prove advantageous to the patient <p>3. To help the patient determine whether or not to participate in research, investigation, or clinical trials, the hospital provides the patient with all of the following information:</p> <ul style="list-style-type: none"> - An explanation of the purpose of the research - The expected duration of the patient's participation - A clear description of the procedures to be followed - A statement of the potential benefits, risks, discomforts, and side effects - Alternative care, treatment, and services available to the patient that might prove advantageous to the patient <p>4. The hospital documents the following in the research consent form: That the patient received information to help determine whether or not to participate in the research, investigation, or clinical trials.</p> <p>5. The hospital documents the following in the research</p>		
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<p>consent form: That the patient was informed that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research.</p> <p>6. The hospital documents the following in the research consent form: The name of the person who provided the information and the date the form was signed.</p> <p>7. The research consent form describes the patient's right to privacy, confidentiality, and safety.</p>		
<p>RI. 01.05.01 The hospital addresses patient decisions about care, treatment, and services received at the end of life</p> <p>Elements of Performance</p> <p>10. Upon request, the hospital refers the patient to resources for assistance in formulating advance directives.</p>	<p>Chaplains explore the values of the patient, including advance directives, and both encourage the patient to communicate to the health care team and communicate themselves to the health care team as appropriate.</p> <p>Chaplains are one of the resources for assisting patients in formulating advance directives consistent with the patient's values and goals</p>	
<p>RI. 01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.</p>	<p>Chaplains are respectful, maintain appropriate boundaries, and honor the Common Code of Ethics</p>	
<p>PC.01.02.01 The hospital assesses and reassesses its patients.</p> <p>Elements of Performance:</p> <p>1. The hospital defines, in writing, the scope and content of screening, assessment, and reassessment</p>	<p>Screening, assessment, and reassessment are included in the comprehensive plan for chaplaincy care.</p>	

<p>information it collects</p> <ol style="list-style-type: none"> 2. The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. 4. Based on the patient's condition, information gathered in the initial assessment includes the following: <ul style="list-style-type: none"> - Physical, psychological, and social assessment - Nutrition and hydration status - Functional status - For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief 		
<p>PC. 01.02.03 The hospital assesses and reassesses the patient and his or her condition according to defined time frames</p>	<p>Time frame for initial assessments (and ideally reassessment) included in Chaplaincy scope of service documents</p>	
<p>PC. 01.02.05 Qualified staff or independent practitioners assess or reassess the patient</p>	<p>All practitioners can screen. Preferably a BCC (or supervisee) assesses or reassesses</p>	
<p>PC.01.02.07 The hospital assesses and manages the patient's pain.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8) 2. The hospital uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand. 3. The hospital reassesses and responds to the patient's 	<p>Chaplains may have a role in addressing pain</p>	

<p>pain, based on its reassessment criteria.</p> <p>4. The hospital either treats the patient’s pain or refers the patient for treatment.</p>		
<p>PC.01.02.11 The hospital assesses the needs of patients who receive psychosocial services for the treatment of alcoholism or other substance use disorders.</p> <p>Elements of Performance</p> <p>5. Based on the patient’s age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:</p> <ul style="list-style-type: none"> - The patient’s religion and spiritual beliefs, values, and preferences - Living situation - Leisure and recreation activities - Military service history - Peer-group - Social factors - Ethnic and cultural factors - Financial status - Vocational or educational background - Legal history - Communication skills 	<p>Alcoholism or other substance abuse added to triggers for assessment in Scope of Practice and Plan of Care.</p>	
<p>PC. 01.02.13 The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.</p> <p>Elements of Performance</p> <p>3. Based on the patient’s age and needs, the assessment for patients receiving psychosocial services for the</p>	<p>Treatment of emotional or behavioral disorders added to triggers for assessment in Scope of Practice and Plan of Care.</p>	

<p>treatment of alcoholism or other substance use disorders includes the following:</p> <ul style="list-style-type: none"> - The patient’s religion and spiritual beliefs, values, and preferences - Living situation - Leisure and recreation activities - Military service history - Peer-group - Social factors - Ethnic and cultural factors - Financial status - Vocational or educational background - Legal history - Communication skills 		
<p>PC. 01.03.01 The hospital plans the patient’s care.</p> <p>Elements of Performance</p> <ol style="list-style-type: none"> 1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2) 5. The written plan of care is based on the patient’s goals and the time frames, settings, and services required to meet those goals. 22. Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress. 23. The hospital revises plans and goals for care, treatment, and services based on the patient’s needs. (See also RC.02.01.01, EP 2) 	<p>Included in Chaplaincy’s Scope of Service</p>	
<p>PC. 02.01.05 The hospital provides interdisciplinary, collaborative care, treatment, and services.</p>	<p>Chaplaincy care is enhanced when provided in an interdisciplinary approach. Included</p>	

<p>Elements of Performance:</p> <p>1. Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.</p>	<p>in Chaplaincy's Scope of Service</p>	
<p>PC. 02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services. Note: This standard will not effect the accreditation decision at this time.</p> <p>Rationale:</p> <p>This standard emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events, * and that patients with limited English proficiency are more likely to experience adverse events than English speaking patients. ** ***</p> <p>Identifying the patient's oral and written communication needs is an essential step in determining how to facilitate the exchange of information with the patient during the care process. Patients may have hearing or visual needs, speak or read a language other than English, experience difficulty understanding health information, or be unable to speak due to their medical condition or treatment. Additionally, some communication needs may change during the course of care. Once the patient's</p>	<p>NEW</p>	

<p>communication needs are identified, the hospital can determine the best way to promote two-way communication between the patient and his or her providers in a manner that meets the patient’s needs. This standard complements RI.01.01.01, EP 5 (patient right to and need for effective communication); RI.01.01.03, EP 2 (provision of language interpreting and translation services); and RI.01.01.03, EP 3 (meeting needs of patients with vision, speech, hearing, or cognitive impairments).</p> <p>Footnote *: Bartlett G, Blais R, Tamblyn R, Clermont RJ, MacGibbon B: Impact of patient communication problems on the risk of preventable adverse events in acute care settings. CMAJ 178(12):1555–1562, Jun. 3, 2008.</p> <p>Footnote **: Divi C, Koss RG, Schmaltz SP, Loeb JM: Language proficiency and adverse events in U.S. hospitals: A pilot study. Int J Qual Health Care 19(2):60–67, Apr. 2007.</p> <p>Footnote ***: Cohen AL, Rivara F, Marcuse EK, McPhillips H, Davis R: Are language barriers associated with serious medical events in hospitalized pediatric patients? Pediatrics 116(3):575–579, Sep. 2005.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) <p>Note 1: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication</p>		
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<p>boards, and translated or plain language materials. Note 2: This element of performance will not affect the accreditation decision at this time.</p> <p>2. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)</p> <p>Note 1: This element of performance will not affect the accreditation decision at this time.</p>		
<p>PC. 02.02.03 The hospital makes food and nutrition products available to its patients.</p> <p>Elements of Performance:</p> <p>9. When possible, the hospital accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.</p>	<p>Included in Chaplaincy's Scope of Service as a trigger for assessment</p>	
<p>PC.02.02.13 The patient's comfort and dignity receive priority during end-of-life care.</p> <p>Elements of Performance</p> <p>1. To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.</p> <p>2. The hospital provides staff with education about the unique needs of dying patients and their families.</p>	<p>Included in Chaplaincy's Scope of Service. Additional trigger for assessment</p>	
<p>PC.02.03.01 The hospital provides patient education and training based on each patient's needs and abilities.</p> <p>Elements of Performance:</p>	<p>Chaplains have an educational role in health care. Trigger for assessment. Included in Chaplaincy's Scope of Service.</p>	

<ol style="list-style-type: none"> 1. The hospital performs a learning needs assessment for each patient, which includes the patient’s cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication. 2. The hospital provides education and training to the patient based on his or her assessed needs. 5. The hospital coordinates the patient education and training provided by all disciplines involved in the patient’s care, treatment, and services. 		
<p>DISCHARGE OR TRANSFER PC.04.01.01 The hospital has a process that addresses the patient’s need for continuing care, treatment, and services after discharge or transfer.</p>	<p>Included in Chaplaincy’s Scope of Service. Chaplaincy provides education and/or a plan for ongoing spiritual/religious care post-transfer or discharge as needed</p>	
<p>HOSPITAL PERFORMANCE IMPROVEMENT PI.01.01.01 The hospital collects data to monitor its performance.</p>	<p>Included in Chaplaincy’s Scope of Service—continuous quality improvement (CQI)</p>	
<p>PI.02.01.01 The hospital compiles and analyzes data.</p> <p>Elements of Performance</p> <ol style="list-style-type: none"> 1. The hospital compiles data in usable formats. 2. The hospital identifies the frequency for data analysis. 3. The hospital uses statistical tools and techniques to analyze and display data. 4. The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. 12. When the hospital identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified 	<p>Included in Chaplaincy’s Plan for CQI.</p>	

<p>in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes.</p> <p>Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, hospitals may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education.</p>		
<p>PI.03.01.01 The hospital improves performance.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01, EPs 1-11) 2. The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11) 3. The hospital evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01, EPs 1-11) 4. The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11) 	<p>Included in Chaplaincy's Plan for CQI.</p>	
<p>PI 04.01.01 The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.</p>	<p>Included in Chaplaincy's Plan for CQI.</p>	
<p>LEADERSHIP</p> <p>LD.03.02.01 The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</p>	<p>Included in Chaplaincy's Plan for CQI.</p>	

<p>Rationale: Data help hospitals make the right decisions. When decisions are supported by data, hospitals are more likely to move in directions that help them achieve their goals. Successful hospitals measure and analyze their performance. When data are analyzed and turned into information, this process helps hospitals see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, patient satisfaction, process variation, and staff perceptions.</p> <p>Introduction A hospital’s culture reflects the beliefs, attitudes, and priorities of its members, and it influences the effectiveness of performance. Although there may be a dominant culture, in many larger hospitals diverse cultures exist that may or may not share the same values. In fact, diverse cultures can exist even in smaller hospitals. Hospital performance can be effective in either case. Successful hospitals will work to develop a culture of safety and quality.</p> <p>In a culture of safety and quality, all individuals are focused on maintaining excellence in performance. They accept the safety and quality of patient care, treatment, and services as personal responsibilities and work together to minimize any harm that might result from unsafe or poor quality of care, treatment, and services. Leaders</p>		
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<p>create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state. In a culture of this kind, one finds teamwork, open discussions of concerns about safety and quality, and the encouragement of and reward for internal and external reporting of safety and quality issues. The focus of attention is on the performance of systems and processes instead of the individual, although reckless behavior and a blatant disregard for safety are not tolerated. Hospitals are committed to ongoing learning and have the flexibility to accommodate changes in technology, science, and the environment.</p> <p>Elements of Performance:</p> <p>5. The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8).</p>		
<p>LD.03.03.01 Leaders use hospital-wide planning to establish structures and processes that focus on safety and quality.</p>	<p>Chaplaincy participates in hospital CQI</p>	<p>Elements of Performance:</p>
<p>LD.03.06.01 Those who work in the hospital are focused upon improving safety and quality.</p>	<p>Chaplaincy participates in hospital CQI</p>	
<p>LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. Leaders of the program, service, site, or department oversee operations. 2. Programs, services, sites, or departments providing patient care are directed by one or more qualified 	<p>Responsibility and Accountability in Chaplaincy documents</p>	

<p>professionals or by a qualified licensed independent practitioner with clinical privileges.</p> <p>3. The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. (See also NR.01.01.01, EP 5)</p> <p>4. Staff are held accountable for their responsibilities.</p> <p>5. Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)</p>		
<p>LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.</p>	<p>Hospital plan includes Chaplaincy/chaplaincy care.</p>	
<p>LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment and services.</p> <p>Elements of Performance:</p> <p>2. The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.</p>		
<p>LD.04.03.07 Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.</p> <p>Elements of Performance:</p> <p>1. Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.</p> <p>2. Care, treatment, and services are consistent with the hospital's mission, vision, and goals.</p>	<p>Equity of care is a standard for Chaplaincy</p>	
<p>LD. 04.03.09 Care, treatment, and services provided</p>	<p>Some Chaplaincy services are through</p>	

<p>through contractual agreement are provided safely and effectively.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The hospital describes, in writing, the nature and scope of services provided through contractual agreements. 4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services. 	<p>contractual agreements. Those services must also be safe and effective.</p>	
<p>LD.04.04.03 New or modified services or processes are well-designed.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others. 2. The hospital's design of new or modified services or processes incorporates the results of performance improvement activities. 4. The hospital's design of new or modified services or processes incorporates evidence-based information in the decision-making process. Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards. 7. Leaders involve staff and patients in the design of new or modified services or processes. 	<p>This might be part of a CQI approach.</p>	
<p>LD. 04.04.07 The hospital considers clinical practice</p>	<p>Chaplains participate in hospital and</p>	

<p>guidelines when designing or improving processes.</p> <p>Rationale: Clinical practice guidelines can improve the quality, utilization, and value of health care services. . . . Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse, and professional organizations.</p>	<p>departmental CQI.</p>	
<p>TRANSPLANT SAFETY TS.01.01.01 The hospital, with the medical staff’s participation, develops and implements written policies and procedures for donating and procuring organs and tissues.</p> <p>Elements of Performance:</p> <ol style="list-style-type: none"> 5. Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors. 6. The hospital develops, in collaboration with the designated organ procurement organization, written procedures for notifying the family of each potential donor about the option to donate or decline to donate organs, tissues, or eyes. 7. The individual designated by the hospital to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor. <p>Note: A designated requestor is an individual who</p>	<p>Chaplain may function as or interact with Organ Procurement Organization Facilitator or Designated Family Communications Coordinator.</p>	

<p>has completed a course offered or approved by the organ procurement organization. This course is designed in conjunction with the tissue and eye bank community to provide a methodology for approaching potential donor families and requesting organ and tissue donation.</p>		
<p>HUMAN RESOURCES HR.01.02.01 The hospital defines staff qualifications.</p> <p>Elements of Performance: 1. The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)</p>	<p>Included in Staffing Plan; Definition of Board Certified Chaplain is included in Chaplaincy documents.</p>	
<p>HR.01.04.01 The hospital provides orientation to staff.</p> <p>Elements of Performance: 5. The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. 6. The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.</p>	<p>Chaplain is both educator and engages in education</p>	
<p>HR.01.05.03 Staff participate in ongoing education and training.</p>	<p>Chaplains must also continue to learn and grow.</p>	
<p>HR.01.06.01 Staff are competent to perform their responsibilities.</p> <p>Elements of Performance:</p>	<p>Chaplaincy defines and achieves competencies for service</p>	

<ol style="list-style-type: none"> 1. The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. 2. The hospital uses assessment methods to determine the individual's competence in the skills being assessed. Note: Methods may include test taking, return demonstration, or the use of simulation. 5. Staff competence is initially assessed and documented as part of orientation. 6. Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. 15. The hospital takes action when a staff member's competence does not meet expectations. 		
<p>RECORD OF CARE, TREATMENT AND SERVICES</p> <p>RC.02.02.01 The medical record contains information that reflects the patient's care, treatment, and services.</p> <p>Elements of Performance: (A summary follows)</p> <ul style="list-style-type: none"> • Documentation and findings of assessments and reassessments • The reason(s) for admission for care, treatment, and services • The goals of the treatment and the treatment plan • Progress notes made by authorized individuals • All reassessments and plan of care revisions, when indicated 	<p>Chaplains document in the medical record</p>	

<ul style="list-style-type: none"> • The response to care, treatment, and services provided • Advance directives 		
<p>INFORMATION MANAGEMENT IM.02.02.01 The hospital protects the privacy of health information.</p> <p>Elements of Performance: 4. The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)</p>	Chaplaincy documents are clear about privacy in relationship to sharing health information, including with faith groups, and in terms of opening medical records	