EDUCATION AND DEVELOPMENT SUMMARY SHEET - #1

Title: **Confidentiality of Protected Health Information (PHI)**

SUMMARY

This policy describes the legal and ethical responsibility for the protection of privacy and confidentially of patients protected health information (PHI). The policy establishes responsibilities and safeguards that all personnel are responsible and accountable for following. In addition, sanctions for the misuse and inappropriate access of protected health information are described in the policy. The expectation to protect health information applies to everybody that has access to the healthcare environment, whether an employee, physician, volunteer, student, intern or contractor. Your signature on the Confidentiality and Non Disclosure Agreement establishes your commitment and obligation to the protection of information.

CRITICAL EDUCATION POINTS

Our Responsibilities

- To protect the health information that identifies a patient, is created in the process of caring for the patient, and is kept, filed, used or shared in an oral, written or electronic format.
- Determine and apply appropriate safeguards for protection of information in consideration of patient care needs and safety.
- Report suspected violations of privacy and confidentiality.

Minimum Necessary, Need to Know: Only access information needed to do your job. You are **not** allowed to view or obtain information about you, your co-workers, family, or friends.

Unauthorized Access: Accessing or communicating confidential information not associated with your job responsibility is considered a violation of this policy and will result in corrective action which may include termination of your relationship with the organization, and also have personal legal consequences.

Apply Standard Safeguards

- ✓ Know the additional privacy practices and policies specific to your department.
- ✓ Protect confidential information from unauthorized access, use or disclosure.
- ✓ Maintain physical security, access control, locked storage as appropriate, i.e., keep doors closed to secure areas, obey posted signs for restricted access to secure areas).
- ✓ Notify a clinical staff member if medical records are left unattended in public view.
- ✓ Never dispose of paper or items containing patient information in the trash, make sure they are placed in the shredder.
- ✓ Confidential information should never be discussed in public areas, such as hallways, cafeterias, or restrooms.
- ✓ Report known or suspected violations of privacy.
- ✓ Computer passwords are unique, do not share your password or log on a computer for someone else.
- ✓ Stop and question individuals who do not belong in your work area.
- ✓ Never remove paper or items containing patient information from the facility unless authorized to do so.
- ✓ **Reporting privacy concerns and suspected violations** leads to improved practices and further fosters a culture of respect for our patients. Each of us has an obligation to report suspected or known violations and concerns. There will be no retaliation for reports made in good faith. Report concerns to the charge nurse or your supervisor.

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #2

Title: **Provision of the Notice of Privacy Practices**

SUMMARY

Each hospital / facility will provide all patients accessing patient health services with a Notice of Privacy Practices. The Notice informs individuals of the permitted uses and disclosure that may be made of their health information, the individual's rights regarding his/her information and the organizations legal responsibilities with respect to protected health information. Privacy Regulations mandate elements that must be included in a notice. All personnel should read the Notice of Privacy Practices, know their responsibility for protecting information and be able to direct individuals who have questions or complaints regarding privacy practices to the appropriate resource.

CRITICAL EDUCATION POINTS

Right to a Notice of Privacy Practices (NPP)

The NPP serves to inform individuals or their legal representative of:

- ✓ Ways we may use and disclose their PHI
- ✓ Their rights regarding their health information
- ✓ Legal responsibilities with respect to PHI

- **Required Notice elements may be found in 45 CFR 164.520**

- **Notice must be provided at the time of first service delivery**
  - ✓ Patients must be provided with the NPP at least once at the first service delivery
  - ✓ In emergency treatment, the notice must be provided as soon as reasonably practical
  - ✓ The notice may be furnished electronically, mailed or faxed if the patient authorizes
  - ✓ The Notice will be posted in service areas and on the Health care providers web site

- **Acknowledgement of Receipt of the Notice**
  - ✓ A good faith effort must be made to obtain written acknowledgement from the patient or their legal representative that they received the notice
  - ✓ If patient refuses to sign or is unavailable to sign (e.g. left before signature could be obtained), document efforts to obtain the signature
  - ✓ Signed acknowledgments are retained for 6 years according to each facility's procedures, e.g., EDI, SV3 for scanning

- **Restriction of Information**
  If patients request restrictions on their information beyond inclusion in the Patient Directory, notify a supervisor to speak to the patient. Accommodating further restrictions to their information will be based on the scope of the request and each facility's system capabilities to provide restrictions.

- **Requests for alternate "confidential communications"**
  Patients may request that their information be communicated in alternate manner. An example may be that a patient requests that a bill be sent to an alternate address. Access / registration staff will accommodate reasonable requests.

- **Patient questions and concerns regarding our privacy practices**
  Refer patients to your supervisor or the Privacy Officer

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #3

Title: Information, Disclosure of Patient / Facility Directory to the Public and Media

SUMMARY

The Privacy Regulations allow the disclosure of certain information maintained in a "Patient/Facility Directory". The information contained in the directory is very limited. Patients are informed of the Patient Directory at each admission and have the opportunity to restrict entirely or limit information that may be disclosed. This policy provides guidance for the disclosure of Patient Directory information to family, friends, clergy and the media who ask for the patient by name.

CRITICAL EDUCATION POINTS

Patient Directory
The company will maintain a directory of individuals currently in the facility with specific information that may be released to the public, media, family, friends who inquire about the patient by name.
Exception: for further protection of privacy, behavioral health and alcohol treatment patients will never be included in the Patient Directory.

At the time of admission, or as soon as reasonably possible, patients will be asked if they want to be included in the Patient Directory. They may choose to include or restrict all or part of their information in the directory.

Directory Information is limited and may only be released to individuals who inquire about the patient by name. Information includes:

- ✓ Patient name
- ✓ Location (e.g., Emergency Department or Inpatient)
- ✓ Condition (one word), obtained from physician or appropriate clinical staff
  - ⇨ *Undetermined: Patient is awaiting the physician and assessment*
  - ⇨ *Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent*
  - ⇨ *Fair: Vital signs stable, within limits. Patient is conscious but may be uncomfortable. Indicators are favorable.*
  - ⇨ *Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill, indicators are questionable.*
  - ⇨ *Critical: vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.*
- ✓ Religion (available only to clergy)

Patient Restrictions: If a patient restricts their information, they are registered as "Confidential" and will not show up in the Patient Directory when an inquiry is made. Response for inquiries should be, “We do not show an individual by that name in our Patient Directory." If a caller is persistent, contact a supervisor for assistance.

Media Requests for Information:

- ✓ Media requests for information regarding a specific patient. Patient Directory information may be provided to the media if they inquire about the patient by name. If the media does not have the patient name, no information will be disclosed.

- ✓ Marketing and Communications or an Operation Supervisor should be called to respond to all media requests.

- ✓ Media should always be escorted while in the facility. Ask media members to wait in the lobby while you call your supervisor or communications representative for an escort.

EDUCATION AND DEVELOPMENT SUMMARY SHEET - # 4

Title: **Facsimile (Faxing) of Protected Health Information (PHI)**

SUMMARY

This policy provides staff with guidance on the appropriate use of facsimile (fax) transmission of information to ensure the confidentiality and security of information. Use of fax for communication of PHI and the necessary safeguards to practice are addressed in this policy.

CRITICAL EDUCATION POINTS

Utilization of Fax transmission for communication of information will be determined using the following criteria:

- ✓ that fax transmission is the appropriate means of communication
- ✓ that sender's authority to disclose and the recipient's authority to receive information is verified
- ✓ that security status and protection requirements of information being transmitted is considered

PHI may be transmitted by fax when:

- ✓ Original record or mail delivered copies will not meet the immediate needs of patient care
- ✓ When PHI is urgently required by a third party payor and failure to fax the records could result in a loss of reimbursement
- ✓ Pursuant to a patient/legal representative's authorization

Authorization to Disclose PHI:

Assess the need for specific patient authorization to disclose the information prior to faxing.

Limit information being faxed to the minimum necessary:

Faxed information should always be limited to the amount necessary to achieve the purpose of the communication. Limit information to effectively facilitate safety, treatment, essential healthcare operations and continuity of care.

Fax Safeguards:

- Verify accuracy of fax numbers with intended recipient before sending a fax
- Notify facilities that you commonly receive faxes from if your number changes
- Recipients you commonly fax numbers to should be pre-programmed
- When faxing PHI, verify availability of recipient prior to sending
- Locate machines out of public view
- Establish a routine for regular removing/distribution of incoming faxes

Pre-programmed Fax Numbers:

- Use pre-programmed numbers whenever possible
- Pre-program number and send test fax-requesting verification of receipt

Fax Cover Sheet Requirements:

- Completed cover sheets with standard confidentiality statement and disclaimer are required on all organizational fax transmissions.

Exception: Routine faxing of information from department to department within the building and pre-programmed fax numbers may not require a fax cover sheet. See policy for details of requirements.

Misdirected faxes:

- Obtain the fax number of the unintended receiver and transmit a request that the material be destroyed immediately or retrieved by mail or delivery
- If fax contained PHI, notify a supervisor

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #5

Title: **Health Information: Access, Use and Disclosure of PHI**

SUMMARY

To ensure the protection and confidentiality of protected health information in compliance with state and federal regulations, this policy describes the circumstances under which you may access, use and disclose PHI as well as the types of authorization required.

CRITICAL EDUCATION POINTS

Staff authorized to disclose PHI should be familiar with all facility policies regarding the authorization and disclosure of information. Policy highlights include:

Access to PHI: Access to PHI is limited to those individuals:

- ✓ Providing care and treatment
- ✓ Requiring information for payment/billing activities
- ✓ Participating in functions of health care operations

Use of PHI:

The Privacy Regulations allow use and disclosure of a patient's PHI without a patient authorization in the following circumstances:

- **For providing Treatment, Payment and Health Care Operations (TPO):** In order to carry out treatment, payment and healthcare operations, i.e. sharing information with other providers, transfer of patient to another facility, coordinating continuing care. Payment activities with third parties for the purpose of obtaining payment. Risk management and utilization review and performance improvement activities in support of hospital operations.
- **Mandated and required reporting:** Staff will continue to disclose PHI as mandated or required under various state and federal regulations, i.e. abuse, assault, infectious disease, public health activities, organ and tissue donation.
- **Individuals Involved in the patients care:** Clinical staff may share relevant information with individuals who have been identified by the patient as being involved in their care.

HIV/AIDS test results, Psychiatric and Drug/Alcohol treatment Information always requires specific Patient Authorization for disclosure under all circumstances: These types of information are protected under additional regulations and must have patient authorization for release. The attending physician must be consulted prior to release of any mental/behavioral health information to a patient.

Disclosure of PHI: Generally any disclosure made outside of the organization, not for the purpose of TPO or mandated by law, requires patient authorization. Always consider the circumstances information is being released under. If in doubt, consult with the Health Information Management (HIM) Department or obtain the patients authorization. Use the standard "Authorization for Use and Disclosure of Health Information" form found in all units and in the HIM Department.

Responding to requests for information: Whenever possible, HIM personnel should process requests for information. If HIM is not available however, authorized personnel may disclose the information. It is critical that the policy and procedure is followed closely and the appropriate documentation form be completed and signed.

Verify Authority and Identity: When disclosing information, verify the authority of the individual requesting information. Check identification by asking for ID or ask for the individual's phone number and call them back.

Documentation of Disclosures: It is important that disclosures made outside of the organization, for reasons other than TPO, be documented. Complete the appropriate documentation form and ensure that it is included in the medical record or provided to the Health Information Department. This includes oral, written and electronic disclosures and disclosures made in error. Examples include, mandated and required reporting, verbal disclosures to law enforcement.

Patient Access: Patients have a right to view or obtain copies of their health information. Refer the patient to Health Information department whenever possible. There are circumstances when access to records may be denied. Clinicians responding to patient's requests for access to their information should be familiar with the circumstances in which access should be denied. For patients requesting to view their open medical record, a physician order is required. Have an appropriate clinician available to review the information with the patient.

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #6

Title: **Health Information: Minimum Necessary Access, Use and Disclosure of PHI**

SUMMARY

Sharp HealthCare employees shall take reasonable measures to limit each use and disclosure of PHI to the minimum necessary amount needed to complete their job. This summary provides guidance for using, disclosing or requesting PHI.

CRITICAL EDUCATION POINTS

- **Minimum Necessary Standard**:
  - ✓ The amount of information you "need to know" to perform a given function
  - ✓ Take reasonable measures to limit the amount of PHI used, disclosed or requested, to that which is necessary to serve the purpose
- **Exception Where the Minimum Necessary Standard Does Not Apply:**
  - ✓ Disclosures to health care providers in order to treat an individual; Disclosures made to the individual who is the subject of the information; Uses or disclosures under a valid authorization; Uses or disclosures required for compliance with the privacy regulations; Uses or disclosures required by court order or other laws; Disclosures to DHHS
- **Internal Uses of PHI**:
  - ✓ Access to PHI is based on the scope, responsibilities, and what is reasonably necessary to carry out the duties of each job function
    - ✓ Management will determine the necessary amount of information required for each job function
    - ✓ Access to electronic PHI shall be defined and controlled by Information Systems Department policies and procedures
    - ✓ Access to PHI that is not normally a part of a job function must be approved by the workforce member's supervisor or manager
  - ✓ Employees involved in direct delivery care, using professional judgment, may access any portion or the medical record deemed necessary for the delivery of care
- **Disclosure of PHI**:
  - ✓ When disclosing to anyone outside of Sharp HealthCare, take reasonable measure to limit the disclosure to the minimum necessary amount (See Attachment A)
  - ✓ Routine requests: disclose only the pre-determined and minimum amount of information
  - ✓ Non-routine requests shall contain the minimum amount of PHI based on what is reasonable (See Attachment B)
- **Documentation**:
  - ✓ The Health Information Management Department (HIM) shall maintain all documented disclosures of PHI
  - ✓ All disclosures made by workforce members outside of HIM must be documented and reported to HIM (see Policy & Procedure: Health Information: Request for an Accounting of Disclosures # 01959)
- **Responding to Requests for PHI**:
  - ✓ Requests from Covered Entities: May rely on request as the minimum amount necessary
  - ✓ Requests from Non-Covered Entities: Sharp workforce members must make their own determination of the minimum amount necessary
- **Requesting PHI**:
  - ✓ Applies to requests, as part of an employees job responsibilities, for PHI from anyone or any entity not a member of the Sharp HealthCare workforce
    - ✓ Only request the minimum necessary amount of information
- **Incidental Uses and Disclosures**:
  - ✓ Cannot reasonably be prevented; is limited in nature; occurs as a by-product of a permitted use or disclosure (e.g., another patient overhears a portion of a conversation)
    - ✓ As long as "reasonable safeguards" are employed, physicians and other involved in patient care will not be liable for incidental disclosures

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #7

Title: **Health Information: Disclosure of PHI to Law Enforcement**

SUMMARY

The Privacy Regulations allow the disclosure of certain PHI to law enforcement officials without the authorization of the patient. This policy describes the circumstances under which information may be released to law enforcement and the elements of information that may be released.

CRITICAL EDUCATION POINTS

Generally, the disclosure of PHI to law enforcement or under state/federal law without a patient authorization is limited to the following:

- ✓ To comply with legal processes (e.g., subpoena, court order, warrant, mandated and required reporting)
- ✓ To help identify or locate suspects/fugitives (on or off premises)
- ✓ To provide information about victims of a crime
- ✓ To report crime on the premises
- ✓ To correctional institutions

Refer to HIM Department: Requests from law enforcement or for legal processes should be referred to the HIM Department whenever possible. In emergency situations, clinical staff may disclose non-medical PHI.

Request identity and validate authority prior to disclosing information:
In all circumstances of disclosure, the requestor's identity and authority must be validated and documented.

- **State and Federal Mandated and Required Reporting.** California Law (CMIA) is not as broad as HIPAA. Disclosures of medical information to law enforcement are authorized pursuant to a court order, subpoena or search warrant, and/or if required by other laws. Examples include child abuse, domestic abuse, assault, neglect, subpoena, summons, and psychotherapy notes (with authorization from the note's originator). Health care providers are required to report certain types of wounds and physical injuries, such as gunshots, stabbing, and burns, subject to applicable laws. Reference specific policies for mandated and required reporting;

- **Disclosure of PHI to Law Enforcement for Suspected Felon. Location & Identification Information:** In response to an inquiry regarding a specific patient, in the absence of a subpoena, court order or warrant, California Law (CMIA) limits the disclosure to **non-medical information**, e.g., suspect's name, address, age, and sex; a general description of the patient's condition, treatment and the nature of the injury, burn, poisoning, or other condition. Note: Do not disclose PHI related to the individual's DNA or DNA analysis, dental records or typing, samples or analysis of body fluids or tissues.

- **Disclosure of PHI to Law Enforcement for Victims of Crime.** In responding to an official request concerning a person who is suspected of being a victim of a crime, PHI may be released with the individual's authorization. Without an authorization, disclosure of PHI must be in the best interest of the individual in the professional judgment of the provider and limited to non-medical information. For decedent-victims: Report the suspicion that death involved criminal conduct.

- **Reporting Crime to Law Enforcement – Crime on the Premises.** PHI disclosure is limited to non-medical information, e.g., nature of crime, location of victim and/or suspected felon, identity and description of suspect.

- **Permitted Disclosures to Correctional Institution - No authorization required.** The company may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate, if the correctional institution/law enforcement official represents that the PHI is necessary for:
  a. The provision of health care to such individuals
  b. The health and safety of such individual, other inmates, or others at the correctional institution (e.g., officers, employees, persons responsible for transporting/transferring inmates)
  c. You may reasonably rely on the representation of such public officials for the authority to release PHI

Document disclosures: These types of disclosures must be documented in order to be included in an accounting of disclosures if requested by the patient. Documentation may be made on a required reporting form if available, i.e., assault, abuse required forms or may be documented on a "Report of PHI Disclosure Form" or other disclosure accounting system. Place copies of required reporting form or the Report of PHI Disclosure form in the medical record or forward to the Health Information Department.

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #8

Title: **Health Information: Request for Accounting of Disclosures of PHI**

SUMMARY

One of the new rights established in the Privacy Regulations is the patient's right to obtain an accounting of disclosures made of his/her health information. The accounting may include up to 6-year period, and generally includes disclosures that the patient may not be aware of that were made of their PHI, e.g., public health disclosures. This policy establishes procedures for how patients may obtain an accounting of disclosures as well as staff documentation procedures of disclosures that must be included in the accounting.

CRITICAL EDUCATION POINTS

- The Notice of Privacy Practices informs patients of their right to obtain an accounting of disclosures of their health information. Patients are informed that they must submit a request in writing to the Health Information Management (HIM) Department.
- An accounting does not include all disclosures of a patient's PHI. Disclosures that are made for treatment, payment and health care operations, or authorized by the patient, are not included. Generally, disclosures required by law and regulations are included in the accounting. Examples of these types of disclosures include:
  - ✓ Disclosures required by law
  - ✓ Abuse, assault, domestic violence reporting
  - ✓ Judicial and administrative proceedings
  - ✓ Public health activities
  - ✓ Organ and tissue donation
  - ✓ Research purposes

Staff making disclosures in this category must document such disclosures and forward the information to the HIM Department for accounting purposes or document the disclosure in the on-line system, if available at the facility.

- Documentation may be done in one of three ways:
  1. Complete a "Report of PHI Disclosure". Include the form in the medical record or forward it to the HIM Department. The form may be used in circumstances such as verbal disclosures to law enforcement. Or when there is mandated reporting and standard reporting forms are unavailable.

  2. Copy of a standard reporting form is included in the medical record. Examples include, assault, abuse, neglect reporting. These forms are completed by the individual making the disclosure and are copied to the medical record.

  3. Maintaining a database of individuals whose information has been disclosed outside of the company. Examples include infection control reporting and lab reporting of infectious disease. Also included would be the IRB database of research protocols where PHI may have been viewed through a waived authorization.

- Elements of each disclosure required in the accounting are:
  - ✓ Date of disclosure
  - ✓ Name (and address if known) of the entity or person who received the PHI
  - ✓ Brief description describing the PHI disclosed
  - ✓ Brief statement describing the purpose of the disclosure of PHI (basis for the disclosure)

When the HIM Department receives a request for an accounting, they will review the entire medical record and available data base, i.e., infection control and IRB to compile a log of all disclosures required in the accounting. If you are unsure as to whether a disclosure is required to be accounted for, complete the Report of PHI Disclosure, and the HIM Department will determine on a case-by case basis whether the disclosure must be included in the accounting.

EDUCATION AND DEVELOPMENT SUMMARY SHEET - #9

Title: **Health Information: Request for an Amendment of PHI**

SUMMARY

Under current California regulations and the new Privacy Regulations, patients have the right to request an amendment to their health information if they believe their information is inaccurate or incorrect or incomplete. This policy establishes procedures for the patient request to amend their health information.

CRITICAL EDUCATION POINTS

Privacy Regulations provide patients the right to request amendments to their PHI. For example, a patient may ask to change an entry of incorrect, incomplete, or outdated information about them such as name, birth date, or admission date. Or, the patient may ask to amend medical, diagnostic, or treatment information such as progress notes and test results. They also may request the addition of a written addendum to their health information.

- The Notice of Privacy Practices provided during admission informs the patient of their right to submit a written request to amend their health information.
- Refer patients who desire to amend their health information to the HIM Department. Patients may make a request during hospitalization or after discharge.
- Patients must submit their request to the HIM Department, the request, must;
  - ✓ Be submitted in writing, (HIM will provide a form)
  - ✓ Be limited to 250 words, or less, if it is a written addendum
  - ✓ Include a reason for the request
  - ✓ Identify others who need the amendment
- The HIM Department must act on the request to amend a record within 60 days of receipt, or HIM may obtain a one-time 30-day extension for responding to the patient's request provided that they meet the requirements necessary for the extension.
- HIM, the physician, and/or Risk Management will review amendment requests as appropriate and determine:
  - ✓ The impact on the patient's care
  - ✓ Identity of any other entities that may rely on this amended information, and,
  - ✓ Provide a recommendation for agreement or denial of the amendment.
- If there is agreement for the amendment, HIM will include the amendment in the patient's health record and if necessary make corrections.
  - ✓ HIM will obtain authorization for the release of information to any other entity needing the amendment as identified by the patient or appropriate staff.
  - ✓ The amendment becomes a permanent part of the medical record and is included with any future third party disclosures. All communication of corrections, denials and rebuttals should also be included in future disclosures.
- If the amendment is denied, reason for denial will be documented. Examples of denials include:
  - ✓ PHI was not created by the organization
  - ✓ PHI is not part of the patient's medical record
  - ✓ Federal law forbids making the PHI in question available to the patient for inspection (e.g., psychotherapy notes)
  - ✓ PHI is accurate and complete as stated

HIM Department will be responsible for providing a written notice to the patient and continued communication and correspondence as necessary.

PRIVACY MODULE POST-TEST

DATE:_____

NAME:	TITLE:
	LICENSE #:

Please circle the correct answer.

1. Staff may access and disclose only the amount of information necessary to achieve the purpose of the disclosure.
   TRUE FALSE

2. Patient or legal authorization is **always** required for the disclosure of the following types of information:
   a. HIV test results
   b. Alcohol and Drug treatment
   c. Psychiatric treatment
   d. All of the above

3. Patients may request an accounting of disclosures that have been made of their health information. Examples of disclosures required in the accounting include:
   a. Disclosures to law enforcement
   b. Mandated abuse, assault reporting
   c. Public health reporting
   d. All of the above

4. An authorization form from the patient is required to be completed when providing patients with copies of their health information.
   TRUE FALSE

5. A physician approval is required when patients request to view their open medical record.
   TRUE FALSE

6. When faxing information the following safeguards must be completed:
   a. Complete a fax cover sheet
   b. Verify recipient fax number
   c. Call to confirm fax receipt
   d. Disclose minimum amount of information needed for the request
   e. All of the above

Evaluation -Please circle your response.

1. Did this program provide you with a clear understanding of your role and responsibilities for the protection of PHI?	**Very Much**	**Somewhat**	**Not at all**
2. Did this program adequately inform you of resources available for access, use and disclosure of PHI?	**Very Much**	**Somewhat**	**Not at all**
3. Did this program increase your awareness of where safeguards may be applied in your practices?	**Very Much**	**Somewhat**	**Not at all**