

Subject:	HIPAA ACCESS, SECURITY AND DISCLOSURE
Section:	PPG# 3350.3
Chapter:	Community Relations
Effective Date:	8/14/03

1.0 POLICY

- 1.1 Security of PHI (patient healthcare information) is the responsibility of all members of McLane/ Black Lake Fire Department. The department shall retain strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual member in the organization and will be only to the extent that the person needs access to PHI to complete necessary job functions.
- 1.2 When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that the minimum necessary information is used to accomplish the intended purpose.
- 1.3 Patients may exercise their rights to access, amend, restrict, and request an accounting, as well as lodge a complaint with McLane/ Black Lake Fire Department via the privacy officer.
- 1.4 This policy outlines levels of access to PHI for all categories of members of McLane/ Black Lake Fire Department and appropriately limits disclosure and use of PHI. This policy outlines patient rights and McLane/ Black Lake Fire Department responsibilities in fulfilling patient requests.
- 1.5 Members in violation of this policy shall be subject to disciplinary action, up to and including termination of employment or membership from the department.

2.0 GUIDELINES

- 2.1 **Access to PHI**
- 2.2 Access to PHI shall be conditionally limited by category, allowing access to specific PHI as determined by need based on role based access as described in Appendix “A”
- 2.3 **Disclosures to and Authorizations from the Patient**
- 2.4 Members are NOT required to limit disclosure to the minimum amount of information

necessary when disclosing PHI to other health care providers for treatment of the patient. This includes doctors, nurses, etc. at the receiving hospital, any mutual aid provider, your fellow crewmembers involved in the call, and any other person involved in the treatment of the patient who has a need to know that patient's PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the department.

2.5 Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct the release of PHI to those entities, are not subject to the minimum necessary standards. For example, if a patient authorizes the department to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, the department is permitted to disclose the PHI requested without making any minimum necessary determination.

2.6 For all other uses and disclosures of PHI, the minimum necessary rule is likely to apply. A good example of when the minimum necessary rule applies is when McLane/ Black Lake Fire Department conducts quality assurance activities. In most situations it is not necessary to disclose certain patient information such as the patient's name, address, social security number, (PHI of the treated patient), in order to conduct a call review. This sensitive information should be redacted or blacked out from the patient care record being used as a Q/A example.

2.7 Department Requests for PHI

2.8 In the event McLane/ Black Lake Fire Department has a need to request PHI from another health care provider on a routine or recurring basis, requests must be limited to only the reasonably necessary information needed for the intended purpose, as described in Appendix "B". For requests not covered below, an individual determination must be made for each request and a supervisor should be consulted for guidance. For example, if the request is non-recurring or non-routine, such as a request for documents via a subpoena, the request should be reviewed to ensure it covers only the minimum necessary PHI to accomplish the purpose of the request.

2.9 Incidental Disclosures

2.10 The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Typical incidental disclosures such as those that occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see, should be avoided.

2.11 The fundamental principle is that all members need to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other department members should not have access to information that is not necessary for the member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient. However, all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information.

Verbal Security

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Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, ensure that there are no other persons in the waiting area, or if so, the patient should be escorted to a private area before engaging in discussion.

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Parking Areas: Department members should be sensitive to that fact that members of the public and other agencies may be present in the parking area and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.

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Other Areas: Department members should only discuss patient care information with those who are involved in the care of the patient, regardless of their physical location. Members should be sensitive to their level of voice and to the fact that others may be in the area when they are speaking. This approach is not meant to impede member's ability to speak freely with other health care providers when engaged in the care of the patient. When it comes to treatment of the patient, members are free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information the member may have in their possession with others involved in the care of the patient.

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Physical Security

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Patient Care and Other Patient or Billing Records: Patient care reports should be stored in safe and secure areas. When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

2.17

Billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

2.18

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDA's and laptops should be kept secure. Access to any computer device should be by password only. Members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops and PDA's should remain in the physical possession of the individual to whom it is assigned at all times. See *PPG# 3350.4 HIPAA-Computer Use Policy*.

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Questions About This Policy or Any Privacy Issues

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The department has appointed a Privacy Officer to oversee policies and procedures on patient privacy and to monitor compliance. The Privacy Officer is also available for consultation on any issues or concerns related to department policies dealing with protected health information. Members are encouraged to contact the Privacy Officer at

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any time with questions or concerns.

- 2.22 The department will not retaliate against any department member who expresses a concern or complaint about any policy or practice related to the safeguarding of patient information and the department’s legal obligations to protect patient privacy.

3.0 REFERENCES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

4.0 APPENDIX

Appendix A – Role Based Access

Appendix B – Requesting PHI

Appendix C – Authorization to Use and Disclose Specific Protected Health Information

**McLane/ Black Lake Fire Department
ROLE BASED ACCESS**

Job Title / Role	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Billing Clerk	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift
Shift Supervisor	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff.
Dispatcher	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training Officer	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Administrative Officer(s)		May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel
Privacy Officer		May access only to the extent necessary to disseminate PHI to other health care providers – post patient event, process patient accounting requests, process patient complaints and requests, process patient requests for access and amendment of PHI, for training, for audit and compliance reviews or investigations for records management, to assure compliance with State and Federal laws and as otherwise necessary to fulfill the duties and responsibilities of the Privacy Officer – Appendix “C”

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on the department’s reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when expressly permitted by department policy or approved by the Privacy Officer.

REQUESTING PHI

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported by the Company	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.

**McLane/ Black Lake Fire Department
Authorization to Use and Disclose
Specific Protected Health Information**

By signing this Authorization, I hereby direct the use or disclosure by McLane/ Black Lake Fire Department of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me:

This information may be used or disclosed by McLane/ Black Lake Fire Department and may be disclosed to:

[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM YOU MAY MAKE THE REQUESTED USE/DISCLOSURE]

I understand that I have the right to revoke this Authorization at any time except to the extent that McLane/ Black Lake Fire Department has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the McLane/ Black Lake Fire Department’s Privacy Officer, 125 Delphi Rd. SW, Olympia, WA 98502 – (360) 866-1000

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for McLane/ Black Lake Fire Department to use my protected health information for treatment, payment and health care operations.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by McLane/ Black Lake Fire Department for the following purpose(s):

The use or disclosure of the requested information will ___/will not ___ result in direct or indirect remuneration to McLane/ Black Lake Fire Department from a third party.

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

[Name] [Date]

[Description of the authority of personal representative, if applicable]

This authorization expires on: _____ (date or event).

