

Subject:	HIPPA Records Management & Accounting of Disclosure
Section:	PPG# 3350.8
Chapter:	Community Relations
Effective Date:	8/14/03

1.0 POLICY

- 1.1** McLane/ Black Lake Fire Department shall maintain and document use and disclosure of PHI as required by law.

2.0 RESPONSIBILITIES

- 2.1** Patient records will be kept by McLane/ Black Lake Fire Department for a period of six (6) years from the date of service.

- 2.2** Patient accounting requests, Appendix “A”, must originate directly from a patient or personal representative. Records may also be demanded by subpoena, summons or warrant. In the case of court ordered accounting, the subpoena, summons, warrant or shall be attached to the accounting request.

- 2.3** At the request of the patient, McLane/ Black Lake Fire Department will provide a list of uses and disclosures made by McLane/ Black Lake Fire Department or by a Business Associate on McLane/ Black Lake Fire Department’s behalf, for the last six (6) years or to the extent that McLane/ Black Lake Fire Department has maintained that patient’s information if less than six (6) years. A copy of the completed request shall be attached to the patient’s original record.

- 2.4** Requests for accounting must be completed within 60 days of request and must include any disclosures made by business associates. An extension of 30 days for response is permitted with written explanation of the reason for the delay. Notification of the delay must be made within the initial 60 day period.

- 2.5** All uses and disclosures of a patient’s PHI, made by McLane/ Black Lake Fire Department, must be documented for accounting purposes except:

- 2.5.1** Disclosures to carry out treatment, payment and health care operations;
- 2.5.2** For national security or intelligence purposes;
- 2.5.3** Uses and disclosures incident to an unaccountable use or disclosure;
- 2.5.4** Uses and disclosures that occurred prior to the compliance date.

- 2.6** All disclosures of patient PHI, except as described above shall be documented in the “Patient Accounting Log” Appendix “B”.

3.0 REFERENCES

- 3.1 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

4.0 APPENDIX

- 4.1 Patient Accounting Form
- 4.2 Accounting Log for Disclosure of Protected Health Information

**McLane / Black Lake Fire Department
Patient Accounting Form**

Patient Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of certain uses and disclosures of PHI for the last six (6) years, prior to the date of the request, from ABC Ambulance.

NOTE: McLane/ Black Lake Fire Department is not required to provide you with an accounting of uses and disclosures associated with your treatment and transport, or for billing, payment or health care operations.

Signature _____ Request Date _____

List of Uses and Disclosures

<u>Date of Disclosure</u>	<u>Name/Address of Recipient</u>	<u>Purpose and Brief Description of Disclosure</u>	<u>PHI Disclosed</u>

MCLANE/ BLACK LAKE FIRE DEPARTMENT
Accounting Log for Disclosures of Protected Health Information

DATE OF DISCLOSURE	PATIENT NAME	REQUESTOR NAME/COMPANY/TITLE	PURPOSE OF DISCLOSURE	PHI REQUESTED (DESCRIBE)	AUTHORIZATION FROM PATIENT?	PHI DISCLOSED (DESCRIBE)	PRIVACY OFFICER REVIEW

