

Subject:	HIPAA – Confidentiality of Patient Information & Staff Verification
Section:	PPG# 3350.1
Chapter:	Community Relations
Effective Date:	8/14/03

1.0 POLICY

- 1.1** McLane/ Black Lake Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.
- 1.2** To assure all employees/members have a clear understanding of their responsibility in maintaining patient confidentiality, each shall sign a “Member verification of PHI confidentiality policy,” verifying full understanding of this policy. This agreement shall become part of the members personnel file.

2.0 RESPONSIBILITIES

- 2.1** It is the responsibility of all members to adhere to all confidentiality policies and procedures set in place by McLane/ Black Lake Fire Department and to immediately notify the Privacy Officer if, at any time, knowingly or inadvertently the patient confidentiality policies and procedures are breached.
- 2.2** Breaches of patient confidentiality will be reviewed by the privacy officer and forwarded to the Fire Chief and may result in disciplinary action up to and including termination of employment or disassociation with McLane/ Black Lake Fire Department.
- 2.3** Upon termination of employment or disassociation from the District for any reason, and at any time upon request, any and all confidential patient information shall be returned immediately as requested.

3.0 GENERAL INFORMATION

- 3.1** McLane/ Black Lake Fire Department provides services to patients that are private and confidential. In rendering these services, it is necessary for patients to provide personal information that may exist in a variety of forms such as electronic, oral, written or photographic. In any format all such PHI (protected healthcare information) is strictly confidential and protected by Federal and State laws.

4.0 REFERENCES

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

5.0 APPENDIX

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

Member Verification of PHI Confidentiality Policy

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. McLane/ Black Lake Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that McLane/ Black Lake Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of these patients. I understand that it is necessary, in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by McLane/ Black Lake Fire Department during my entire employment, membership or association with McLane/ Black Lake Fire Department. If at any time, I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of McLane/ Black Lake Fire Department. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with McLane/ Black Lake Fire Department. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by McLane/ Black Lake Fire Department. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment, membership or association with McLane/ Black Lake Fire Department. This is not a contract of employment and does not alter the nature of the existing relationship between McLane/ Black Lake Fire Department and me.

Signature: _____ Date: _____

Printed Name: _____