

POLICY TO PROTECT MEDICAL INFORMATION

This policy assures compliance with the Health Insurance Portability & Accountability Act (HIPAA).

I. PURPOSE

To ensure that medical information encountered by Clackamas County Fire District #1 personnel is protected, and to assure that CCFD is compliant with the requirements to protect PHI (protected health information). This policy applies to all divisions of the organizations. As such PHI is defined as individually identifiable health information that is maintained or transmitted in any form or medium and that relates to the past, present, or future physical or mental health condition of a patient. Confidentiality of medical records is a prime concern to the fire district. This directive identifies the means in which the organizations protects this sensitive information.

It is the policy of the district that specific individuals within our workforce are assigned the responsibility of implementing and maintaining the HIPAA privacy requirements and at a minimum the policy requires that there will be one individual or job description designated as the Privacy Officer. The district has designated the Executive Officer as the HIPAA Privacy Officer.

II. SCOPE

This policy applies to all district employees.

III. POLICY:

Definitions:

EMS Field Care Form: This form is used to document patient information while on scene and is not intended to be a medical record.

Patient Care Form: This form is used to document Clackamas County EMS patient information which becomes part of the patient's medical record.

Information Form: This form was created by the Tri-County Protocol Committee and is used to convey information to patients who decide not to be transported by ambulance to the hospital. The information on the form is designed to assist the patient in making an informed decision. A copy of this form, signed by the patient, becomes part of the patient's medical record.

Authorization Form: PHI may only be disclosed to another person if the person named in the personal information has previously signed an authorization form to allow that information to be disclosed.

Medical Records: The patient care form and the information form shall be considered medical records.

During the course of employment with the fire district, and in the course of daily work, district employees may acquire Protected Health Information (PHI) about a patient or employee. This information is to be handled in strict confidence and safeguarded to protect that information from being divulged to anyone.

Medical information obtained for an employer to carry out its obligations under FMLA, ADA and similar laws, as well as files or records related to occupational injury, disability insurance eligibility, sick leave requests and justifications, drug screening results, workplace medical surveillance, and fitness-for-duty tests of employees are exempt from the rules of HIPAA. Although these areas are exempt from HIPAA rules, the district requires employees to safeguard the information as they would any other confidential file.

District personnel shall not divulge PHI to any party that has no professional need for that information. This standard includes both written and non-written (verbal) communication.

Medical records may be used for quality management purposes as outlined by ORS.

The district's medical records shall be stored for a minimum of 10 years. The district and its members shall not transmit medical records on computer. (this needs some work ...SunPro)

The District Fire Marshal is designated as the district's medical record keeper. The medical record keeper is responsible for the filing and managing of such medical records.

The district's medical records shall be stored under lock and key. The medical records keeper and the fire chief shall hold the only keys to access these records.

After completing the medical record, they shall be placed in appropriate envelope, white copy to FMO yellow to EMS; not to be left anywhere they may be seen by the public.

The medical records keeper may designate other district members to assist with tasks involving medical records, such as delivering documents to Fire Prevention, and assurance issues.

EMS Field Care Form:

This is an incident form and is designed to be given to the transport provider to assist transport personnel in completing a patient care form. The other copy is used in-house for completing the district's pre-hospital care form.

The EMS Worksheet is not intended to be a medical record and must be destroyed after use. The only acceptable means of destroying these documents is by shredding. Members shall utilize one of the document shredders, which are located at all district facilities.

Patient Care Form:

District members complete the patient care form, documenting patients who are assessed, treated or given medical advice.

The minimum certification required for a member to be eligible to complete a Patient Care Form is EMT Basic.

A Patient Care Form shall be completed any time one or more of the following apply.

- A district member performed an exam on a patient or potential patient.
- Treatment was performed by a district member. This includes but is not limited to the following: administration of medication, O2 administration, C-spine stabilization, pulse oximetry, ECG, initiation of intravenous access, spinal immobilization, vital signs, etc.
- Any time a district member arrives on scene with a patient prior to the arrival of the transport provider.
- A district member accompanies the transport agency to a hospital facility to assist in patient care.

If a patient or potential patient is present and none of the criteria apply and no pre-hospital care form is completed, then the member responsible for the non-fire report shall document that no pre-hospital care form was completed and the reason (example: no pre-hospital care form completed due to no patient contact, etc).

Information Form:

Once completed, the information form shall be attached to the pre-hospital care form

and becomes part of the patient's medical record.

The information form section of the Tri-County protocol shall be used as a standard for completing this document.

Release of Medical Records:

Patients shall have access to their own medical records. The district will provide copies of these records at no charge provided the patient has come to us in person and has photo identification verifying they are patient. This identification shall be photocopied and a copy of it along with a dated explanation of what was released shall be attached to the original medical record on file. If the patient is a minor, the parents or legal guardians of the patient shall provide sufficient identification to allow the release of copies of the medical records.

Individuals with "Power of Attorney" for a patient shall have access to the patient's medical records. The district shall provide copies of these records at no charge provided the individual with the "Power of Attorney" has come to us in person and has photo identification verifying they are the correct person. This identification shall be photo copied and a copy of it along with a dated explanation of the medical record release and a copy of the "Power of Attorney" document shall be attached to the original medical record file.

Medical records may be mailed if the district receives a document to release medical information signed by the patient and notarized by a notary public verifying it is the patient that signed the release of medical information form. This form shall be attached to the original medical record and filed. There may be a charge for mailing medical records.

Medical records may be mailed if the district receives a document to release medical information signed by an individual with "Power of Attorney" for the patient and notarized by a notary public verifying it is correct person that signed the release of information form. The release of medical record form and a copy of the "Power of Attorney" shall be attached to the original medical record and filed. There may be a charge for mailing medical records.

IV. USE AND DISCLOSURE

In order to carry out their duties, PHI may be disclosed to employees of Clackamas County Fire District #1 who were not involved in the care of the patient.

PHI may be disclosed to clerical staff who are responsible for entering patient data into

electronic databases.

PHI may be disclosed to EMTs and paramedics who are conducting quality reviews on medical records prepared by other EMTs or paramedics.

PHI may be disclosed for the following public policy purposes:

- As required by law,
- For public health activities,
- To report victims of abuse, neglect, or domestic violence,
- For judicial and administrative proceedings,
- For law enforcement purposes,
- For people who are deceased,
- For limited research activities,
- To avert a threat to health and safety, and
- Certain other specialized government functions.

Questions about whether PHI may be disclosed should be directed to the Privacy Officer.

V. CORRECTIVE ACTION

Employees found to be violating this policy are subject to disciplinary action, up to and including discharge.

V. COMPLAINT PROCEDURE

This policy provides patients with certain fundamental rights with respect to their PHI. They have a right to access their PHI, they have a right to request amendments to their PHI, they have a right to an accounting of disclosures of PHI, and they have a right to the district's privacy notice. If patients believe that any of these rights have been violated, they should be directed to the Privacy Officer.

VI. PRIVACY NOTICE

Any patient, or any person who may be a patient, is entitled to a copy of the district's privacy notice. Any district employee may provide a copy of that notice, or the patient may be directed to the administrative offices for that notice. The district's privacy notice is attached as Appendix B.

VII. ADMINISTRATIVE SAFEGUARDS

The district will implement safeguards that protect the privacy of PHI. Some of those safeguards include:

- Personnel should not leave medical records or other documents containing PHI on desks or workspaces such that the PHI may be viewed by others.
- Physical transport of copies of medical records or other documents containing PHI will be performed in such a way so as to protect the records from being lost, stolen, or otherwise observed.
- Business associates, including vendors storing records, physicians, hospitals, and others with whom the district has a formal or contractual relationship, must agree to protect PHI at least to the same level as the district.
- Information services staff will ensure that appropriate password protection, firewalls, and backup provisions are in place to protect PHI that is stored electronically.
- When electronic data entry is implemented, the information services staff will ensure that security is appropriately maintained for electronic transmission of data.

APPENDIX A: DISCLOSURE AUTHORIZATION FORM



**AUTHORIZATION ALLOWING CLACKAMAS COUNTY FIRE DISTRICT #1
TO DISCLOSE PROTECTED HEALTH INFORMATION**

NAME: _____

SSN #: _____ DATE OF BIRTH: _____

GROUP NAME: _____ GROUP #: _____

I authorize Clackamas County Fire District #1 to use and disclose a copy of my protected health information to:

(Name and address of recipient or class of recipients)

for the purpose of: _____

(Describe each purpose of the use/disclosure)

My protected health information includes medical records, emergency and urgent care records, billing statements, diagnostic imaging reports, transcribed hospital reports, clinical office chart notes, laboratory reports, dental records, pathology reports, physical therapy records, hospital records (including nursing records and progress notes), and any personal or medical information related to the purpose of this authorization. Information obtained with this authorization will be used for the purpose defined above and will be limited to the minimum necessary information to achieve that purpose.

I understand that I have the right to refuse to sign this Authorization. My refusal to sign this Authorization will not affect my enrollment in a health plan or eligibility for health benefits.

I have the right to revoke this Authorization in writing at any time. If I revoke this Authorization, the information described above will no longer be used or disclosed for the reasons covered by this written Authorization. Any uses or disclosures already made with my permission cannot be taken back.

To revoke this Authorization, please send a written statement to the Clackamas County Fire District, 11300 S.E. Fuller Road, Milwaukie, OR. and state that you are revoking this Authorization.

Unless revoked, this Authorization will/shall be in force and effect until the following (check one):

Date: _____ **(not to exceed 24 months), OR.**

Event: _____.

I have reviewed and I understand this Authorization.

By: _____ **Date:** _____
(Individual)

~OR~

By: _____ **Date:** _____
(Individual's representative)

Relationship to member: Parent Legal guardian* Holder of Power of Attorney*

***Please attach legal documentation if you are the legal guardian or Holder of Power of Attorney**

ALL FIELDS MUST BE COMPLETED FOR THIS AUTHORIZATION TO BE VALID.

APPENDIX B: PRIVACY NOTICE

**CLACKAMAS COUNTY FIRE DISTRICT #1
NOTICE OF PRIVACY PRACTICES**

April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice applies to all records about your care or treatment that have been created by Clackamas County Fire District #1 personnel or agents of the district. Your personal doctor or the hospital at which you receive care may have different policies and a different Notice regarding your health information.

Our Responsibilities

We are required by law to maintain the privacy of your Protected Health Information (PHI) and provide you a description of our privacy practices. We will abide by the terms of this notice.

How We May Use and Disclose Your Protected Health Information (PHI)

Uses and Disclosures That Do Not Require Your Authorization

For Treatment

We may use or disclose your PHI to provide care and treatment to you or in order for others to provide treatment to you. For example, we may disclose your PHI to physicians, nurses and other health care personnel involved in your care and treatment.

For Payment

We may use and disclose PHI about your care to bill and collect payment from you, your insurance company, or a third party for the treatment provided. For example, we may use your PHI to create the bills that we submit to the insurance company, or we may disclose medical information to our business associates who perform billing and claims processing or other services for us. We may also disclose your PHI to another health care provider or insurance company for their payment-related activities.

For Health Care Operations

Fire District personnel and/or members of our quality improvement committee may use information on your health record to evaluate the quality of care and treatment in your case. The results of this evaluation will be used to continually improve the quality of care for all patients we serve. We may also provide your PHI to our attorneys, accountants or other consultants to ensure that we are complying with applicable laws.

Law Enforcement/Legal Proceedings

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

As Required by Law

The law allows us to disclose PHI without your authorization in the following circumstances, including but not limited to:

- When required to do so by Federal, State or Local laws.
- When issuing mandated reports about victims of abuse, neglect or domestic violence.

The law also allows us to disclose PHI without your authorization to the following types of entities, including but not limited to:

- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability.
- Health Oversight Agencies who have authority to audit or investigate our operations.
- Local Emergency Medical Services agencies in connection with their oversight role over our emergency medical services.
- Coroners or Medical Examiners in the performance of their duties.
- Organ Procurement Organizations to facilitate organ donation and transplantation.
- Workers Compensation Agencies.
- Correctional Institutions.
- Military Command Authorities.
- National Security and Intelligence agencies.
- Protective Services for the President and others.

Uses and Disclosures That Require Us to Give You the Opportunity to Object

Individuals Involved in Your Care or Payment for Your Care

If you do not object, we may provide relevant portions of your PHI to a family member, friend, or other person you indicate who is involved in your health care or payment thereof. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest. We will give you the opportunity to object to future disclosures to family and friends if possible. In addition, we may also disclose your PHI to entities performing disaster relief activities so that your family can be notified about your condition and location. .

Other Uses and Disclosures of Your Protected Health Information (PHI)

Other uses and disclosures of your PHI that are not covered by this Notice, or the laws that may apply to us, will only be made with your written authorization. You may revoke this authorization at any time by submitting a request in writing to our Department Privacy Officer. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes specified in the written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Business Associates

There are some services provided in our organization through contracts with business associates. For example, we may utilize the services of a medical billing agent to perform billing and claims processing for treatment we have provided. When these services are contracted, we may disclose your PHI to our business associates so that they may perform their necessary job functions. However, to protect your PHI we require the business associates to appropriately safeguard your information.

Your Health Information Rights

You have the following rights related to your health care records maintained by Clackamas County Fire District #1:

- **The Right to Inspect and Copy:** Except for very limited circumstances, you have the right to inspect and copy medical information that may be used to make decisions about your care. Requests to inspect must be submitted in writing and addressed to our Department Privacy Officer. In certain situations we may deny your request. If this occurs, you will be notified in writing of the reason for denial and your rights with regard to having the denial reviewed.
- **The Right to Amend:** If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any request must be submitted in writing and must advise why the amendment is needed. We may deny your request for an amendment. If this occurs, you will be notified in writing of the reason for denial.
- **The Right to an Accounting of Disclosures:** You have a right to request an accounting of disclosures of your PHI. This is a list of instances in which we have disclosed your PHI for purposes other than: treatment, payment, health care operations, disclosures permitted by our privacy practices or law, for disaster relief or national security purposes, or disclosures to law enforcement. Requests for a list of disclosures must be submitted in writing to our Department Privacy Officer.
- **The Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose to family members or friends involved in your care, or payment of care. Any such request must be submitted in writing to our Departments Privacy Officer. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **The Right to Request Confidential Communications:** You have the right to request that we send information to you at a specific address (for example, work rather than home) or in a specific manner (for example, by e-mail rather than regular mail). We will agree to your request as long as it is not disruptive to our operations. You must make any such request in writing, addressed to our Departments Privacy Officer.
- **The Right to a Paper Copy of this Notice:** You have the right to request a paper copy of this notice at any time. You may obtain a copy of this Notice by contacting our Privacy Officer at (503) 742-2642.

To exercise any of your rights, please obtain the required forms from our Departments Privacy Officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to make such changes applicable to the health information we obtained about you before the change, as well as to information we may receive in the future. You may obtain a copy of any revised Notice by contacting our Privacy Officer at (503) 742-2642. We will also make any revised Notice available at the district's website located at www.clackamasfire.com

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Department by calling our Privacy Officer

at 503-742-2642. Complaints may also be filed with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
If you have any questions about this notice, please contact our Departments Privacy Officer

Kyle R. Gorman, Executive Officer
Clackamas County Fire District #1 Privacy Officer