



SOUTH LYON FIRE DEPARTMENT

Manual of Procedures 102

PROTECTED HEALTH INFORMATION

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Approved: Chief Mike Kennedy

I. PURPOSE

This procedure sets forth SLFD requirements and commitment to compliance with those standards established by the Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regarding the use and disclosure of:

- Protected Health Information ("PHI" - hard copy patient records).
- Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule).
- The security of Electronic Protected Health Information ("e-PHI"- electronic copy patient records) under the Security Regulations (the "Security Rule").

II. RESPONSIBILITY

SLFD is a Covered Entity (CE) under the Privacy and Security Rules, because we ascertain PHI as first responders. Therefore, SLFD will:

- A. Ensure the confidentiality, integrity and availability of all PHI and e-PHI SLFD creates, receives, maintains or transmits.
- B. Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.
- C. Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required.
- D. Ensure our employees compliance with the Privacy and Security Rule by our employees.

III. DEPARTMENT PRIVACY OFFICIAL

A designated Department Privacy Official develops policies and procedures relating to safeguarding PHI, reviews and modifies these provisions as necessary, coordinates and implements these provisions, assures training is conducted, receives and processes individual rights requests and privacy complaints, documents complaints received, the disposition of each complaint, and provides information about the Department's privacy practices. The Privacy Official investigates patient complaints or accusations directed against the Department or employees. If the investigation substantiates the complaint, the Privacy Official enforces the department's procedures regarding appropriate disciplinary action. The fire chief serves as the Privacy Official.

Employees will be initially and remedially trained in these provisions. Employees must remain familiar with and use the provisions of this procedure.



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IV. DESIGNATED RECORD SET

Patient Care Reports create the initial records that contain PHI that are eventually entered into the ePHI record set. SLFD maintains these records. Patients may access their records for purposes of either amending or further restricting access to them.

V. MINIMUM NECESSARY USE AND DISCLOSURE

SLFD will make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request. Employees will only collect, record and retain the PHI necessary to treat a patient which is considered a routine use. Employees authorized to communicate and work with business associates will only disclose the amount of PHI ore-PHI necessary to complete the business arrangement and is considered a routine use of the information. If the patient has any questions or encounter unfamiliar circumstances about disclosure of PHI, consult SLFD's Privacy Official prior to any disclosure.

This minimum necessary requirement does not apply when disclosing PHI to (1) a health care provider that is or will provide treatment, or (2) the individual who is the subject of the information. Any non-routine (routine uses are described in the previous paragraph) use, request, or disclosure of PHI or ePHI must first be authorized or approved by the Department Privacy Official.

Requests to review, receive, or amend PHI ore-PHI record sets will be forwarded to the Department Privacy Official for action. Employees providing immediate EMS care have access to PHI when they:

- A. Provide patient care, treatment, and record PHI on a Patient Care Report.
- B. Enter PHI data from a Patient Care Report into the Department's e-PHI record set.
- C. In addition, authorized employees working within the administrative function of SLFD, or designated statisticians have access toe-PHI in order to
 - i. Gather data for purposes of analysis, and;
 - ii. Create reports of EMS operational data, and;
 - iii. Provide information for the operation of SLFD's EMS quality assurance program.
- D. Department employees not described above are not authorized to view, read, and copy or otherwise have access to PHI or e-PHI.

VI. USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) - ROUTINE USES

Treatment, Payment and Operations: Authorizations for release of PHI are not necessarily used for the treatment of a patient, payment of health care provided to a patient, or for health care operations that encompass the quality and improvement of assessment, competency assurance activities, or conducting medical reviews or audits. Therefore, SLFD will not obtain a patient's consent when using PHI for uses outlined above.



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Process for disclosing client information: As described previously, SLFD restricts the routine uses of PHI to those uses described, and under no circumstances will any disclosure occur that may include copies of psychotherapy notes or the use of information for any marketing or sales purposes or information compiled for court related proceedings. Should a matter arise that is unfamiliar or outside the normal scope of operations, consult SLFD's Privacy Official before releasing any information. The Privacy Official will obtain the needed authorization/release by having the patient sign an Authorization/Release Form.

Exceptions When Patient Authorization Not Required: There are instances when use and disclosure do not require the patient's authorization or opportunity to agree or object.

Exceptions when authorization is not required include:

1. Uses and disclosures required by law.
2. Uses and disclosures for public health activities.
3. Disclosures about victims of abuse, neglect, or domestic violence.
4. Uses and disclosures for health oversight activities.
5. Disclosures for judicial, administrative, and investigative proceedings.
6. Disclosures for law enforcement purposes.
7. Uses and disclosures about decedents PI-II may be disclosed to coroners or medical examiners and to designated organ procurement organizations.
8. Uses and disclosures for research purposes.
9. Uses or disclosures to avert a serious threat to health or safety.
10. Uses for specialized government functions, including for military purposes.
11. Disclosures for workers' compensation to comply with laws relating to workers' compensation and other similar programs.

Personal representatives: A personal representative is a person legally authorized to make health care decisions on an individual's behalf or to act for a deceased individual or the estate.

Minors' rights: Parent(s) or legal guardian(s) are the personal representatives for their minor children. Therefore, parents or guardians can exercise individual rights of their minor children. In certain exceptional cases, the parent(s) or legal guardian(s) may not be considered the personal representative of their minor children and state law will prevail to determine the rights of the parent(s) or legal guardian(s) to access and control PHI. Should this conflict arise during emergency treatment of a minor child, a licensed health care professional will be consulted to exercise their professional judgment. During non-emergency situations, the Department's Privacy Official will consult with legal counsel and a licensed health care professional.

VII. INDIVIDUAL RIGHTS

Patients have the right to access, amend, restrict the use of or file a complaint about PHI according to the following conditions.

- A. Right to access/copy PHI: Patients have the right to access, inspect, and copy the PHI that is used to make decisions about them. This does not include an automatic right to access certain types of data.



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- B. Right to amend PHI: Patients have the right to request amendment of their PHI if they think that PHI is inaccurate or incomplete. However, SLFD may deny requests if the information is deemed accurate, complete, or was not created by SLFD.
- C. Right to restrict use or disclosure: Patients may request a restriction upon their PHI use or disclosure, but SLFD is under no obligation to comply with this request. SLFD will only use and disclose PHI under the terms and conditions of this procedure and the Health Insurance Portability and Accountability Act.
- D. Right to confidential communications: SLFD will only use and disclose PHI in the most confidential manner available and in compliance with the patient's request.
- E. Right to an accounting of disclosures: Patients may receive an accounting of disclosures of their PHI if done so for other than treatment, payment, health care operations and the eleven exceptions listed above for the disclosure of client information.
- F. Right to file a complaint: Patients have the right to file a complaint about the use or disclosure of their PHI.
- G. Right to receive notification- If affected by a PHI security breach, the affected individual(s) must be notified within 60 calendar days after the discovery.

VIII. SAFEGUARDS FOR THE PROTECTION OF PHI

The following internal safeguards are in place to protect PHI and e-PHI.

- A. Administrative safeguards: Only employees authorized to receive, interpret, convey and/or disclose PHI are allowed to do so under the conditions of this procedure.
- B. Physical safeguards: Employees are required to maintain any written PHI in the most confidential manner by not allowing other persons to view, read or copy the PHI. PHI must be kept in the secured manner and locations as directed by training and supervisors. Extraneous material such as notes, clippings or items determined to no longer be useful or relevant to PHI must be shredded.
- C. Technical safeguards: Employees are required to maintain the highest level of confidentiality when entering or viewing electronically stored PHI (e-PHI). Employees must maintain security of electronic records.

IX. TRAINING REQUIREMENTS

SLFD will train employees about the provisions of this procedure and the Health Insurance Portability and Accountability Act. Training of employees will follow the content of lesson plan(s) organized and presented by the EMS Officer. Each employee whose functions are impacted by a change in position or job description must receive training within a reasonable time following the change.

- A. New employee training: New employees will receive Privacy Rule training during the orientation process.
- B. Recurrent training: Employees will receive periodic training throughout the year from supervisors. At least once every three years during the continuing education process, employees will receive more formal training.



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- C. Special function training: Special training concerning the Privacy Rule, this procedure or the Health Insurance Portability and Accountability Act will occur remedially for any employee found to have breached or violated these provisions, for any group of employees that require correction in the interpretation or application of these provisions, or whenever changes in applicable laws require training modifications.

X. BUSINESS ASSOCIATE AGREEMENTS

SLFD may create business associate agreements for a person(s) or an organization(s) that perform certain functions or activities on behalf of, or provide certain services to SLFD that may include, but are not limited to billing, claims processing or administration, data analysis, processing, or administration, or quality assurance. These activities or functions involve the use or disclosure of individually identifiable health information.

SLFD will have a contract in place with business associates that provide specified written safeguards on the individually identifiable health information used or disclosed by SLFD's business associates. Prior to executing or renewing contracts for business associate agreements, SLFD will have the contracts reviewed by legal counsel for their accuracy and completeness.

XI. PATIENT COMPLAINTS/GRIEVANCES

SLFD will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals who exercise their right under the HIPAA Privacy Rule, including filing a complaint.

XII. PENALTY FOR EMPLOYEE VIOLATION

In addition to the stipulations contained in this procedure, employees must abide by the relevant provisions contained in SLFD and City of South Lyon manuals. Employees who violate the provisions of this procedure will be disciplined in a progressive manner. However, due to the nature of the provisions and law, employees are cautioned that civil and criminal penalties may also apply.

Approved by
/s/ Chief Mike Kennedy