

## Falmouth Fire-EMS Operating Guideline

### PRIVACY PRACTICES – HIPAA

#### **Objective:**

To provide a clear policy on privacy with respect to protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information technology and Economic and Clinical Health Act (HITECH Act).

#### **General Information:**

Falmouth Fire-EMS is required by law to:

- maintain the privacy of protected health information;
- provide patients with certain rights with respect to their protected health information;
- provide patients with a copy of the Notice of Privacy Policies that outlines the department's legal duties and privacy practices with respect to protected health information; and
- follow the terms of the Notice that is currently in effect.

#### **Guidelines:**

- A. Falmouth Fire-EMS provides a Notice of Privacy Practices to all patients pursuant to HIPAA.
  - a. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from or created or received by a health care provider such as the Department, from which it is possible to individually identify you and that relates to:
    - (1) past, present, or future physical or mental health or condition;
    - (2) provision of health care to a patient; or
    - (3) past, present, or future payment for the provision of health care to a patient.
- B. Falmouth Fire-EMS may use or disclose protected health information under certain circumstances without permission. The following categories describe the different ways that we may use and disclose protected health information.
  - a. **For Treatment.** We may use or disclose protected health information to facilitate medical treatment or services by providers. We may disclose medical information about patients to providers,

including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of the patient. For example, we might disclose information about a medical condition during emergency transportation to medical personnel or staff members at the receiving medical facility.

- b. **For Payment.** We may use or disclose protected health information to facilitate payment for the treatment and services received from the department, or to coordinate insurance reimbursement. Likewise, we may share protected health information with another entity to assist with the processing of payments
- c. **For Health Care Operations.** We may use and disclose protected health information for uses and disclosures that are necessary to department operations. For example, we may use medical information in connection with conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; organizational planning and development such as cost management; and business management and other important department administrative activities.
- d. **Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose protected health information to send a patient information about treatment alternatives or other health-related benefits and services that might be of interest to the patient.
- e. **To Business Associates.** We may contract with individuals or entities known as business associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, business associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding protected health information. For example, we may disclose protected health information to a business associate to process claims for health services rendered or to provide support services, such as utilization management or records destruction.
- f. **As Required by Law.** We will disclose protected health information when required to do so by federal, state, or local law. For example, we may disclose protected health information when required by national security laws or public health disclosure laws.
- g. **To Avert a Serious Threat to Health or Safety.** We may use and

disclose protected health information when necessary to prevent a serious threat to a patient's health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose protected health information in a proceeding regarding the licensure of a physician.

- h. **Organ and Tissue Donation.** If a patient is an organ donor, we may release protected health information after the patient's death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- i. **Military.** If a patient is a member of the armed forces, we may release protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- j. **Workers' Compensation.** We may release protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- k. **Public Health Risks.** We may disclose protected health information for public health activities. These activities generally include the following:
  - i. to prevent or control disease, injury, or disability;
  - ii. to report births and deaths;
  - iii. to report child abuse or neglect;
  - iv. to report reactions to medications or problems with products;
  - v. to notify people of recalls of products they may be using;
  - vi. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - vii. to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.
- l. **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system,

government programs, and compliance with civil rights laws.

- m. **Lawsuits and Disputes.** If a patient is involved in a lawsuit or a dispute, we may disclose protected health information in response to a court or administrative order. We may also disclose protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell the patient about the request or to obtain a court or administrative order protecting the information requested.
- n. **Law Enforcement.** We may disclose protected health information if asked to do so by a law-enforcement official:
  - i. in response to a court order, subpoena, warrant, summons, or similar process;
  - ii. to identify or locate a suspect, fugitive, material witness, or missing person;
  - iii. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
  - iv. about a death that we believe may be the result of criminal conduct; and
  - v. about criminal conduct.
- o. **Coroners, Medical Examiners, and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.
- p. **National Security and Intelligence Activities.** We may release protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- q. **Inmates.** if a patient is an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide the patient with health care; (2) to protect the patient's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- r. **Research.** We may disclose your protected health information to researchers when:
  - i. The individual identifiers have been removed; or

- ii. When an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

C. **Required Disclosures**. The following is a description of disclosures of a patient's protected health information that Falmouth Fire-EMS is required to make.

- a. **Government Audits**. We are required to disclose protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- b. **Disclosures to a Patient**. When a patient requests, we are required to disclose the portion of protected health information that contains medical records, billing records, and any other records used to make decisions regarding health care treatment. We are also required, when requested, to provide a patient with an accounting of most disclosures of their protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to the patient's individual authorization.

D. **Other Disclosures**

- a. **Personal Representatives**. We will disclose a patient's protected health information to individuals authorized by the patient, or to an individual designated as the patient's personal representative, attorney-in-fact, etc., so long as the patient provides us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
  - i. A patient has been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
  - ii. Treating such person as a patient's personal representative could endanger you; and
  - iii. In the exercise of professional judgment, it is not in the patient's best interest to treat the person as the patient's personal representative.
- b. **Spouses and Other Family Members**. With only limited exceptions, we will send all mail to the patient. If a patient has requested Restrictions or Confidential Communications, and if we have agreed to the request, we will send mail as provided by the

request for Restrictions or Confidential Communications.

- c. **Authorizations.** Other uses or disclosures of protected health information not described above will only be made with written authorization. For example, in general and subject to specific conditions, we will not use or disclose psychiatric notes; we will not use or disclose protected health information for marketing; and we will not sell protected health information, unless the patient gives us a written authorization. A patient may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive the written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving the written revocation.

These guidelines may be changed or altered by the Fire-EMS Chief at any time.