# *Grant County Fire Protection District 3*

*POLICY AND PROCEDURE*

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1. NUMBER: 1.1.06

2. SUBJECT: ***Privacy Policy***
***HIPAA - Health Insurance Portability & Accountability Act / RCW 70.02***

3. POLICY: The District provides emergency medical services to the community that it serves. In providing emergency medical services, District Personnel regularly create, obtain and record Health Information about each individual that receives medical services. The District recognizes that this Health Information is personal and private information. The District is committed to protecting the confidentiality of Health Information in accordance with State and Federal Laws. This Policy and Procedure is established to define that process.

4. SCOPE: This Policy and Procedure is applicable to all personnel of Grant County Fire District 3.

5. RESPONSIBILITIES:

   A. The District Fire Chief is responsible for ensuring that this Policy and Procedure is adhered to.

   B. All personnel are responsible for complying with this Policy and Procedure.

6. DEFINITIONS:

   A. HEALTH INFORMATION**:** Health Information shall include any information relating to the diagnosis, care, treatment, transport or delivery of health care to a District Patient and includes "health care information," "individually identifiable health information" and "protected health information" as those terms are defined in Ch. 70.02 RCW and HIPAA.

   B. PATIENT: Patient includes any individual that receives or has received medical treatment or care from District Personnel.

   C. PERSONNEL: Personnel shall include any district commissioner, officer, paid employee, volunteer, or community support members.

   D. THIRD PARTY: An individual or entity that is neither Personnel, a Patient or a representative of the Patient.

E. THIRD PARTY PAYOR: An individual or entity including insurers, health maintenance organization, employee welfare benefit plan or a state or federal health benefit program that has or may have responsibility for payment of a patient's medical costs.

7. PROCEDURE:- NOTICE OF PRIVACY POLICY

A. The District has adopted a privacy Notice for distribution to the District's Patients. (See Attached) The following procedures shall govern the use of the Privacy Notice:

1. The Privacy Notice shall be posted in a public place in all District facilities.
2. A copy of the Privacy Notice shall be available to the public when requested.
3. The Privacy Notice shall be provided to patients receiving health care from the District at the time the health care is provided or, in an emergency treatment situation, as soon as is reasonably practical. Appendix 01_01_06 #3
4. District Personnel shall make a good faith effort to obtain a Patient's written acknowledgement of receipt of the Privacy Notice. Acknowledgements shall not be required in an emergency treatment situation.

B. Collection of Health Information: District Personnel shall record all Health Information on the District's Medical Incident Report Form "MIR." District Personnel shall not record Health Information in any other form except as specifically authorized by this Policy.

C. Storage of Health Information:

1. <u>Reports in Progress – In Field:</u> All Command vehicles have been outfitted with a security box for the storage of Health Information, when in the field. Personnel shall store Health Information in the security box at all times that the Health Information cannot be kept in the immediate possession of the Personnel responsible for preparation of the Health Information
2. <u>Reports in Progress – In Station:</u> Personnel shall not leave Health Information in a location where the Health Information can be viewed by other Personnel or the public. At any time, Health Information cannot be kept in the immediate possession of the Personnel responsible for the preparation of the Health Information, the Health Information shall be stored in a locked file cabinet in the vault.
3. <u>Data Electronically Stored – In Computer:</u> Electronic information stored is password restricted access.

4. Completed Medical Incident Reports: Completed MIRs and any associated Health Information shall be filed with the Privacy Officer and shall be maintained in a secure location.

D. Access to Health Information:

1. Personnel Access: All Personnel shall limit their access to Health Information to a minimum amount necessary to perform his or her job duties. In general, access to Health Information shall be limited to the Personnel responsible for preparing the Health Information and the Districts Privacy Officer. Other Personnel with a need to know the information to perform his or her job duties must obtain the permission of the Privacy Officer prior to accessing Health Information.
2. Patient Access: Patients shall have the right to access their Health Information in accordance with the following procedures:
    a. The Patient must submit a written request to examine or copy all or part of their Health Information.
    b. No later than 15 days from the date of the request the Privacy Officer shall:
        1) Make the information available for examination and provide a copy if requested.
        2) Inform the Patient that the information does not exist.
        3) If the District does not keep the information, inform the Patient and provide the Patient with the name and address of the health care provider who maintains the record.
        4) If the information is "in use" or "unusual circumstances" delay processing of the request, notify the Patient in writing the reasons for the delay and the earliest date, not later than 21 days from receipt of the request when the information will be available.
        5) Deny the request in whole or in part.
3. Prior to release of copies of Health Information, the Patient may be required to pay the current fees set forth in WAC 246-08-400.
4. Denial of Patient Access: The District reserves the right to deny the Patient access to all or part of the Patient's Health Information on the following grounds:
    a. Knowledge of the information would be injurious to the health of the Patient.
    b. Knowledge of the information could reasonably be expected to lead to the Patient's identification of an individual who provided the information in confidence when confidentiality is appropriate.
    c. Knowledge of the information could be expected to cause danger to the life or safety of an individual.

d. The information was compiled and is used solely for litigation, quality assurance, peer review or administrative purposes.
e. Access is otherwise prohibited by law.
f. In the event access is denied to all or a part of the patient's Health Information, the Privacy Officer shall notify the Patient, in writing, of the Patient's right to select another qualified health care provider to examine and copy the records. The qualified health care provider must be legally authorized to treat the Patient for the same condition that the District provided treatment.

5. Third Party Access: Access by third parties shall be restricted as provided in the following section on Use and Disclosure.

E. Uses and Disclosures of Health Information Without Patient Authorization. Patient Health Information shall not be disclosed without prior written Patient authorization except as provided below.

1. Use and Disclosures for Payment: Health Information may be used or disclosed to collect payment from third parties, for the care you receive.
2. Uses and Disclosures for Treatment: Health Information may be used by Personnel or disclosed to other health care professionals for the purpose of evaluating and diagnosing a Patient's health and for purposes of providing treatment.
3. Uses and Disclosures for Health Care Operations: Health Information may be used as necessary to support the day-to-day activities and management of the District including disclosures as necessary for health care education, planning, quality assurance, peer review and administrative, legal and financial services necessary for the operation of the District's health care services.
4. Uses and Disclosures for Health and Safety: Health Information may be disclosed to any person if there is a reasonable basis to believe that disclosure will avoid or minimize an imminent danger to the health or safety of the Patient or any other individual.
5. Oral Disclosures to Immediate family: Oral disclosures of Health Information may be made to immediate family members of the Patient, or any other individual with whom the Patient is known to have a close personal relationship provided that any such disclosures must be consistent with good medical practice. However, if possible, the Patient shall have the opportunity to object to such oral disclosures and preclude such disclosures.
6. Uses and Disclosures Required by Law: Health Information may be used or disclosed to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. The specific areas of use and disclosure permitted by law include the following:
   a. To federal, state, or local public health authorities, to the extent the

Health Care Provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health.

b. To federal, state, or local law enforcement authorities to the extent required by law including:
   1) Health Information relating to victims of child abuse, vulnerable adult abuse or neglect.
   2) Health Information that relates to a crime conducted on the premises of the District.
   3) Health Information responsive to a law enforcement official's request for information about a victim or suspected victim of a crime in which the patient is being treated or has been treated for a bullet wound, gunshot wound, powder burn, or other injury arising from or caused by the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument or a blunt force injury that federal, state, or local law enforcement authorities reasonably believe resulted from a criminal act.

c. To county coroners and medical examiners for the investigations of deaths.

d. Pursuant to compulsory process in accordance with RCW 70.02.060.

e. Health care information may be disclosed as necessary to comply with workers compensations laws such as RCW 51.28.070.

All other Uses and Disclosures shall require prior patient authorization and approval by the Privacy Officer.

F. Patient Authorizations/Revocation:

1. Patient Authorizations shall be made on the District's prescribed form, Appendix 01_01_06 #4. Patient Revocation shall be made on the District's prescribed form, Appendix 01_01_06 #5, shall be maintained as part of the Patient's medical record and shall conform with the following requirements:
   a. Be in writing, dated, and signed by the Patient.
   b. Identify the nature of the information to be disclosed.
   c. Identify the name, address, and institutional affiliation of the person to whom the information is to be disclosed.
   d. Except for third-party Payors, identify the provider who is to make the disclosure.
   e. Identify the Patient.

f. Designate an expiration date. (Absent a specified expiration date, Authorization shall expire 90 days after signed. Authorizations for disclosures to Third-Party Payors shall not expire.)

2. In the event a Patient is deceased, the Patient's personal representative may execute the Authorization. In the event there is no personal representative the following individuals have authority under RCW 7.70.065 to execute the Authorization:
   a. The appointed guardian of the Patient.
   b. The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions.
   c. The Patient's spouse.
   d. Children of the Patient who are at least eighteen years of age.
   e. Parents of the Patient.
   f. Adult brothers and sisters of the Patient.

G. Restrictions on use and disclosure: On receipt of a written request to restrict a patient's Health Information, the Privacy Officer may agree to the requested restriction but is not required to do so. The District will not accept a request to restrict uses or disclosures that are otherwise required by law. The Privacy Office will respond to restriction requests in writing.

H. Confidential Communication Requests: The District will honor all reasonable requests to communicate with a patient by the means and at the locations designated by the Patient. Such requests from the patient must be made in writing.

I. Policy Violations: Violation of this Policy by District Personnel shall be grounds for disciplinary action including termination.

J. Health Information Confidentiality Agreement: Every member of Grant County Fire District 3 will agree and execute a confidentiality agreement. Appendix 01_01_06 #2

SEE APPENDIX

1.1.06 #1 - Employee Quick Reference Sheet
1.1.06 #2 - HIPAA
1.1.06 #3 - Privacy Notice
1.1.06 #4 - Patient Authorization
1.1.06 #5 - Revocation
1.1.06 #6 - Patient Medical Records Request
1.1.06 #7 - Documenting and Accounting
1.1.06 #8 - Deceased Medical Records