



# FOREST LAKES FIRE DISTRICT HIPAA REGULATIONS POLICY NUMBER 0014



## Purpose

HIPAA (Health Insurance Portability and Accountability Act) is a law with serious consequences. HIPAA's privacy and security regulations punish individuals and/or organizations that fail to keep a patient's information confidential. The regulations do set forth specific requirements that all covered entities must implement or follow in order to be HIPAA compliant. However ARS 12-2294 specifies when and to whom medical records can be released.

## Definitions

All Forest Lakes Fire District employees must be continuously trained in HIPAA privacy and security regulations and in PHI (Protected Health Information) requirements.

Forest Lakes Fire District (Fire District) is considered a Health Care Provider and may release medical and payment records to authorized authorities with or without the patient's permission.

Authorized authorities include:

1. court ordered tribunals
2. health care providers who are currently providing health care to the patient for diagnosis and treatment
3. ambulance attendants as defined in ARS section 36-2201 for the purpose of providing care to or transferring the patient
4. private agencies that accredit the patient's health care provider
5. health profession regulatory board as defined in ARS 32-3201
6. health care providers for the purpose of conducting utilization review, peer review and quality assurance pursuant to ARS 36-441, 36-445, 36-2402 or 36-2917



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7. a person or entity that provides services to the patient's health care provider or clinical laboratories as long as said person or entity has an agreement to protect confidentiality of patient information as required by the health insurance portability and accountability act privacy standards, 45 Code of Federal Regulations part 164, subpart E

8. the legal representative of a health care provider in possession of the medical records or payment record for the purpose securing legal advice

9. the patient's third party payor or the payor's contractor

10. the industrial commission of Arizona or parties to an industrial commission claim pursuant to title 23, chapter 6

A deceased patient's medical or payment records may be released to the health care decision maker at the time of the patient's death

If no decision maker has been appointed at the time of death said records may be released to the personal representative or administrator of the estate

If a decision maker or personal representative or estate administrator has not been appointed at the time of death and the deceased has not notified the health care provider in writing that the deceased patient opposed the release of said records, then the following persons in the following order of priority may receive the medical and payment records:

1. the deceased patient's spouse, unless the patient and spouse were legally separated at the time of death

2. the acting trustee of a trust created by the deceased patient either along or with the deceased patient's spouse if the trust was a revocable inter vivos trust during the deceased patient's lifetime and the deceased patient was a trust beneficiary during the deceased lifetime



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3. an adult child of the deceased patient
4. a parent of the deceased patient
5. an adult sibling of the deceased patient
6. a guardian or conservator of the deceased patient at the time of the patient's death.

Any person who receives medical or payment records shall not disclose those records without written authorization of the patient or patient's health care decision maker, unless otherwise authorized by law.

If the health care provider releases medical or payment records to a contractor for the purpose of duplicating or disclosing on behalf of the health care provider the contractor must return the records to the health care provider.

### **Policy**

The following are requirements that employees and the District must consider:

- Covered entities must train all members of their work force on the policies and procedures regarding PHI.
- Any new members of the work force must be trained within a reasonable time period.
- Staff must be retrained when HIPAA related policies and procedures make changes that affect their job, or if their job duties change in ways that impact the way that they handle PHI.
- Staff must be retrained when new regulations are published.
- The Fire District will maintain a copy of each employee's signed compliance form acknowledging his/her current HIPAA training.



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- You must document that the training was provided. The better you keep documentation on training the better off you will be if there is a complaint or if you get audited.
- You must designate a Privacy Officer who will create and oversee the implementation of the Privacy Policy for your office and provide HIPAA training for all employees.
- You must designate a Contact Person who will receive all HIPAA related complaints.
- You must designate a person or a group to be responsible for security.
- You must have a written policy and procedures that will specify who will have access to PHI, how PHI will be used within your practice, and under what circumstances you will and will not disclose PHI.
- You must have a six-year retention period for documents.
- You must have reasonable safeguards in place to protect PHI. These safeguards must limit incidental uses or disclosures.
- Employees must be able to demonstrate their understanding of the security measures and their willingness to comply with the policies and procedures to ensure that PHI is protected.
- You must have a process established for receiving and responding to complaints regarding your own policies and procedures and your office compliance with the policy and procedures or with the privacy standards.
- You must have a process established for receiving request to access or amend a patient's medical record.

### **The Privacy Officer and Security Officer**

The privacy regulations require that you designate **a Privacy Officer** who is responsible for developing and implementing the privacy policies and procedures, and a Contact Person for providing further information about matters covered in the privacy notice and to receive complaints about privacy matters. The Contact Person and the Privacy Officer can but do not have to be the same person.



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HIPAA mandates that you assign responsibility to a specific person or group to oversee the safeguarding of PHI. This person would be the **Security Officer**. You may appoint whomever you chose but the appointment must be documented. This person or group is expected to implement and use security measures, assign security responsibilities, oversee the security effort of the organization, audit the personnel conduct in relation to information security, and ensure that security policies and procedures are documented.

HIPAA does not require that you hire any additional staff. You may find it most practical to designate the Office Manager as the Privacy and Security Officer and the Contact Person. Another possibility would be to have the Office Manager serve as the Security Officer and the medical record's manager serve as your Privacy Officer and Contact Person.

Approved by the Forest Lakes Fire District Board on:

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\_\_\_\_\_ John Hennessey, Clerk

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