

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Policy on Security, Levels of Access and Limiting Disclosure and Use of PHI
 Effective: June 2006
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I. GUIDELINE:

To outline levels of access to Protected Health Information (PHI) of various staff members of Leon County Emergency Medical Services and to provide a policy and procedure on limiting access, disclosure, and use of PHI.

II. POLICY:

Leon County Emergency Medical Services retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

III. PROCEDURE:

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access

Job Title	Description of PHI to Be Accessed	Conditions to Access to PHI
EMT	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and <u>only while actually on duty</u>
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and <u>only while actually on duty</u>

Billing Coordinator, Administrative Associate V's		May access only as part of duties to complete patient billing record requests and follow up and only during actual work shift
Shift Captains, FTO's	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
System Controllers/ Lieutenants	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
EMS Quality Improvement & Education Manager / Medical Director	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Deputy Chiefs / Chief	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel
MIS		May access only to the extent necessary to maintain computer systems.

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on Leon County Emergency Medical Services' reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities

Access to a patient's entire file will not be allowed except when provided for in this and other policies and procedures and the justification for use of the entire medical record is specifically identified and documented.

Disclosures to and Authorizations from the Patient

You are not required to limit to the minimum amount of information necessary required to perform your job function, or your disclosures of PHI to patients who are the subject of the PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by Leon County Emergency Medical Services.

Authorization received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient’s authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, Leon County Emergency Medical Services is permitted to disclose the PHI requested without making any minimum necessary determination.

LCEMS Requests for PHI

If Leon County Emergency Medical Services needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult your supervisor for guidance. For example, if the request is non-recurring or non-routine, like making a request for documents via a subpoena, we must make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulances / First Response Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported	Patient care reports

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For all other requests, determine what information is reasonably necessary for each on an individual basis.

Incidental Disclosures

Leon County Emergency Medical Services understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see.

The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other staff members will not have access to information that is not necessary for the staff member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

But all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

Verbal Security

Waiting or Public Areas: if patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

Garage Areas: Staff members should be sensitive to that fact that members of the public and other agencies may be present in the garage and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.

Physical Security

Patient Care and Other Patient or Billing Records: Patient care reports shall be stored in safe and secure areas. When any paper records concerning a patient are completed, they shall not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should

have access to any paper records.

Billing records, including all notes remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure. Access to any computer devices should be by password only. Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops should remain in the physical possession of the individual to whom it is assigned at all times.