



# Policy & Procedure

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1.0
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N/A
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1/1/2015

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Ambulance Billing Companies, in their role as a Business Associate under HIPAA, have a long-standing commitment to protecting the privacy of patient health information which is sometimes referred to as Protected Health Information (“PHI”). A part of this commitment involves compliance with the privacy standards contained in the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the first comprehensive federal protection of health information. The regulation is known as the Privacy Rule.

The following is a general overview of the requirements of the HIPAA privacy regulations. Each ambulance service is referred to as a “Covered Entity” by these regulations and in this statement. Providers of Billing Services are considered a “Business Associate” by these regulations and in this statement.

The HIPAA regulations govern the use and disclosure of PHI. In general, a Covered Entity may use PHI for purposes of treatment, payment, and health care operations. It may disclose PHI

1. With the individual’s authorization;
2. To another healthcare provider for treatment and payment purposes with the individual’s authorization; and
3. In certain other circumstances described by the regulations.

In using or disclosing PHI a Covered Entity must restrict the use or disclosure to the minimum amount necessary to accomplish the purpose of the use or disclosure. Employees of a Covered Entity will be assigned classifications that will determine the employees’ access to PHI in order to comply with the minimum necessary requirement.

The HIPAA regulations also give individuals several rights with respect to their PHI. In addition to the rights to have access and to receive confidential communications about PHI, the individual may copy and inspect PHI, restrict its use and disclosure, amend it, and receive an accounting of disclosures made of their PHI.

There are many obligations imposed on a Covered Entity by the privacy regulations. These

- Include developing and implementing policies and procedures to assure compliance;
- Training members of its workforce in the HIPAA requirements appropriate to their jobs;
- Documenting its efforts to achieve compliance; developing and implementing safeguards to protect PHI; and
- Designating a Privacy Official.



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A Privacy Official is an individual designated by the Covered Entity who is responsible for the development and implementation of the required policies and procedures for compliance with HIPAA. The Covered Entity must also designate a person, who may be the Privacy Official, to handle complaints and to provide information about the entity's practices with respect to PHI.

The Covered Entity must state its practices with respect to the use and disclosure of PHI, the individual's rights and the Covered Entity's obligations in a "Notice of Privacy Practices". This Notice must be given to individuals at the time the treatment relationship begins.

A Business Associate who handles PHI on behalf of a Covered Entity is also required to safeguard the PHI handled and adhere to most of the same regulations as the Covered Entity itself, with the same allowed usage/sharing scenarios. Business Associates are NOT required to supply a "Notice of Privacy Practices" and have different reporting requirements in the case PHI is disclosed in a manner not allowed by the regulations. They are still required to:

- Include developing and implementing policies and procedures to assure compliance;
- Training members of its workforce in the HIPAA requirements appropriate to their jobs;
- Documenting its efforts to achieve compliance; developing and implementing safeguards to protect PHI; and
- Designating a Privacy Official.

The rest of this document outlines the Policies and Procedures that Sharp Ambulance Billing has put into place to ensure compliance with HIPAA and to protect patients' PHI.



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## HIPAA / PRIVACY DESIGNATED RECORD SET

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To describe the documents that comprise the Designated Record Set.

### POLICY

The HIPAA Privacy Rule requires that patients be permitted to request access and amendment to their Protected Health Information (“PHI”) that is maintained in a Designated Record Set. This policy documents the contents of the Designated Record Set.

### PROCEDURE

1. The HIPAA privacy rule defines the designated record set as a group of records maintained by or for a covered entity that may include patient medical and billing records; the enrollment, payment, claims, adjudication, and cases or medical management record systems maintained by or for a health plan; or information used in whole or in part to make care-related decisions.
2. Sharp Ambulance Billing maintains the following as the Designated Record Set:
  - a. Patient Demographics and Insurance Data,
  - b. Patient Billing Data
3. The Patient demographic and insurance data includes the following:
  - Name (First, Last, Middle, Suffix)
  - Date of Birth
  - Social Security Number (if collected)
  - Gender
  - Address(es)
  - Phone Number(s)
  - Insurance Name, Group Id, Member Id and Insured Demographics
4. The Patient Billing Data includes the following:
  - a. Transport Date of Service
  - b. Charges/Modifiers
  - c. Diagnosis Codes



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- d. Payments/Write-Offs/Adjustments
  - e. Signature Information
  - f. Medical Necessity information
5. The following are excluded from the Designated Record Set: Administrative data, such as audit trails and practice guidelines that do not imbed PHI. Also excluded are incident reports, quality assurance data, vital certificate worksheets, and derived data such as accreditation reports, anonymous patient data for research purposes, public health records and statistical reports. Attached document files are also excluded (some of these can be provided by the Covered Entity or other Business Partners who generated the data).
6. The Designated Record Set is to be retained according to state and federal regulations and following Sharp Ambulance Billing or company retention procedures.

 <h1 style="text-align: center;">Policy &amp; Procedure</h1> <p style="text-align: center;">HIPAA / PRIVACY  <b>MINIMUM NECESSARY USES AND DISCLOSURES  OF PROTECTED HEALTH INFORMATION</b></p>	<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
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**PURPOSE**

To ensure Sharp Ambulance Billing’s uses and disclosures of Protected Health Information (“PHI”) are limited to the minimum necessary to accomplish the intended purpose.

**POLICY**

It is the policy of Sharp Ambulance Billing to make a reasonable effort to use or disclose, or to request from another health care provider, the minimum amount of PHI required to achieve the particular use or disclosure unless an exception applies.

Sharp Ambulance Billing will identify people or classes of people in its work force who need access to PHI to carry out their duties, the category or categories of PHI to which access is needed, and any conditions appropriate to such access.

For any non-routine request for disclosure of PHI that does not meet an exception, Sharp Ambulance Billing will review the request for disclosure on an individual basis.

Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.

**PROCEDURE**

1. Sharp Ambulance Billing will identify role based access to PHI per job description, including:
  - a. People or classes of people in its workforce who need access to PHI to carry out their duties, and
  - b. The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access.

(See Sample “Role Based Access to PHI” table following this Policy.)

2. Sharp Ambulance Billing, for any type of disclosure or request for disclosure that is made on a routine and recurring basis, will limit the disclosed PHI, or the request for disclosure, to that which is reasonably necessary to achieve the purpose of the disclosure or request. (See “Examples of Routine Requests and Disclosures” following this Policy.)

3. Sharp Ambulance Billing, for disclosures or requests for that are *not* made on a routine and recurring basis (non-routine disclosures), will review the request to verify that PHI disclosed or requested is the minimum necessary.

All requests for non-routine disclosures or requests that do not meet an exception will be reviewed using standard criteria.

4. Exceptions to minimum necessary requirements: Sharp Ambulance Billing will release information without concern for the minimum necessary standard as follows:
  - a. Disclosures to or requests by a health care provider for treatment.



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- b. Uses or disclosures made to the individual who is the subject of the PHI.
  - c. Uses or disclosures made pursuant to an authorization signed by the individual.
  - d. Disclosures made to the Secretary of the U.S. Department of Health and Human Services (federal government).
  - e. Disclosures that are required by law (such as for Department of Health state surveys, federal surveys, public health reportable events, FDA as related to product quality, safety, effectiveness or recalls etc.).
  - f. Uses and disclosures that are required for compliance with the HIPAA Privacy Rule.
5. Sharp Ambulance Billing may use or disclose an individual's entire Medical/Billing Record only when such use or disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted above applies.
  6. Requests for entire Medical/Billing Records that are not covered by an exception will be reviewed using standard criteria.
  7. Reasonable Reliance: Sharp Ambulance Billing may rely on a requested disclosure as minimum necessary for the stated purpose(s) when:
    - a. Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s).
    - b. The information is requested by another Covered Entity or Business Associate (health care provider, clearinghouse or health plan).
    - c. The information is requested by a professional who is a member of the Sharp Ambulance Billing's workforce or is a Business Associate of Sharp Ambulance Billing for the purpose of providing professional services to Sharp Ambulance Billing, if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
    - d. The information is requested for research purposes and the person requesting the information has provided documentation or representations to Sharp Ambulance Billing that meet the HIPAA Privacy Rule. Contact the Privacy Officer to assist in the determination of whether such requirements have been met. (See Policy "Uses and Disclosures of Protected Health Information for Research.")
  8. Sharp Ambulance Billing, upon determination that the use, disclosure or request for PHI is the minimum necessary or one of the above exceptions apply (see Items 4 and 6), will release the PHI to the requestor.



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9. Sharp Ambulance Billing Requests for PHI from Another Covered Entity: When requesting PHI from another Covered Entity, Sharp Ambulance Billing must limit its request for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made. For requests that are made on a routine and recurring basis, Sharp Ambulance Billing shall take reasonable steps to insure that the request is limited to the amount of PHI reasonably necessary to accomplish the purpose for which the request is made.

For requests that are not on a routine or recurring basis, Sharp Ambulance Billing shall evaluate the request according to the following criteria:

- a. Is the purpose for the request stated with specificity?
- b. Is the amount of PHI to be disclosed limited to the intended purpose?
- c. Have the requirements for supporting documentation, statements, or representations been satisfied? (See policy "Uses and Disclosures of Protected Health Information" for specific requirements.)
- d. Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?



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### ROLE BASED ACCESS TO PHI

**LEVEL 1:** None – No Access to Designated Record Set (i.e. Volunteer)

**LEVEL 2:** May access minimum necessary PHI (not Designated Record Set) to complete assigned tasks and/or to document actions (i.e. PHI discussed)

**LEVEL 3:** Full access to the Billing Record of the Designated Record Set

Position	Access Level				Explanation/Duties Performed Requiring Access
	1	2	3		
Administrative Staff	x				None
Billers/Data Entry			x		Entering/Updating billing information, filing claims, entering remits
Customer Service			x		Answer Patient requests/inquiries, contact patients regarding payment/signatures/etc
Coders			x		Entering/updating diagnosis, level of service, and medical necessity
Technical Support		x			Bug fixes, technical support/fixes, systems maintenance, testing



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### EXAMPLES OF ROUTINE REQUESTS AND DISCLOSURES

Requester	Purpose	Disclosures
Ambulance Co.	Obtain demographic and insurance information for billing	Face sheet with patient demographics, diagnoses and insurance information
Collection Agency	Obtain payment on past due accounts	File of patient names, addresses, dates of service and amount owed.
Coroner	Investigate a suspicious death	Specific information requested
Insurance Co	Substantiate care provided for payment	Specific information requested in claims attachment request
Public Official	Investigate accidents or crimes	Specific information requested
Healthcare oversight agency	Investigate a complaint	Protected health information related to complaint
State data commission	Support a statewide registry	File of specific data elements requested
Law enforcement	To locate a fugitive, missing person, material witness or suspect of a crime	Per response to criteria and review committee decisions: <i>may include:</i> <ul style="list-style-type: none"> <li>● Name and address</li> <li>● Date and place of birth</li> <li>● Social security #</li> <li>● ABO blood type</li> <li>● Type of injury</li> <li>● Date and time of treatment</li> <li>● Date and time of death</li> <li>● Description of physical characteristics</li> </ul> <b>**DO NOT DISCLOSE ANY DNA analysis, dental records or typing, sample of analysis of body fluids**</b>



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## HIPAA / PRIVACY NOTICE OF PRIVACY PRACTICES

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
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### PURPOSE

To ensure that a *Notice of Privacy Practices* is provided to, and acknowledged by, each patient or his/her personal representative upon transport or receipt of services.

### POLICY

As a Business Associate, Sharp Ambulance Billing is not required to provide a Notice of Privacy Practices. The Covered Entities that Sharp Ambulance Billing contracts with are responsible for ensuring that appropriate notices are provided to their patients.

### PROCEDURE

1. No procedure is applicable to this section. Notices of Privacy Practices will not be provided by Sharp Ambulance Billing.



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### PURPOSE

The purpose of this policy is to provide guidelines for the safeguarding of Protected Health Information (“PHI”) in Sharp Ambulance Billing and to limit unauthorized disclosures of PHI that is contained in a patient’s Medical and/or Billing Record, while at the same time ensuring that such PHI is easily accessible to those involved in the treatment of the patient and billing for those services.

### POLICY

The policy of Sharp Ambulance Billing is to ensure, to the extent possible, that PHI is not intentionally or unintentionally used or disclosed in a manner that would violate the HIPAA Privacy Rule or any other federal or state regulation governing confidentiality and privacy of health information. The following procedure is designed to prevent improper uses and disclosures of PHI and limit incidental uses and disclosures of PHI that is, or will be, contained in a patient’s Medical Record. At the same time, Sharp Ambulance Billing recognizes that easy access to all or part of a patient’s Medical Record by health care practitioners involved in a patient’s care (nurses, attending and consulting physicians, therapists, and others) is essential to ensure the efficient quality delivery of health care. Easy access to pertinent information is also required for billing the services on behalf of our clients.

The Administrator is responsible for the security of all Medical Records. All staff members are responsible for the security of the Records they access.

### PROCEDURE

Sharp Ambulance Billing’s Privacy Official and Administrator shall periodically monitor compliance regarding its reasonable efforts to safeguard PHI.

### **Safeguards for Verbal Uses**

These procedures shall be followed, if reasonable by Sharp Ambulance Billing, for any meeting or conversation where PHI is discussed.

#### Meetings during which PHI is discussed:

1. Specific types of meetings where PHI may be discussed include, but are not limited to:
  - a. Bill review meetings
2. Meetings will be conducted in an area that is not easily accessible to unauthorized persons.
3. Meetings will be conducted in a room with a door that closes, if possible.
4. Voices will be kept to a moderate level to avoid unauthorized persons from overhearing.



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5. Only staff members who have a “need to know” the information will be present at the meeting. (See the Policy “Minimum Necessary Uses and Disclosures.”)
6. The PHI that is shared or discussed at the meeting will be limited to the minimum amount necessary to accomplish the purpose of sharing the PHI.

### Telephone conversations:

1. Telephones used for discussing PHI are located in as private an area as possible.
2. Staff members will take reasonable measures to assure that unauthorized persons do not overhear telephone conversations involving PHI. Reasonable measures may include:
  - a. Lowering the voice
  - b. Requesting that unauthorized persons step away from the telephone area
  - c. Moving to a telephone in a more private area before continuing the conversation
3. PHI shared over the phone will be limited to the minimum amount necessary to accomplish the purpose of the use or disclosure.
4. Staff members who share offices where PHI is discussed will all be in positions that allow access to PHI at the level discussed.

### In-Person conversations:

Reasonable measures will be taken to assure that unauthorized persons do not overhear conversations involving PHI. Such measures may include:

1. Lowering the voice
2. Moving to a private area within the office

### **Safeguards for Written PHI**

All documents containing PHI should be stored appropriately to reduce the potential for incidental use or disclosure. Documents should not be easily accessible to any unauthorized staff or visitors.

### Active Records on Billers Desk:

1. Active Records shall not be left unattended on the billers' desk/work area or other areas where patients, visitors and unauthorized individuals could easily view the records.



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2. Active Records will be returned to a locked storage location during breaks longer than 30 minutes and at the end of the workday.
3. Active Records left outside a locked storage location while staff is away from their work area will be in a folder or turned over so information isn't readily readable by unauthorized individuals passing by.
4. Only authorized staff shall review the Medical/Billing Records. All authorized staff reviewing Medical/Billing Records shall do so in accordance with the minimum necessary standards.
5. Medical/Billing Records shall be protected from loss, damage and destruction.

### Active Business Office Files:

Active Business Office Files shall be stored in a secure area that allows authorized staff access as needed.

### Thinned Records, Inactive Medical Records:

1. Thinned and inactive Medical Records will be filed in a systematic manner in a location that ensures the privacy and security of the information. The Health Information Manager or a designee shall monitor storage and security of such Medical Records. When records are left unattended, records will be in a locked room, file cabinet or drawer.
2. The Administrator will identify and document those staff members with keys to stored Medical Records. The minimum number of staff necessary to assure that records are secure yet accessible shall have keys allowing access to stored Medical Records. Staff members with keys shall assure that the keys are not accessible to unauthorized individuals.
3. Inactive Medical Records must be signed out if removed from their designated storage area. Only authorized persons shall be allowed to sign out such records.
4. Records must be returned to storage promptly.
5. In the event that the confidentiality or security of PHI stored in an active or inactive Medical Record has been breached, the Privacy Official and Administrator shall be notified immediately.



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6. Procedure will be followed if Medical Records are missing.
7. In the event of a change in ownership of Sharp Ambulance Billing, the Medical Records shall be maintained as specified in the Purchase and Sale Agreement.

### Inactive Business Office Files:

Inactive Business Office Files shall be stored in a systematic manner in a location that ensures privacy and security of the information.

### PHI Not a Part of the Designated Record Set:

1. Any documentation of PHI shall be stored in a location that ensures, to the extent possible, that such PHI is accessible only to authorized individuals.

### **Office Equipment Safeguards**

#### Computer access:

1. Only staff members who need to use computers to accomplish work-related tasks shall have access to computer workstations or terminals.
2. All users of computer equipment must have unique login and passwords.
3. Posting, sharing and any other disclosure of passwords and/or access codes is **strongly discouraged**.
4. Access to computer-based PHI shall be limited to staff members who need the information for treatment, payment or health care operations.
5. Staff members shall log off or lock their workstation when leaving the work area.
6. Computer monitors shall be positioned so that unauthorized persons cannot easily view information on the screen.
7. Employee access privileges will be removed promptly following their departure from employment.
8. Employees will immediately report any violations of this Policy to their supervisor, Administrator or Privacy Officer.



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### Printers, copiers and fax machines:

1. Printers will be located in areas not easily accessible to unauthorized persons.
2. If equipment cannot be relocated to a secure location, a sign will be posted near the equipment indicating that unauthorized persons are prohibited from viewing documents from the equipment. Sample language: "Only authorized staff may view documents generated by this (indicate printer, copier, fax, etc). Access to such documents by unauthorized persons is prohibited by federal law."
3. Documents containing PHI will be promptly removed from the printer, copier or fax machine and placed in an appropriate and secure location.
4. Documents containing PHI that must be disposed of due to error in printing will be destroyed by shredding or by placing the document in a secure recycling or shredding bin until destroyed.

### **Destruction**

#### Written:

Documentation that is not part of the Medical Record and will not become part of the Medical Record (e.g., report sheets, shadow charts or files, notes, lists of vital signs, weights, etc.) shall be destroyed promptly when it is no longer needed by shredding or placing the information in a secure recycling or shredding bin until the time that it is destroyed.

#### Electronic:

Prior to the disposal of any computer equipment, including donation, sale or destruction, Sharp Ambulance Billing must determine if PHI has been stored in this equipment and will delete all PHI prior to the disposal of the equipment.

(See the Policy "Destruction of Protected Health Information" for additional guidelines.)



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## HIPAA / PRIVACY EMAILING PROTECTED HEALTH INFORMATION

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### PURPOSE

To ensure the appropriate use of the email system when transmitting Protected Health Information (“PHI”).

### POLICY

It is the policy of Sharp Ambulance Billing to protect the electronic transmission of PHI as well as to fulfill our duty to protect the confidentiality and integrity of patient PHI as required by law, professional ethics and accreditation requirements. The information released will be limited to the minimum necessary to meet the requestor’s needs. Whenever possible, de-identified information will be used.

### PROCEDURE

1. PHI should not be emailed (or should be redacted) whenever the information can be obtained through other means (e.g. by referencing a run number that can be used to look up the information, either internally or through the secure Web Access portal).
2. E-mail users will be set up with a unique identity complete with unique password and file access controls.
3. E-mail users may not intercept, disclose or assist in intercepting and disclosing e-mail communications.
4. Users will restrict their use of email for communicating normal business information such as information about general care and treatment of patients, operational and administrative matters, primarily billing information.
5. Users should verify the accuracy of the email address before sending any PHI and, if possible, use email addresses loaded in the system address book.
6. PHI may be sent unprotected via e-mail within a properly secured, internal network of the organization. When sending PHI outside of this network, such as over the Internet, every effort should be made to secure the confidentiality and privacy of the information. Sample security measures include password protecting the document(s) being sent or encrypting the message. All email (whether including PHI or not) should be sent over a secure (e.g. SSL – https) connection.
7. All e-mail containing PHI will contain a confidentiality statement (see sample below).



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8. Users should exercise extreme caution when forwarding messages. Sensitive information, including patient information, must not be forwarded to any party outside the organization without using the same security safeguards as specified above.
9. Employee e-mail access privileges will be removed promptly following their departure from the organization.
10. Email messages, regardless of content, should not be considered secure and private. The amount of information in any email will be limited to the minimum necessary to meet the needs of the recipient.
11. Employees should immediately report any violations of this guideline to their supervisor, Administrator or Privacy Officer.

### Confidentiality Statement

The information contained in this e-mail is legally privileged and confidential information intended only for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copy of this e-mail message is strictly prohibited. If you have received and/or are viewing this e-mail in error, please immediately notify the sender by reply e-mail, and delete this e-mail from your system. Thank you.



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### PURPOSE

To ensure that Protected Health Information (“PHI”) is appropriately safeguarded when it is sent or received via facsimile (fax) machine or software.

### POLICY

It is the policy of Sharp Ambulance Billing to allow the use of facsimile machines to transmit and receive PHI. The information released will be limited to the minimum necessary to meet the requestor’s needs.

### PROCEDURE

1. Received documents will be removed promptly from the fax machine. To promote secure delivery, instructions on the cover page will be followed.
2. Received faxes will also be saved as PDF documents on a secured network drive, with access allowed only to appropriate roles. Faxes may also be emailed to appropriate staff members.
3. Unless otherwise prohibited by state law, information transmitted via facsimile is acceptable and may be included in the patient’s Medical Record.
4. Steps should be taken to ensure that the fax transmission is sent to the appropriate destination. These include:
  - a. Pre-programming and testing destination numbers whenever possible to eliminate errors in transmission due to misdialing.
  - b. Asking frequent recipients to notify Sharp Ambulance Billing of a fax number change.
  - c. Confirming the accuracy of the recipient’s fax number before pressing the send/start key.
  - d. If possible, printing a confirmation of each fax transmission.
5. A cover page should be attached to any facsimile document that includes PHI. (See Fax Cover Sheet under G:\Sharp Ambulance Billing\Sharp Ambulance Fax Coversheet.docx) The cover page should include:
  - a. Destination of the fax, including name, fax number and phone number;
  - b. Name, fax number and phone number of the sender;



# Policy & Procedure

## HIPAA / PRIVACY FAXING PROTECTED HEALTH INFORMATION

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- c. Date;
  - d. Number of pages transmitted; and
  - e. Confidentiality Statement (See sample below).
6. If a fax transmission fails to reach a recipient or if the sender becomes aware that a fax was misdirected, the internal logging system should be checked to obtain incorrect recipient's fax number. Fax a letter to the receiver and ask that the material be returned or destroyed.
  7. A written *Authorization* for any use or disclosure of PHI will be obtained when the use or disclosure is not for treatment, payment or healthcare operations or required by federal or state law or regulation.
  8. The PHI disclosed will be the minimum necessary to meet the requestor's needs.
  9. Highly sensitive health information should not be sent by fax in certain states (e.g., information relating to AIDS/HIV, drug and alcohol abuse and psychotherapy notes).

 <h1 style="text-align: center;">Policy &amp; Procedure</h1> <p style="text-align: center;">HIPAA / PRIVACY <b>USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION</b></p>	<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
	<b>NUMBER</b> 1.0
	<b>PRIOR ISSUE</b> N/A
	<b>EFFECTIVE DATE</b> 1/1/2015

**PURPOSE**

To ensure that disclosure of Protected Health Information (“PHI”) is made consistent with applicable laws, regulations and health information standards, and to ensure that any disclosures of a patient’s PHI to a patient’s family members, other relatives, close friends or other persons designated by the patient are appropriate.

**POLICY**

Disclosure of PHI will only be allowed with a properly completed and signed authorization except:

- When required or allowed by law (see “Request and Disclosure Table” following this Policy).
- As defined in the *Notice of Privacy Practices (supplied by Covered Entities to patients)*:
  - For continuing care (treatment)
  - To obtain payment for services (payment)

Disclosure of PHI will be centralized through the Privacy Official. In some instances, the Privacy Official will need to track information that is disclosed. All disclosures designated for tracking on the “Request and Disclosure Table” must be approved by the Privacy Official to enable Sharp Ambulance Billing to provide an accounting of disclosures when requested.

Disclosure of PHI will be carried out in accordance with all applicable legal requirements and in accordance with policy. Sharp Ambulance Billing will be responsible for researching and abiding by applicable state laws and regulations.

**PROCEDURE**

**Receiving a Request for Medical Records:**

Requests for Medical Records shall be managed by the Privacy Officer.

1. Other staff members will not release PHI without approval of the Privacy Officer.
2. Only emergency release of information will be done after hours or on weekends.

**Responding to Specific Types of Disclosures:**

See the “Request and Disclosure Table” following this Policy for applicable requirements in responding to requests by specific entities/individuals.

1. Media: No PHI shall be released to the news media or commercial organizations without the authorization of the patient or his personal representative. Even then any release needs to be approved by the Privacy Officer.



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2. Telephone Requests: Staff members receiving requests for PHI via the telephone will make reasonable efforts to identify and verify that the requesting party is entitled to receive such information.

### Disclosures to Persons Involved with a Patient's Care:

1. Sharp Ambulance Billing may disclose to a family member, other relative, close friend, or any other person identified by the patient, PHI:
  - a. That is directly relevant to that person's involvement with the patient's care or payment for care; or
  - b. To notify such person of the patient's location, general condition, or death.
2. Conditions if the Patient is Present. If the patient is present for, or otherwise available, prior to a permitted disclosure, then Sharp Ambulance Billing may use or disclose the PHI only if Sharp Ambulance Billing:
  - a. Obtains the patient's agreement;
  - b. Provides the patient with an opportunity to object to the disclosure, and the patient does not express an objection (this opportunity to object and the patient's response may be done orally); or
  - c. May reasonably infer from the circumstances, based on the exercise of professional judgment that the patient does not object to the disclosure.
3. Conditions if the Patient is Not Present or is Incapacitated. Sharp Ambulance Billing may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the patient, and, if so, disclose only that PHI which is directly relevant to the person's involvement with the patient's care if:
  - a. The patient is not present,
  - b. The opportunity to agree/object to the use or disclosure cannot practicably be provided because of the patient's incapacity, or
  - c. In an emergency.
4. Confirming Identity. Sharp Ambulance Billing shall take reasonable steps to confirm the identity of a patient's family member or friend. Sharp Ambulance Billing is permitted to rely on the circumstances as confirmation of involvement in care.



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### REQUEST AND DISCLOSURE TABLE

<i>Requestor</i>	<i>Authorization Required?</i>	<i>Copy Fee Charged?</i>	<i>Track on Accounting of Disclosure?</i>	<i>Notes:</i>
<b>Accrediting Agencies (JCAHO, CARF)</b>	No	No	No	See policy on Business Associates
<b>Attorney for Patient</b>	Yes	Yes	No	See policy on Authorizations
<b>Attorney for Sharp Ambulance Billing</b>	No	No	No	See policy on Business Associates
<b>Contractors/Business Associates</b>	No, unless their purpose falls outside of TPO	No	No	See policy on Business Associates
<b>For Deceased Persons</b> <input type="checkbox"/> Coroner or Medical Examiner, Funeral Directors <input type="checkbox"/> Organ Procurement	No	No	Yes	See policy on Accounting of Disclosures
<b>Employer</b> <input type="checkbox"/> PHI specific to work related illness or injury, and <input type="checkbox"/> Required for employer's compliance with occupational safety and health laws	No, for the purpose listed.  Yes for all others.	No	No	
<b>Family Members</b>	No for oral disclosures to family members involved in care; Yes for others	Yes	No	See policy on Authorizations
<b>Entity Subject to the Food and Drug Administration</b> <input type="checkbox"/> Adverse events, product defects or biological product deviations <input type="checkbox"/> Track products <input type="checkbox"/> Enable product recalls, repairs, or replacements <input type="checkbox"/> Conduct post marketing surveillance	No	No	Yes	See policy on Accounting of Disclosures
<b>Health Oversight</b> <input type="checkbox"/> Government benefits program	No	No	Yes	See policy on Accounting of



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<i>Requestor</i>	<i>Authorization Required?</i>	<i>Copy Fee Charged?</i>	<i>Track on Accounting of Disclosure?</i>	<i>Notes:</i>
<input type="checkbox"/> Fraud and abuse compliance <input type="checkbox"/> Civil rights laws <input type="checkbox"/> Trauma/tumor registries <input type="checkbox"/> Vital statistics <input type="checkbox"/> Reporting of abuse or neglect				Disclosures
<b>Health Care Practitioners and Providers for Continuity of Treatment and Payment</b>	No	No	No	Part of treatment
<b>Health Care Practitioners and Providers if <u>not</u> Involved in Care or Treatment (i.e., consultants)</b>	No	No	No	Part of operations
<b>Insurance Companies/Third Party Payors</b>  Related to Claims Processing	No	No	No	Part of payment
<b>Judicial and Administrative Proceedings</b>  <input type="checkbox"/> Court order, or warrant <input type="checkbox"/> Subpoena	No  No - See policy on Responding to a Subpoena	No  Yes	Yes  Yes	See policy on Accounting of Disclosures
<b>Law Enforcement</b> <input type="checkbox"/> Administrative request <input type="checkbox"/> Locating a suspect, fugitive, material witness or missing person <input type="checkbox"/> Victims of crime <input type="checkbox"/> Crimes on premises <input type="checkbox"/> Suspicious deaths <input type="checkbox"/> Avert a serious threat to health or safety	No	No	Yes, except for disclosures to correctional institutions.	See policy on Accounting of Disclosures
<b>Public Health Authorities</b>  <input type="checkbox"/> Surveillance	No	No	Yes	See policy on Accounting of Disclosures



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<i>Requestor</i>	<i>Authorization Required?</i>	<i>Copy Fee Charged?</i>	<i>Track on Accounting of Disclosure?</i>	<i>Notes:</i>
<input type="checkbox"/> Investigations <input type="checkbox"/> Interventions <input type="checkbox"/> Foreign governments collaborating with US public health authorities <input type="checkbox"/> Recording births/deaths <input type="checkbox"/> Child/elder abuse <input type="checkbox"/> Prevent serious harm <input type="checkbox"/> Communicable disease				
<b>Research (w/o Authorization)</b>	No, if IRB or Privacy Board approves the research study and waives authorization.	No	Yes	See policy on Uses and Disclosures for Research and policy on Accounting of Disclosures
<b>Patient/Patient's Personal Representative</b>	No	Yes	No	See policy on Authorizations
<b>Specialized Government Functions</b> <input type="checkbox"/> Military and Veterans' activities <input type="checkbox"/> Protective services for the President <input type="checkbox"/> Foreign military personnel <input type="checkbox"/> National security and intelligence activities	No	No	Yes, except for disclosures for national security and intelligence activities.	See policy on Accounting of Disclosures
<b>Workers' Compensation</b> <input type="checkbox"/> Comply w/existing laws (see state law) <input type="checkbox"/> Payment	No	See applicable state law	Yes	See policy on Accounting of Disclosures
	No	No	No	Part of payment

*This does not apply to PHI created or maintained prior to April 14, 2003.*



# Policy & Procedure

## HIPAA / PRIVACY AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

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<b>EFFECTIVE DATE</b>	1/1/2015

### **PURPOSE**

The purpose of this Policy is to set forth Sharp Ambulance Billing's process for the use and disclosure of Protected Health Information ("PHI") pursuant to a written authorization.

### **POLICY**

In accordance with the HIPAA Privacy Rule, when PHI is to be used or disclosed for purposes other than treatment, payment, or health care operations, Sharp Ambulance Billing will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law. Use or disclosure pursuant to an authorization will be consistent with the terms of such authorization.

### **PROCEDURE**

#### **Exceptions to Authorization Requirements**

PHI may be disclosed without an authorization if the disclosure is:

1. Requested by the patient or his personal representative (authorization is never required);
2. For the purpose of treatment; (unlikely for a Billing Service)
3. For the purpose of the Sharp Ambulance Billing's payment activities, or the payment activities of the entity receiving the PHI;
4. For the purpose of the Sharp Ambulance Billing's health care operations; (unlikely for a Billing Service)
5. In limited circumstances, for the health care operations of another Covered Entity, if the other Covered Entity has or had a relationship with the patient;
6. To the Secretary of the U.S. Department of Health and Human Services for the purpose of determining compliance with the HIPAA Privacy Rule; or
7. Required by other state or federal law. (See "Request and Disclosure Table" in the "Uses and Disclosures of Protected Health Information" Policy for other exceptions.)

#### **Use or Disclosure Pursuant to an Authorization**

1. When Sharp Ambulance Billing receives a request for disclosure of PHI, the Privacy Officer shall determine whether an authorization is required prior to disclosing the PHI.



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2. PHI may never be used or disclosed in the absence of a valid written authorization if the use or disclosure is:
  - a. Of psychotherapy notes as defined by the HIPAA Privacy Rule;
  - b. For the purpose of marketing; or
  - c. For the purpose of fundraising.
3. If the use or disclosure requires a written authorization, Sharp Ambulance Billing shall not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.
4. If the request for disclosure is not accompanied by a written authorization, the Privacy Officer shall notify the requestor that it is unable to provide the PHI requested. The Privacy Officer will supply the requestor with an *Authorization to Use or Disclose PHI* ("Authorization") form.  
  
(See *Authorization* form template on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\ Authorization to Use or Disclose PHI.docx)
5. If the request for disclosure is accompanied by a written authorization, the Privacy Officer will review the authorization to assure that it is valid (see the "Checklist for Valid Authorization" following this Policy).
6. If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, the Privacy Officer will notify the requestor, in writing, of the deficiencies in the authorization. No PHI will be disclosed unless and until a valid authorization is received.
7. If the authorization is valid, the Privacy Officer will disclose the requested PHI to the requester. Only the PHI specified in the authorization will be disclosed.
8. Each authorization shall be filed in the patient's Medical Record.

### Preparing an Authorization for Use or Disclosure

1. When Sharp Ambulance Billing is using or disclosing PHI and an authorization is required for the use or disclosure, Sharp Ambulance Billing will not use or disclose the PHI without a valid written authorization from the patient or the patient's personal representative.



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2. The *Authorization* form must be fully completed, signed and dated by the patient or the patient's personal representative before the PHI is used or disclosed.
3. Sharp Ambulance Billing may not condition the provision of treatment on the receipt of an authorization except in the following limited circumstances (This condition is unlikely to apply since Sharp Ambulance Billing provides billing services and doesn't provide treatment):
  - a. The provision of research-related treatment; or
  - b. The provision of health care that is solely for the purpose of creating PHI for disclosure to a third party (i.e., performing an independent medical examination at the request of an insurer or other third party).
4. An authorization may not be combined with any other document unless one of the following exceptions applies:
  - a. Authorizations to use or disclose PHI for a research study may be combined with any other type of written permission for the same research study, including a consent to participate in such research;
  - b. Authorizations to use or disclose psychotherapy notes may only be combined with another authorization related to psychotherapy notes; or
  - c. Authorizations to use or disclose PHI other than psychotherapy notes may be combined, but only if Sharp Ambulance Billing has not conditioned the provision of treatment or payment upon obtaining the authorization.

### Revocation of Authorization

1. The patient may revoke his authorization at any time.
2. The authorization may ONLY be revoked in writing. If the patient or the patient's personal representative informs Sharp Ambulance Billing that he/she wants to revoke the authorization, Sharp Ambulance Billing will assist him/her to revoke in writing.
3. Upon receipt of a written revocation, the Privacy Officer will write the effective date of the revocation on the *Authorization* form.
4. Upon receipt of a written revocation, Sharp Ambulance Billing may no longer use or disclose a patient's PHI pursuant to the authorization.
5. Each revocation will be filed in the patient's Medical Record.



# Policy & Procedure

## HIPAA / PRIVACY USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR RESEARCH

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To provide guidance on the use and/or disclosure of Protected Health Information (“PHI”) for research purposes.

### POLICY

Sharp Ambulance Billing must obtain a patient's authorization before releasing his/her PHI for research purposes.

Sharp Ambulance Billing will ensure that an appropriately instituted and formally designated (per Federal Drug Administration/FDA regulations) Institutional Review Board is utilized for the protection of human subjects in any research activity involving access to PHI under Sharp Ambulance Billing’s control.

The patient has the right to refuse to participate in research. (See *F155* in the State Operations Manual.)

Sharp Ambulance Billing shall abide by the experimental subject’s (patient’s) privacy rights.

### PROCEDURE

1. Federal regulations and state laws regulate the use of human subjects (patients) in any investigation designed to develop or contribute to specific knowledge. Such laws require that specific information be disclosed so that a subject (patient) may give informed authorization and that authorization must be documented.
  - a. At the beginning of any research project, Sharp Ambulance Billing and the entity involved in the research must determine and agree on who will be responsible for obtaining an authorization to use or disclose PHI.
  - b. If an outside authorization is utilized, the Sharp Ambulance Billing Privacy Designee will review the patient’s authorization to assure that it is valid in accordance with the HIPAA Privacy Rules and those special provisions related to research. (See Policy “Authorization for Release of Protected Health Information.”)
  - c. Special Authorization Provisions Related to Research
    - i. Expiration Date: The *Authorization* form will state the expiration date or that the expiration event is “end of research study,” “none,” or similar language.



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## HIPAA / PRIVACY USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR RESEARCH

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- ii. Combining Authorization: The *Authorization* form may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of PHI for such research or a consent to participate in such research.
  - iii. Condition Treatment on Authorization: The provision of research-related treatment may be conditioned on the provision of an authorization for the use or disclosure of PHI for such research.
2. Federal law requires the establishment of an Institutional Review Board (“IRB”) to review and approve proposed research and the process by which the investigator intends to secure the informed authorization of participants.
  - a. Institutions engaged in research involving human subjects (e.g., medical schools, universities, large hospitals) will usually have their own IRB to oversee research conducted within the institution or by staff of the institution.
  - b. It is the responsibility of the organization or institution conducting the research to establish or contract with an IRB; it is Sharp Ambulance Billing’s responsibility to ensure that an IRB is utilized.
3. If the research study is approved by the IRB and de-identified health information can be used or disclosed, then no further privacy implications exist. (See the Policy “De-Identification of Protected Health Information” for details of how to de-identify the health information for disclosure.)
4. If the research study is approved by the IRB and de-identified health information cannot be used or disclosed, then an *Authorization* form is required and must be obtained from each patient included in the research study.
5. Appropriate Sharp Ambulance Billing staff will manage requests to participate in research studies and coordinate the review process by the IRB.
  - a. Contact/communications with the IRB and related findings must be documented and communicated to the Sharp Ambulance Billing Privacy Designee.
  - b. If Sharp Ambulance Billing participates in research projects, the Sharp Ambulance Billing Privacy Designee must have a method of tracking the correspondence, decisions and other communications regarding the research project.



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## HIPAA / PRIVACY USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR RESEARCH

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6. Sharp Ambulance Billing will inform every patient of any research or economic interest (for example, any direct or indirect remuneration that may come to Sharp Ambulance Billing as a result of the research) that may result from his or her treatment.
7. Sharp Ambulance Billing or the entity conducting the research will obtain the patient's *Authorization* form when required. (See Item 1.)

The Sharp Ambulance Billing Privacy Designee will file the original copy of the request and the associated response in the participant's Medical Record.



# Policy & Procedure

## HIPAA / PRIVACY PATIENTS' ACCESS TO PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To define former patients' right to access their Medical Records and explain requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule. The Privacy Rule explains the rights of patients, including access to their Medical Records, and specifies required time frames for responding to patient requests for access.

### POLICY

Every patient has the right to access his or her Protected Health Information ("PHI"). The right of access is not absolute and there may be situations where access is not allowed; however, Sharp Ambulance Billing will respond to all requests to access a patient's health information. Some states may have more stringent regulations and it is the responsibility of Sharp Ambulance Billing to research state laws. The Privacy Rule specifies the time for responding to requests for access. These time lines must be adhered to unless state laws require Sharp Ambulance Billing to respond in a shorter time frame.

### PROCEDURE

1. A patient will be notified of the right to access PHI in Sharp Ambulance Billing's clients' *Notice of Privacy Practices*. The *Notice of Privacy Practices* is given to the patient at the time of Transport.
2. A patient has the right to inspect and obtain a copy of PHI in his or her Designated Record Set, except for information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding.
3. Requests for access to PHI and release of information will be managed by the Privacy Officer or Compliance Officer.
4. The patient or representative will be provided with a copy of an *Access to Protected Health Information* ("Access") form upon receiving an inquiry from a patient to obtain copies of his or her PHI. The request will not be evaluated until the form is completed. (See sample *Access* form following this Policy.)
5. If a former patient or patient's personal representative requests to view or review PHI, Sharp Ambulance Billing must respond to the request within 30 days.



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6. A reasonable cost-based fee may be charged for the copies provided. The cost per page may not exceed the state statute for copying costs. In the absence of a state statute, the fee will include the cost of the supplies and labor used in preparing the copy and postage, if applicable.
  
7. Processing the Request and Providing Access to the PHI:
  - a. Sharp Ambulance Billing must respond to a request from former patients within 30 days of the receipt of the request if the PHI is available on-site. If the PHI is stored off-site, Sharp Ambulance Billing must take action within 60 days of the receipt of the request.
  - b. Sharp Ambulance Billing may have a one time extension of 30 days to the time frames noted in Item 7.a., provided that:
    - i. A written statement of the reasons for the delay are provided, and
    - ii. The date by which Sharp Ambulance Billing will complete its action on the request is stated.

(See sample *Notification of Time Extension* form following this Policy.)
  - c. The Sharp Ambulance Billing Privacy Officer shall provide the patient with permitted access to the PHI in the form or format requested. If the PHI is not accessible in the format requested, a readable hard copy or a format to which Sharp Ambulance Billing and the patient agree is acceptable will be provided.
  - d. Sharp Ambulance Billing may provide a summary of the PHI requested if the patient agrees, in advance, to this summary and to any fees imposed. (A summary is a recapitulation of the patient's Medical Record done by a physician or health care professional.)
  
8. Guidelines for Denying the Request for Access to PHI:
  - a. Sharp Ambulance Billing must provide a timely, written denial to the individual, which includes the basis for the denial, and, if applicable, a statement of the individual's review rights. In addition, it must provide a description of how the individual may complain to Sharp Ambulance Billing or to the Secretary of the Office of Civil Rights.



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- b. Sharp Ambulance Billing may deny the request if the PHI is not contained in its Designated Record Set.
  - c. Sharp Ambulance Billing may deny the request for access to a patient's PHI without a right to review if:
    - i. The request is for information compiled in anticipation of a legal proceeding; or
    - ii. The request is for PHI created or obtained during the course of research which includes treatment for as long as the research continues, provided that the patient has agreed to the denial of access and Sharp Ambulance Billing has informed the patient that this right will be reinstated upon completion of the research; or
    - iii. The request is for PHI obtained from someone other than a provider under the promise of confidentiality and disclosure would likely reveal the source.
  - d. Sharp Ambulance Billing may deny the request for access to a patient's PHI provided that the patient has been given a right to review the denial if:
    - i. A licensed health care professional has determined, in the exercise of professional judgment, that the access of requested PHI is reasonably likely to endanger the life or physical safety of the individual or another person; or
    - ii. The PHI refers to another person (unless such other person is a health care provider (for example, a doctor) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
    - iii. The individual's personal representative makes a request for access and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
9. Providing a Review Process for Denied Requests for Access to PHI:  
Patients have the right to request a review of the denial. If a request is received, the following steps must be taken:



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- a. The Sharp Ambulance Billing Privacy Officer will promptly refer the request to review the denial to the Privacy Officer.
- b. The Privacy Officer shall refer the case to a licensed health professional who was not directly involved in the denial.
- c. Sharp Ambulance Billing shall promptly provide written notice of the results of the review and based on the review, take any necessary steps outlined in this Policy.

(See Patient Access Request for PHI.docx on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms)

(See Patient Access Request for PHI - Notification of Time Extension.docx on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms)

(See Patient Access Request for PHI - Review Determination Letter.docx on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms)



# Policy & Procedure

## HIPAA / PRIVACY ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
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<b>PRIOR ISSUE</b> N/A
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### PURPOSE

Patients have the right to receive an accounting of the disclosures of their Protected Health Information (“PHI”) maintained in their Designated Record Set. The following is the process for responding to a patient’s request for an accounting of disclosures of their PHI made by Sharp Ambulance Billing.

### POLICY

Each patient may request and receive an accounting of trackable disclosures of PHI made by Sharp Ambulance Billing. The potential areas where accounting of disclosures applies are listed in the *Notice of Privacy Practices* provided by Sharp Ambulance Billing’s client Covered Entities. Sharp Ambulance Billing will provide such an accounting, in accordance with the HIPAA Privacy Rule, when requested by a patient or a patient’s personal representative. The requested information will not include PHI released or disclosed on or prior to April 13, 2003.

Records of disclosures are retained for a six-year period.

### PROCEDURE

1. Upon receiving an inquiry from a patient, the Privacy Officer provides the patient or personal representative with a copy of a *Request for an Accounting of Disclosures of PHI (“Request”)* form. (See sample *Request* form on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\Patient Request for Accounting of Disclosures.docx)

Requests are not evaluated until the *Request* form is completed and signed by the patient or personal representative.

2. The Privacy Officer reviews and processes the request.
3. Sharp Ambulance Billing provides a written accounting no later than 60 days after receipt. If Sharp Ambulance Billing is unable to meet the 60-day time frame, Sharp Ambulance Billing may extend the time once by no more than 30 days as long as the individual is provided with a written statement of the reasons for the delay and the date by which Sharp Ambulance Billing will provide the accounting. (See the *Notification of Time Extension* form in the Policy “Patient’s Access to Protected Health Information.”)
4. A written accounting is provided to the requestor using an *Accounting of Disclosures* log. (See sample log on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\Patient Accounting of Disclosures.docx)



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- a. The accounting will include disclosures during the period specified by the patient or personal representative in the request. The specified period may be up to six years prior to the date of the request. Disclosures made on or before April 13, 2003 will not be included in the accounting.
  - b. Sharp Ambulance Billing will include known disclosures made by its Business Associates, if aware of any such disclosures required to be included in an accounting.
  - c. For each disclosure, the accounting will include:
    - i. Date the request for disclosure was received;
    - ii. Name of entity requesting disclosure and, if known, the address of such person or entity;
    - iii. A brief description of the PHI that was disclosed; and
    - iv. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.
  - d. If there are multiple disclosures for health oversight or law enforcement officials for a single purpose, Sharp Ambulance Billing may provide:
    - i. The first disclosure during the accounting period;
    - ii. The frequency, or number of disclosures made during the accounting period;
    - iii. The date of the last such disclosure during the accounting period.
5. For disclosures of PHI for research purposes in a project consisting of fifty or more individuals, the accounting may provide:
- a. Name of protocol or other research activity;
  - b. Description and purpose of research, criteria for selecting particular records;
  - c. Brief description of the type of PHI disclosed;
  - d. Date or period of time during which disclosure(s) occurred, including date of last disclosure during accounting period;



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- e. Name, address, telephone number of entity that sponsored the research and of the researcher to whom the information was disclosed;
  - f. Statement that PHI of the patient may or may not have been disclosed for a particular protocol or the research activity.
6. Sharp Ambulance Billing will provide the first accounting to a patient or personal representative within a 12-month period without charge. However, Sharp Ambulance Billing may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same party within the 12-month period, provided Sharp Ambulance Billing has informed the requesting party of the charges in advance, giving the party the opportunity to withdraw or modify the request.
  7. Sharp Ambulance Billing may exclude those disclosures that qualify as an exception.
  8. Sharp Ambulance Billing must document and retain for six years from the date of the accounting:
    - a. The information required to be included in the accounting, and
    - b. The written accounting provided to the requesting party.

### **POTENTIAL AREAS WHERE ACCOUNTING OF DISCLOSURES APPLIES:**

1. ***Disclosures to Public Health Authorities***
  - For the purpose of preventing or controlling disease, injury or disability
  - To conduct public health surveillance
  - For public health investigations and interventions
  - For reporting vital events such as births and deaths
  - To a foreign government agency at the request of a public health authority
  - To report child/elder abuse
  - If necessary, to prevent or lessen a serious and imminent threat to the health or safety of an patient or the public
2. ***Disclosures to an Entity Subject to the Food and Drug Administration***
  - To report adverse events, product defects or biological product deviations
  - To track products



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- To enable product recalls, repairs or replacements
- To conduct post marketing surveillance

### 3. ***Disclosures to an Employer***

- Only PHI specific to a work-related illness or injury, and
- Required for the employer to comply with its obligations under federal or state occupational safety and health laws

### 4. ***Disclosures to Health Oversight Agencies***

- For government benefit program eligibility
- To determine compliance with civil rights laws
- For civil, administrative or criminal investigations, proceedings or actions

### 5. ***Disclosures in Judicial and Administrative Proceedings***

- In response to a court order or court ordered warrant
- In response to a subpoena, only if approved by Extendicare's Legal Department

### 6. ***Disclosures to Law Enforcement Officials***

- For the purpose of locating a suspect, fugitive, material witness or missing person
- About a patient who is or is suspected to be a victim of a crime
- Regarding crimes on Sharp Ambulance Billing premises
- Regarding suspicious deaths
- In response to an administrative request, civil investigative demand or grand jury subpoena, after review by Extendicare's Legal Department
- For the purpose of averting a serious threat to health or safety

### 7. ***Disclosures about victims of abuse, neglect or domestic violence***

- To a government authority authorized by law to receive reports of abuse, neglect or domestic violence

### 8. ***Disclosure of Deceased Persons' PHI***

- To the Coroner, Medical Examiner or Funeral Directors
- To organ procurement organizations

### 9. ***Disclosures for research***



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- Only if disclosure was made without an authorization as permitted by the Privacy rule

### **10. Disclosures for Specialized Government Functions**

- To Armed Forces personnel for military purposes
- To authorized federal officials for the protection of the President and other Federal officials
- To other government agencies, if approved by Extendicare's Legal Department

### **11. Disclosures for Worker's Compensation**

- As authorized by and to the extent necessary to comply with the law

### **EXCEPTIONS TO ACCOUNTING OF DISCLOSURES:**

#### ***Accounting of disclosure does not include disclosures:***

- Necessary to carry out treatment, payment, and health care operations
- To the patient for whom the PHI was created or obtained
- Pursuant to a signed authorization by the patient or personal representative
- For national security or intelligence purposes
- To a correctional institution
- Temporarily suspended by a law enforcement official or health oversight agency (exception applies only during the period of suspension)
- That are incidental
- As part of a Limited Data Set
- That occurred on or prior to April 13, 2003



# Policy & Procedure

## HIPAA / PRIVACY AMENDMENT OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
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### PURPOSE

This Policy is to provide a process for responding to a patient's request for an amendment to Protected Health Information ("PHI").

### POLICY

A patient has the right to request that Sharp Ambulance Billing amend his/her PHI maintained in the Designated Record Set for as long as the PHI is maintained. The policy of Sharp Ambulance Billing is to respond to a patient's request for amendment of PHI in accordance with the HIPAA Privacy Rule. This policy contains the procedures for approving an amendment, denying an amendment and making an amendment at the request of another covered entity.

**Note:** An amendment is not necessary to correct clerical errors.

### PROCEDURE

1. The patient will be notified of the right to amend his PHI in the *Notice of Privacy Practices* supplied by Covered Entity Sharp Ambulance Billing is providing services for.
2. The Privacy Officer will process all requests for amendment.
3. Upon receiving an inquiry from a patient regarding the right to amend his/her PHI, the Privacy Officer will provide the patient with a copy of an *Amendment of Protected Health Information ("Amendment of PHI")* form. A request for amendment will not be evaluated until the request form is completed and signed by the patient or personal representative.

(See sample *Amendment of PHI* form following this Policy.)

### **EVALUATING AND RESPONDING TO THE REQUEST FOR AMENDMENT**

1. The Privacy Officer will date stamp or write the date received and initial the *Amendment of PHI* form.
2. The Privacy Officer will make a determination to accept or deny the amendment after consultation with the appropriate staff, if needed.
3. The Privacy Officer shall act on the request for amendment no later than 60 days after receipt of the request.
  - a. If the amendment is accepted, staff shall make the amendment and inform the patient within 60 days of the written request.



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- b. If the amendment is denied, Sharp Ambulance Billing shall notify the patient in writing of the denial within 60 days of the written request.
4. If Sharp Ambulance Billing is unable to act on the request for amendment within 60 days of receipt of the request, it may have one extension of no more than 30 days. The Privacy Officer will notify the patient in writing of the extension, the reason for the extension and the date by which action will be taken. (See the sample *Notification of Time Extension* in the Policy "Patient's Access to Protected Health Information.")

### DENIAL OF REQUEST FOR AMENDMENT

1. Sharp Ambulance Billing may deny the request for amendment in whole or in part if:
  - a. The PHI was not created by Sharp Ambulance Billing. An exception may be granted if the patient provides a reasonable basis to believe that the creator of the PHI is no longer available to act on the requested amendment and it is apparent that the amendment is warranted. For example, a hospital or clinic, which has given the information on a patient, has since closed its doors and left no means of obtaining its past information or records that were destroyed by fire or flood with no backup copies available.

**Note:** This should rarely be the case. Every other avenue will be explored before an amendment is made to information that was not created by Sharp Ambulance Billing.
  - b. The PHI is not part of the Designated Record Set (i.e., information gathered on worksheets or daily communication sheets that do not become a part of the Medical Record and are not retained).
  - c. The PHI would not be available for inspection under the HIPAA Privacy Rule.
  - d. The PHI that is subject to the request is accurate and complete.
2. If the Privacy Officer, in consultation with the appropriate staff, determines that the request for amendment is denied in whole or in part, the Privacy Officer will provide the patient with a timely amendment denial letter. The denial shall be written in plain language and shall contain:
  - a. The basis for the denial;



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- b. A statement that the patient has a right to submit a written statement disagreeing with the denial and an explanation of how the patient may file such statement;
  - c. A statement that, if the patient does not submit a statement of disagreement, the patient may request that Sharp Ambulance Billing include the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
  - d. A description of how the patient may file a complaint with Sharp Ambulance Billing or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name or title and telephone number of the contact person for complaints. (See the Policy "Complaints.")
3. The patient may submit a written statement of disagreement.
4. If the patient submits a written statement of disagreement, Sharp Ambulance Billing may prepare a written rebuttal to the statement. Sharp Ambulance Billing shall provide a copy of the written rebuttal to the patient who submitted the statement.
5. The following documentation must be appended (or otherwise linked) to the PHI that is the subject of the disputed amendment:
  - a. The patient's *Amendment of PHI* form;
  - b. The amendment denial letter;
  - c. The patient's statement of disagreement, if any; and
  - d. The written rebuttal, if any.

### **FUTURE DISCLOSURES OF PHI THAT IS THE SUBJECT OF THE DISPUTED AMENDMENT**

1. If the patient submitted a statement of disagreement, Sharp Ambulance Billing will disclose all information listed in Item 5 above or an accurate summary of such information with all future disclosures of the PHI to which the disagreement relates.



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2. If the patient did not submit a statement of disagreement, and if the patient has requested that Sharp Ambulance Billing provide the *Amendment of PHI* form and the amendment denial letter with any future disclosures, Sharp Ambulance Billing shall include these documents (or an accurate summary of that information) with all future disclosures of the PHI to which the disagreement relates.

### ACCEPTANCE OF THE REQUEST FOR AMENDMENT

If Sharp Ambulance Billing accepts the requested amendment, in whole or in part, Sharp Ambulance Billing will take the following steps:

1. The Privacy Officer shall place a copy of the amendment in the patient's Medical Record or provide a reference to the location of the amendment within the body of the Medical Record.
2. The Privacy Officer shall notify the relevant persons with whom the amendment needs to be shared, as identified by the patient on the original *Amendment of PHI* form.
3. The Privacy Officer shall identify other persons, including Business Associates, that it knows have the PHI and that may have relied on, or could foreseeably rely on, such information to the detriment of the patient. The Privacy Officer will inform the patient of, and obtain the patient's agreement to notify such other persons or organizations of the amendment.
4. The Privacy Officer shall make reasonable efforts to inform and provide the amendment within a reasonable time to:
  - a. Persons identified by the patient as having received the PHI and needing the amendment;
  - b. Persons, including Business Associates, that Sharp Ambulance Billing knows have the PHI and may have relied, or could foreseeably rely, on such information to the detriment of the patient.
5. If no additional persons needing notification of the amendment are identified, the Privacy Officer shall inform the patient in writing that the amendment has been accepted.



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### ACTIONS ON NOTICES OF AMENDMENT

If another Covered Entity notifies Sharp Ambulance Billing of an amendment to PHI it maintains, the Privacy Officer shall make the amendment to the patient's Designated Record Set.

1. Amendments to the Designated Record Set shall be filed with that portion of the PHI to be amended.
2. Amendments that cannot be physically placed near the original PHI will be filed in an appropriate location.
3. If it is not possible to file the amendment(s) with that portion of the PHI to be amended, a reference to the amendment and its location will be added near the original information location.
4. If the actual amendment is not in an easily recognized location near the original information, the reference should indicate where it could be found.
5. General information regarding requests for amendment, forms relating to amendments and correspondence relating to denial or acceptance of requests to amend will be filed in the patient's Medical Record.

(See sample Acceptance, Denial, and Notification letters on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\)



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## HIPAA / PRIVACY ALTERNATIVE COMMUNICATION OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure the patient's right to request that communications of Protected Health Information ("PHI") be delivered by alternative means or at alternate locations.

### POLICY

A patient will be allowed to request that Sharp Ambulance Billing communicate PHI to him by alternative means or at alternative locations. Sharp Ambulance Billing shall accommodate reasonable requests.

### PROCEDURE

1. The patient will be notified of the right to request communication by alternative means or at alternative locations in the Covered Entity's *Notice of Privacy Practices*.
2. The Privacy Officer will manage requests to receive communications by alternative means.
3. When an inquiry is received from a patient regarding the right to request that Sharp Ambulance Billing communicate with him or his personal representative by some alternate means, Sharp Ambulance Billing will provide the patient with a copy of *A Request for Communications by Alternative Means ("Request for Communications")* form. A request will not be evaluated until this request form is completed and signed by the patient or personal representative.

(See sample *Request for Communications* form on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\Request for Alternate Communication Means.docx)

4. The Privacy Officer will review the completed *Request for Communications* form to determine if it is a reasonable request. Sharp Ambulance Billing may not require an explanation for the request. Sharp Ambulance Billing's decision will not be based on the perceived merits of the request. Sharp Ambulance Billing will accommodate a request determined to be reasonable.
5. The Privacy Officer will complete the Response section of the *Request for Communications* form to inform the patient of the decision.
6. The Privacy Officer shall maintain all requests and responses in the appropriate location in the patient's Medical Record. (See the Policy "Retention of Protected Health Information.")



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## HIPAA / PRIVACY COMPLAINTS

<b>FUNCTION</b>	HIPAA Privacy Policy and Procedure
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### PURPOSE

To ensure that an effective complaint process is in place to deal with privacy violations. The process is to include:

- Identification of a privacy designee who is responsible for receiving complaints.
- A method for documenting receipt of complaints and their resolution.
- Assurance that no individual will be required to waive their rights to file a complaint with the Department of Health and Human Services.

### POLICY

It is the policy of Sharp Ambulance Billing to ensure the privacy of Protected Health Information (“PHI”) as well as to ensure that such information is used and disclosed in accordance with all applicable laws and regulations. Any concerned individual has the right to file a formal complaint concerning privacy issues without fear of reprisal. Such issues could include, but are not limited to, allegations that:

- PHI that was used/disclosed improperly;
- Access or amendment rights were wrongfully denied; or
- The Covered Entity’s *Notice of Privacy Practices* does not reflect current practices accurately.

### PROCEDURE

1. All patients or their personal representatives will be notified of their right to complain to Sharp Ambulance Billing or the Department of Health and Human Services in the Covered Entity’s (Sharp Ambulance Billing client’s) *Notice of Privacy Practices*.
2. All concerns may be registered by telephone, mail, or in person.
3. Upon receipt of a complaint about Sharp Ambulance Billing’s privacy policies or its compliance with those policies or the law, the complaint will be recorded on a Complaint Log or Complaint Regarding Use or Disclosure of Protected Health Information (“Complaint”) form. (See sample Complaint form on G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\PHI Disclosure Complaint.docx and Complaint Log on G:\Sharp Ambulance Billing\HIPAA Compliance\ PHI Disclosure Complaint Log.xlsx)



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4. The Privacy Officer will review the *Complaint* form/log to ensure that the information is complete, and take the necessary steps to get complete information:
  - a. Document the date, time, and name of the person making the complaint in the *Complaint Log*.
  - b. Investigate the complaint.
  - c. Document the resolution of the complaint.
5. Once the *Complaint* form/log is completed correctly, the Privacy Officer will review and investigate the complaint to determine if a violation of the law or policies has occurred.
6. Following this review, the Privacy Officer shall document his or her findings on the PHI Disclosure Complaint – Resolution form at G:\Sharp Ambulance Billing\HIPAA Compliance\Forms\ PHI Disclosure Complaint - Resolution.docx.
7. The Privacy Officer shall determine the substance of the findings and will direct the staff as to the content and method of response:
  - a. Document the resolution of the complaint.
  - b. Communicate the outcome of the complaint with the individual filing the complaint within 30 days from receipt of complaint.
8. The Privacy Officer shall maintain documentation of all complaints received and their disposition for a period of at least six years (from the date of creation) in accordance with federal regulations.



# Policy & Procedure

## HIPAA / PRIVACY RESTRICTIONS TO PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
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### PURPOSE

To provide a process for a patient to request a restriction to an otherwise permitted use or disclosure of the patient's Protected Health Information ("PHI"), and for the Sharp Ambulance Billing to respond to such request.

### POLICY

A patient has the right to request that otherwise permitted uses and disclosures of PHI be restricted. Specifically, the patient may request restrictions on:

- The use and disclosure of PHI for treatment, payment or health care operations, or
- The disclosures to family, friends or others for involvement in care and notification purposes.

Sharp Ambulance Billing is not required to comply with such requests for restriction, but will consider and may agree to a restriction. Sharp Ambulance Billing will consider the need for access to PHI for treatment purposes when considering a request for a restriction. A request for restriction must be made in writing. The Privacy Officer will notify the patient of its determination with respect to the request.

### PROCEDURE

1. The Privacy Officer shall manage requests for restrictions. All documentation associated with this request will be placed in the patient's Medical Record.
2. The Privacy Officer will provide the patient a *Request to Restrict Use and Disclosure of Protected Health Information ("Request to Restrict")* form if the patient asks to make a restriction.  
  
(See sample *Request to Restrict* form on G:\Sharp Ambulance Billing\HIPAA Compliance\FORMS\Request to Restrict Use and Disclosure of PHI.docx)
3. A request for restriction will not be reviewed until the *Request to Restrict* form is completed and signed by the patient. The Privacy Officer may assist the patient in completing the form, if necessary.
4. The Privacy Officer will review the request in consultation with other staff to determine the feasibility of the request. Sharp Ambulance Billing shall give primary consideration to the need for access to the PHI for treatment and payment purposes in making its determination.
5. The Privacy Officer shall complete the "Response" section of the *Request to Restrict* form and provide a copy to the patient.



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## HIPAA / PRIVACY RESTRICTIONS TO PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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### Restriction Not Accepted

If Sharp Ambulance Billing declines the request for restriction, the Privacy Officer will provide the patient with a copy of the signed response (part of the *Request to Restrict* form).

### Restriction Accepted

1. If Sharp Ambulance Billing agrees to the requested restriction, it must abide by the accepted restriction with the following exceptions:
  - a. Sharp Ambulance Billing may use the restricted PHI, or may disclose such information to a health care provider if:
    - i. The patient is in need of emergency treatment, and
    - ii. The restricted PHI is needed to provide emergency treatment. In this case, Sharp Ambulance Billing will release the information, but ask the emergency treatment provider not to further use or disclose the patient's PHI.
  - b. Sharp Ambulance Billing may disclose the information to the individual who requested the restriction.
  - d. Sharp Ambulance Billing may use and disclose the restricted PHI when statutorily required to use and disclose the information under the HIPAA Privacy Rule.
2. The Privacy Officer will notify appropriate staff of the restriction.
3. The Privacy Officer will document the restriction on the Request to Restrict form, provide the patient with a copy and maintain the original in the patient's Medical Record.

### Terminating the Restriction

#### *Termination with the patient's agreement*

1. Sharp Ambulance Billing may terminate the accepted restriction if:
  - a. The patient agrees to the termination in writing; or
  - b. The patient agrees to the termination verbally and the verbal agreement is documented.
2. The Privacy Officer will notify the appropriate staff of the termination of the restriction.



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3. The Privacy Officer will document the patient's agreement to the termination of the restriction on the *Request to Restrict* form, provide the patient with a copy and maintain the documentation in the patient's record.
4. Termination of a restriction with the patient's agreement is effective for all PHI created or received by Sharp Ambulance Billing.

### *Termination without the patient's agreement*

1. Sharp Ambulance Billing may terminate the restriction without the patient's agreement if it informs the patient that the restriction is being terminated.
2. Such termination is only effective with respect to PHI created or received after Sharp Ambulance Billing has informed the patient that it is terminating the restriction.

**Note:** Sharp Ambulance Billing must continue to abide by the restriction with respect to any PHI created or received before it informed the patient of the termination of the restriction.

3. Inform by mail: If the patient is informed by mail that Sharp Ambulance Billing is terminating the restriction, the notification shall be sent via certified mail, return receipt requested. Sharp Ambulance Billing shall maintain a copy of the notification and of the return receipt with the *Request to Restrict* form. Sharp Ambulance Billing shall not terminate the restriction until it receives confirmation that the patient has received the notification.
4. Inform in person: It is preferable to have the patient sign and date a notification of termination of a restriction. However, it will be acceptable to document that the patient was so notified on the *Request to Restrict* form.

Inform via telephone: If the patient is informed by telephone, this action shall be documented on the *Request to Restrict* form. In addition, a letter shall be sent via certified mail, return receipt requested. The termination shall be effective as of the date the patient is informed by telephone.



# Policy & Procedure

## HIPAA / PRIVACY BUSINESS ASSOCIATES

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

The purpose of this Policy is to provide a process for establishing a written agreement with each of Sharp Ambulance Billing's Business Associates ("BA") as required by the HIPAA Privacy Rule.

### POLICY

Sharp Ambulance Billing contracts with various outside entities and organizations to perform functions or provide services on behalf of Sharp Ambulance Billing that may involve the disclosure of Protected Health Information ("PHI") to the outside entity. These outside entities are the Business Associates. The policy of Sharp Ambulance Billing is to obtain written assurances from BAs that they will appropriately safeguard any PHI they create or receive on behalf of Sharp Ambulance Billing. Such written assurances will be in place before Sharp Ambulance Billing discloses PHI to the Business Associate.

### PROCEDURE

1. The Administrator will follow established procedures regarding contract review, revision and approval to assure that contract is in compliance with state and federal law.
2. For each contract, determine whether a Business Associate Agreement is necessary. (See the "Business Associate Decision Tree" following this Policy.)
  - a. **Note:** Business Associate language is **not** required when the BA is a health care provider and all disclosures to the BA concern the treatment of a patient.
  - b. If all the required language of the BA Agreement is included in the standard contract, a separate BA Agreement is not required.
3. If a BA Agreement is necessary and the third party provides its own BA Agreement, review the Agreement to assure it meets all requirements of the Privacy Rule. (See "Business Associate Checklist" following this Policy.)
4. If a BA Agreement is necessary, and the third party does not provide the Agreement, submit Sharp Ambulance Billing's template BA Agreement for approval by the third party.
5. If the BA refuses to sign the BA Agreement, the HIPAA Privacy Rule prohibits Sharp Ambulance Billing from disclosing any PHI to the BA. If the BA requires access to PHI in order to perform the function or service on behalf of Sharp Ambulance Billing, Sharp Ambulance Billing shall not contract with the BA.
6. The original signed contract and contract addendum containing BA language shall be maintained by Sharp Ambulance Billing.



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## HIPAA / PRIVACY BUSINESS ASSOCIATES

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7. Violations of BA Requirements - If Sharp Ambulance Billing staff learns of a breach or violation of a BA requirement by a BA, such breach or violation shall be reported to the Privacy Officer, his designee, or to the Compliance Department. The Privacy Officer or Compliance Designee will assist Sharp Ambulance Billing in determining whether reasonable steps can be taken to cure the breach. If Sharp Ambulance Billing's reasonable steps to cure the BA's violations are unsuccessful, Sharp Ambulance Billing may:
  - a. Terminate the contract or arrangement; or
  - b. If termination is not feasible, report the problem to the Secretary of the U. S. Department of Health and Human Services.
8. Notice of Termination of a Contract with a BA - Sharp Ambulance Billing shall notify the Privacy Officer, his designee or the Legal Department when issuing or receiving a notice of contract termination involving a BA. The Legal Department will assist with contacting the BA regarding the BA's obligations to return or destroy all PHI or, if return or destruction is not feasible, to extend the protections of the BA requirements to the PHI and to limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.

The contract and contract addendum must be retained for six years after the contract was last in effect.

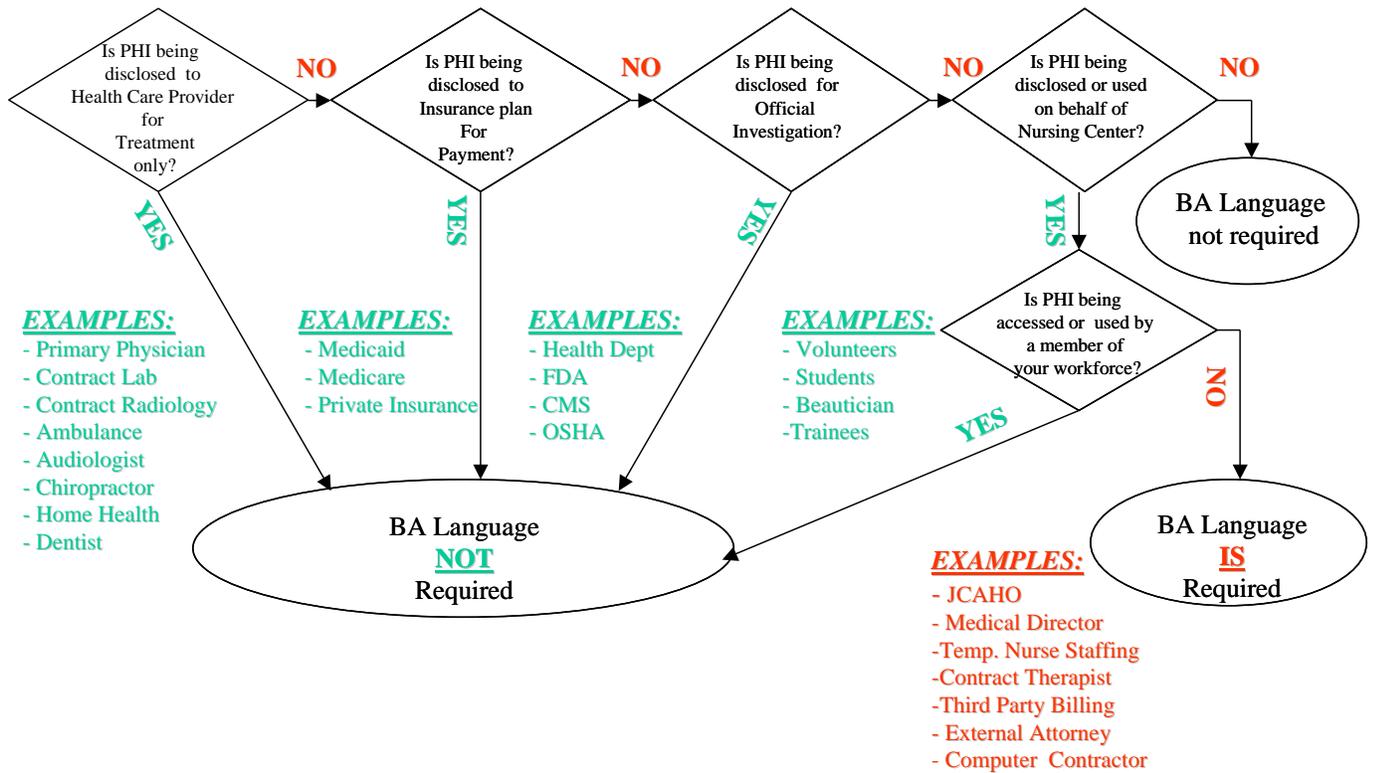


# Policy & Procedure

## HIPAA / PRIVACY BUSINESS ASSOCIATES

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### DECISION TREE: WHEN IS BA LANGUAGE REQUIRED?





# Policy & Procedure

## HIPAA / PRIVACY BUSINESS ASSOCIATES

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### BUSINESS ASSOCIATE CHECKLIST

<i>Contract Provision</i>	<i>Reg. Cite</i>	<i>Requirement</i>
	164.504(e)(2)(i)	Establish permitted and required uses and disclosures of PHI by BA
	164.504(e)(2)(i)	May <u>not</u> authorize BA to use or further disclose info in a manner that would violate requirements of subpart if done by CE <b>except:</b>
	164.504(e)(2)(i)(A)	May permit BA to use or disclose PHI for "proper management & administration of BA as permitted by <b>(e)(4)</b>
	164.504(e)(4)(i)(A) and (B)	May permit BA to <del>use</del> PHI – in its capacity as a BA if necessary for the proper management & administration of BA <b>or</b> to carry out the legal responsibilities of BA.
	164.504(e)(4)(ii)	May permit BA to <b>disclose PHI</b> – in its capacity as a BA for same purposes, <b>but only if disclosure is</b> →
	164.504(e)(4)(ii)(A)	Required by law <b>or</b>
	164.504(e)(4)(ii)(B)(1)	BA obtains reasonable assurances from person to whom info is disclosed that info will be held confidentially and used or further disclosed only as required by law or for purpose for which it was disclosed to the person <b>AND</b>
	164.504(e)(4)(ii)(B)(2)	The person to whom the information was disclosed notifies <u>BA</u> of any instance of which it is aware in which the confidentiality of the information has been breached.
	164.504(e)(2)(i)(B)	BA may provide data aggregation services relating to the health care operations of the covered entity.
	164.504(e)(2)(ii)(A)	BA will not use or further disclose the information other than as permitted or required by the contract or as required by law.
	164.504(e)(2)(ii)(B)	BA will use appropriate safeguards to prevent use or disclosure of the information other than as provided for by its contract.
	164.504(e)(2)(ii)(C)	BA will report to the CE any use or disclosure of the information not provided for by its contract of which it becomes aware.



# Policy & Procedure

## HIPAA / PRIVACY BUSINESS ASSOCIATES

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<i>Contract Provision</i>	<i>Reg. Cite</i>	<i>Requirement</i>	
	164.504(e)(2)(ii)D	BA will ensure that any agents, including a subcontractor, to whom it provides PHI received from, or created or received by the BA on behalf of, the CE agrees to the same restrictions and conditions that apply to the BA with respect to such information.	
	164.504(e)(2)(ii)E	<u>Access</u> : BA will make available PHI in accordance with <b>164.524</b> .	
	164.504(e)(2)(ii)F	<u>Amendment</u> : BA will make available PHI for amendment and incorporate any amendments to PHI in accordance with <b>164.526</b> .	
	164.504(e)(2)(ii)G	<u>Accounting</u> : BA will document disclosures of PHI as would be required for CE to respond to a request for an accounting.	
	164.504(e)(2)(ii)G	<u>Accounting</u> : BA will make available PHI to provide an accounting of disclosures in accordance with <b>164.528</b> .	
	164.504(e)(2)(ii)H	BA will make internal practices, etc. available to the Secretary.	
	164.504(e)(2)(ii)I	<u>Termination</u> : BA will – if feasible – return or destroy all PHI received from, or created or received by the BA on behalf of the CE. BA will retain no copies of such information. If return or destruction of such information is not feasible, BA will extend the protections of the K to the information and limit further uses and disclosures to those purposes that make the return or the destruction of the information infeasible.	
	164.504(e)(2)(iii)	Authorize termination by CE if CE determines that the BA has violated a material term of the contract.	



# Policy & Procedure

## HIPAA / PRIVACY DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To convert individually identifiable Protected Health Information (“PHI”) into information that no longer reveals the identity of any patient.

### POLICY

When patient PHI is used or disclosed for purposes other than treatment, payment or health care operations and/or without patient or personal representative authorization, the PHI must be converted into a format that does not identify the patient. This conversion process is called de-identification of PHI.

The Health Insurance Portability and Accountability (HIPAA) Privacy Rule does not apply to de-identified health information.

Sharp Ambulance Billing meets the de-identification standard if it has removed all of the required identifiers and if Sharp Ambulance Billing has no actual knowledge that the information could be used to identify a patient.

### PROCEDURE

1. Sharp Ambulance Billing will convert patient PHI into a format that does not identify the patient (de-identify) when:
  - a. PHI is used or shared for purposes other than treatment, payment or health care operations, or
  - b. Information is used or shared without patient authorization.
2. Sharp Ambulance Billing will de-identify the PHI by one of the following methods:
  - a. Elimination of all identifiers:
    - i. Names.
    - ii. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code if the geographic area contains more than 20,000 people. If less than 20,000 people are found to be in this area based on the first three digits of the zip code, the code must be changed to 000.



# Policy & Procedure

## HIPAA / PRIVACY DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION

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- iii. All elements of dates (except year) for date directly related to a patient including birth date, admission date, discharge date, date of death: and all ages over 90 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
- iv. Telephone numbers.
- v. Fax numbers.
- vi. Electronic mail address.
- vii. Social security numbers.
- viii. Health plan beneficiary numbers.
- ix. Certificate/license numbers.
- x. Vehicle identifiers and serial numbers, including license plate numbers.
- xi. Device identifiers and serial numbers.
- xii. Web Universal Resource Locators (URLs).
- xiii. Internet Protocol (IP) address numbers.
- xiv. Biometric identifiers, including finger and voiceprints.
- xv. Full face photographic images and any comparable images.
- xvi. Any other unique identifying number, characteristic, or code.

**Note:** In addition to removing the above identifiers, Sharp Ambulance Billing must not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is a subject of the information.

- b. Statistical De-Identification: A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable applies such principles and determines that the risk is very small that the information could be used to identify the patient. The methods and the results of the analysis must be documented.



# Policy & Procedure

## HIPAA / PRIVACY DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION

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Re-Identification: Sharp Ambulance Billing may assign a code that would allow the information to be re-identified by Sharp Ambulance Billing as long as the code is not derived from or related to information about the patient and is not otherwise capable of being translated so as to identify the patient. Sharp Ambulance Billing must not use or disclose the code or any other means of record identification for any other purpose and must not disclose the mechanism for re-identification.



# Policy & Procedure

## HIPAA / PRIVACY MARKETING AND FUNDRAISING

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### **PURPOSE**

To ensure that all marketing and fundraising communications comply with the HIPAA Privacy Rule's requirements, as well as any applicable state laws or regulations. The goal is for Sharp Ambulance Billing to safeguard the patient's Protected Health Information ("PHI") when engaging in permitted marketing or fundraising activities.

### **POLICY**

Marketing communications utilizing PHI require a prior written authorization from the patient with certain defined exceptions.

Fundraising communications that are made specifically for the benefit of Sharp Ambulance Billing and contain only demographic information and dates of service do not require an authorization as long as Sharp Ambulance Billing's Clients' *Notice of Privacy Practices* describes this limited use of PHI. Fundraising materials must describe how an individual can opt out of receiving future fundraising communications and Sharp Ambulance Billing must make reasonable efforts to comply with opt-out requests.

### **PROCEDURE**

#### **Marketing**

1. The Privacy Rule defines marketing as a communication and/or disclosure of PHI that encourages an individual to use or purchase a product or service, except under the following conditions:
  - a. Communications made directly by Sharp Ambulance Billing to describe a health related product or service it provides.
  - b. Communications made for treatment of the individual.
  - c. Communications for case management or care coordination for the patient.
  - d. Communications to direct or recommend alternative treatments, therapies, and health care providers or settings of care.
  - e. Face to face communications made by Sharp Ambulance Billing representative to an individual.



# Policy & Procedure

## HIPAA / PRIVACY MARKETING AND FUNDRAISING

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- f. Promotional gifts of nominal value (defined in policy; for example, less than \$25 each gift not to exceed \$100.00 per annum) provided by Sharp Ambulance Billing.
2. Sharp Ambulance Billing must obtain a valid, completed *Authorization to Use or Disclose Protected Health Information ("Authorization")* form prior to using or disclosing PHI for purposes that meet the HIPAA definition of marketing and do not qualify for any of the exceptions listed in Item 1 above.
  - a. The authorization must conform to the authorization policy.
  - b. If direct or indirect remuneration to Sharp Ambulance Billing from a third party is involved, the authorization must state the nature of such third party remuneration.
3. No authorization is required in the following situations:
  - a. Communications directed at an entire population (not to a targeted individual) that promote health in a general manner and do not endorse a specific product or service;
  - b. PHI is not disclosed in a marketing communication (such as a newspaper advertisement).
4. In the event a planned marketing activity involves payment to the Sharp Ambulance Billing (e.g., cash, referral, gifts, etc.), anti-kickback, inducement, self-referral and general fraud and abuse statutes and regulations may apply. These shall be considered and approved prior to implementation of the marketing activity. Sharp Ambulance Billing will assure that any marketing activity is in compliance with such laws and regulations.
5. Business Associates and other third parties:
  - a. Sharp Ambulance Billing may engage a marketing firm to conduct permitted marketing activities on Sharp Ambulance Billing's behalf. Should the marketing activities require the use or disclosure of PHI to the marketing firm, then a Business Associate relationship would exist and a BA Agreement/Addendum would be required. (See the Policy "Business Associates.")



# Policy & Procedure

## HIPAA / PRIVACY MARKETING AND FUNDRAISING

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- b. Sharp Ambulance Billing may not sell or disclose PHI to a third party to help the third party market its own products or services without a signed authorization from the patient. (See Policy “Authorization for Release of Protected Health Information.”)

### Fundraising

1. When fundraising for its own benefit, Sharp Ambulance Billing may use or disclose without authorization the following PHI to a Business Associate or to an institutionally related foundation, such as a nonprofit charitable foundation to act on Sharp Ambulance Billing’s behalf:
  - a. Demographic information relating to an individual, and
  - b. Dates of health care provided to an individual.
2. Sharp Ambulance Billing’s Clients’ *Notice of Privacy Practices* must include the following information:
  - a. Sharp Ambulance Billing or its agent may contact the patient to raise funds for Sharp Ambulance Billing, and
  - b. The patient may opt out of receiving any fundraising communications.
3. Any fundraising materials Sharp Ambulance Billing or its agent sends to an individual must describe how the individual may opt out of receiving any further fundraising communications.
4. If the fundraising is not for Sharp Ambulance Billing’s benefit or includes more than demographic or dates of service information, an authorization from the individual is required.

Sharp Ambulance Billing must make reasonable efforts to ensure that individuals who decide to opt out of receiving future fundraising communications are not sent such communications.



# Policy & Procedure

## HIPAA / PRIVACY RESPONDING TO A SUBPOENA

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure that Sharp Ambulance Billing complies with HIPAA Privacy Rule requirements when a subpoena requesting Protected Health Information (“PHI”) is served.

### POLICY

Protected Health Information may be disclosed pursuant to judicial or administrative process without the written authorization of the patient, or the opportunity for the patient to agree or object, subject to certain conditions. Sharp Ambulance Billing will disclose PHI in the course of judicial or administrative process in response to a court or administrative tribunal order. Sharp Ambulance Billing will disclose PHI in response to a subpoena, discovery request, or other lawful process that is not accompanied by a court order, subject to the conditions set forth in this procedure. In either case, **Sharp Ambulance Billing will disclose only that PHI expressly authorized by the subpoena, discovery request, other lawful process, or court order.** (Sharp Ambulance Billing may contact its legal counsel to review and verify the legality of a subpoena requesting PHI served.)

### PROCEDURE

1. If the subpoena or other lawful request is accompanied by an order of a court or administrative tribunal, Sharp Ambulance Billing will verify the identity and authority of the individuals requesting PHI.
2. If the order of the court or other administrative tribunal is valid and meets the verification requirements, Sharp Ambulance Billing will disclose only that PHI expressly authorized by such order.
3. If the subpoena, discovery request or other lawful process (“subpoena”) is not accompanied by a court order, Sharp Ambulance Billing will disclose the PHI only after obtaining satisfactory assurances from the party seeking the information that they have made reasonable efforts
  - a. To notify the individual who is the subject of the requested PHI, or
  - b. To secure a qualified protective order.



# Policy & Procedure

## HIPAA / PRIVACY RESPONDING TO A SUBPOENA

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4. Notice to individual. Prior to disclosing PHI when the subpoena is not accompanied by a court order and there is no qualified protective order meeting the requirements of the Privacy Rule, Sharp Ambulance Billing will obtain a written statement and accompanying documentation from the requesting party that meets all of the following requirements:
  - a. The written statement and documentation must demonstrate that reasonable efforts have been made to give notice of the request to the individual who is the subject of the requested PHI.
  - b. The notice must contain sufficient information about the litigation or proceeding to permit the individual to raise an objection to the court or administrative tribunal.
  - c. The written statement and accompanying documentation must demonstrate that:
    - i. Time for raising objections to the court or administrative tribunal has elapsed, and
    - ii. No objections were filed, or
    - iii. The court has resolved all objections filed by the individual or the administrative tribunal and the disclosures being sought are consistent with such resolution.
  
5. Qualified Protective Order. A qualified protective order means an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:
  - a. Prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested; and
  - b. Requires the return to Sharp Ambulance Billing or destruction of the PHI, (including all copies made) at the end of the litigation or proceeding.
  
6. Prior to disclosing PHI when the subpoena is not accompanied by a court order and the above notice requirements are not met, Sharp Ambulance Billing will obtain from the requesting party a written statement and accompanying documentation demonstrating that:



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## HIPAA / PRIVACY RESPONDING TO A SUBPOENA

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- a. The parties to the dispute giving rise to the request for PHI have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute, or
  - b. The party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.
7. If the requesting party is unable to meet the requirements for Notice or a Qualified Protective Order, Sharp Ambulance Billing will notify the requesting party that it is unable to comply with the subpoena. (See sample "Response to a Subpoena" letter on G:\Sharp Ambulance Billing\HIPAA Compliance\FORMS\Subpeona for PHI Denial Letter.docx)
  8. If the requesting party decides to pursue the request for the PHI without meeting the above requirements, the Privacy Officer will contact Sharp Ambulance Billing's Legal Counsel for further direction.
  9. Sharp Ambulance Billing Privacy Officer shall document the information regarding the subpoena or other legal process that requests PHI in an *Accounting of Disclosures* Log.

The subpoena and any documents produced for the subpoena will be retained according to state and federal regulations.



# Policy & Procedure

## HIPAA / PRIVACY SANCTIONS

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure there are appropriate sanctions that will be applied to employees who violate the requirements of the HIPAA Privacy Rule and/or Sharp Ambulance Billing's HIPAA privacy policies and procedures.

### POLICY

It is the policy of Sharp Ambulance Billing to discipline employees who fail to comply with Sharp Ambulance Billing's policies and procedures regarding HIPAA.

### PROCEDURE

1. When a concern arises regarding a possible violation of HIPAA or Sharp Ambulance Billing's policies or procedures related to HIPAA, the Privacy Officer shall begin an investigation promptly. (See the Policy "Complaints" regarding conducting an investigation.)
2. If, at the conclusion of the investigation, it is found that a violation of Sharp Ambulance Billing's policy or procedure has occurred, the employee involved shall be disciplined in accordance with the severity of the violation and Sharp Ambulance Billing's disciplinary policy. Violations can be classified according to intent such as:
  - a. Level I Violations are those made accidentally or due to a lack of education.
  - b. Level II Violations are serious violations that are found to show purposeful disregard of policy.
3. The Privacy Officer shall review the circumstances surrounding any substantiated violation and take appropriate action to mitigate, to the extent possible, any harmful effects of the violation.
4. Documentation from the investigation shall be given to the Privacy Officer to be maintained as a part of Sharp Ambulance Billing's HIPAA documentation and retained for six years.
5. The disciplinary action report documenting the employee's violation shall be placed in the employee's personnel file as well as a copy provided to the Privacy Officer.



# Policy & Procedure

## HIPAA / PRIVACY VERIFICATION OF IDENTITY AND AUTHORITY OF OFFICIALS REQUESTING PHI

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure that Protected Health Information (PHI) is disclosed only to appropriate persons in accordance with the requirements of the HIPAA Privacy Rule.

### POLICY

It is the policy of Sharp Ambulance Billing to verify the identity and the authority of a person making a request for the disclosure of PHI, if the identity or authority of such person is not known to Sharp Ambulance Billing. Further, Sharp Ambulance Billing will obtain from the person seeking disclosure of PHI such documentation, statement or representation, as may be required by the HIPAA Privacy Rule, prior to a disclosure.

### PROCEDURE

1. In general, Sharp Ambulance Billing may rely on required documentation, statements or representations that, on their face, meet the verification requirements, if the reliance is reasonable under the circumstances. If there are concerns as to the requirements, contact the legal counsel.
2. Administrative Requests, Subpoena and Investigative Demand: Verification is sufficient and Sharp Ambulance Billing will disclose the requested PHI if the administrative document itself or a separate written statement recites:
  - a. The information sought is relevant to a lawful inquiry.
  - b. The request is specific and limited in scope, as much as practicable, for the purposes of the inquiry.
  - c. De-identified information could not be used.
3. Research: If disclosure is sought for research purposes, pursuant to a waiver of authorization, it is sufficient verification if the requesting documents:
  - a. Show that the waiver of authorization has been approved by a properly constituted Institutional Review Board or Privacy Board.
  - b. Is signed by the Chair of the Board or the Chair's Designee.
4. Requests by a Public Official
  - a. It is sufficient verification of the *identity* of the requesting person to rely on any of the following, if reasonable under the circumstances:



# Policy & Procedure

## HIPAA / PRIVACY VERIFICATION OF IDENTITY AND AUTHORITY OF OFFICIALS REQUESTING PHI

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- i. A badge or other credential
  - ii. A request on government letterhead.
  - iii. If the person making the request is acting on behalf of a public official, a written statement on government letterhead that the person is acting on behalf of a public official. If other authority is presented, contact legal counsel for guidance before disclosure.
- b. It is sufficient verification of the *authority* of the requesting person to rely on any of the following, if reasonable under the circumstances:
  - i. A written statement of the authority under which the information is requested, for example, a copy of the law or regulation. Rarely, a written statement is impractical, and then an oral statement is sufficient.
  - ii. Verification of authority is presumed if the request is made pursuant to a warrant, subpoena, order or other process issued by a grand jury, court or judge or administrative tribunal.
5. If the disclosure is sought by persons involved in the patient's care, and it is relevant to the requesting party's involvement in the care, Sharp Ambulance Billing may rely on reasonable professional judgment in verifying the identity and authority of the person seeking disclosure.
6. Verification requirements are met if Sharp Ambulance Billing, in good faith, makes a disclosure of PHI:
  - a. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or  
To law enforcement authorities to identify or apprehend an individual.



# Policy & Procedure

## HIPAA / PRIVACY RETENTION OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure appropriate retention of Protected Health Information (“PHI”) contained in a Designated Record Set.

### POLICY

PHI contained in the Designated Record Set will be retained according to state and federal regulations whichever requires retention for the longer period of time.

PHI, including medical and financial records contained in the Designated Record Set, will be retained for a minimum of six years as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

In absence of state law specifying a greater retention period, Medical Records must be retained for at least six years after the date it was last in effect.

For minor patients (persons who have not reached full legal age), the Medical Record must be retained for three years after the minor reaches legal age under state law or six years from the date of discharge, whichever is longer.

Medical records on which there may be pending litigation may be exempt from scheduled destruction at the discretion of Sharp Ambulance Billing.

If state laws and regulations require a greater retention time period, the greater will be followed.

### PROCEDURE

1. Sharp Ambulance Billing will review state laws and regulations to determine Medical Record retention period and “legal age.”
2. If state laws or regulations require a different retention period, the greater retention period will be followed.
3. Sharp Ambulance Billing will store the records until the retention period has expired. Records must be stored in a secure manner. The records must be protected from unauthorized access and accidental/wrong destruction.

At the expiration of the retention period, the Medical Records may be destroyed.



# Policy & Procedure

## HIPAA / PRIVACY DESTRUCTION OF PROTECTED HEALTH INFORMATION

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
<b>NUMBER</b> 1.0
<b>PRIOR ISSUE</b> N/A
<b>EFFECTIVE DATE</b> 1/1/2015

### PURPOSE

To ensure that any medium containing Protected Health Information (“PHI”) is properly destroyed.

### POLICY

PHI stored in paper, electronic or other format will be destroyed utilizing an acceptable method of destruction after the appropriate retention period has been met.

Access to PHI stored on computer equipment and media will be limited by taking the appropriate measures to destroy electronically stored PHI.

### PROCEDURE

#### **Paper Documents:**

1. PHI maintained in paper format may be destroyed at the end of the retention period. (See the Policy “Retention of Protected Health Information.”)
2. All paper documents that contain PHI will be destroyed using an acceptable method of destruction.
3. Acceptable methods of destruction include shredding, incineration, pulverization and use of a bonded recycling company.
4. Prior to destruction of boxed items, Sharp Ambulance Billing will verify the retention period has expired.

#### **Computer Data Storage Media**

1. Personal Computers: Workstations, laptops and servers use hard drives to store a wide variety of information. Patients’ health information may be stored in a number of areas on a computer hard drive. For example, health information may be stored in “Folders” specifically designated for storage of this type of information, in temporary storage areas and in cache. Simply deleting the files or folders containing this information does not necessarily erase the data.
  - a. To ensure that any patients’ health information has been removed, a utility that overwrites the entire disk drive with “1”s and “0”s must be used.



# Policy & Procedure

## HIPAA / PRIVACY DESTRUCTION OF PROTECTED HEALTH INFORMATION

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- b. If the computer is being re-deployed internally or disposed of due to obsolescence, the aforementioned utility must be run against the computer's hard drive, after which the hard drive may be reformatted and a standard software image loaded on the reformatted drive.
  - c. If the computer is being disposed of due to damage and it is not possible to run the utility to overwrite the data, then the hard drive must be removed from the computer and physically destroyed. Alternatively, the drive can be erased by use of magnetic bulk eraser. This applies to PC workstations, laptops and servers.
2. Compact Disks (CDs) and Diskettes: CDs containing patient health information must be cut into pieces or pulverized before disposal.
3. If a service is used for disposal, the vendor should provide a certificate indicating the following:
  - a. Computers and media that were decommissioned have been disposed of in accordance with environmental regulations as computers and media may contain hazardous materials.

Data stored on the decommissioned computer and/or media was erased or destroyed per the previously stated method(s) prior to disposal.



# Policy & Procedure

## HIPAA / PRIVACY GLOSSARY

<b>FUNCTION</b> HIPAA Privacy Policy and Procedure
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### A

#### Accounting of Disclosures –

A log that is maintained for each patient that indicates the disclosures that have been made of his or her PHI.

#### Administrative Tribunal –

A judge or group of judges who conduct hearings and exercise judgment over specific issues involving persons or things.

**Administrative** – connotes of or pertains to administration, especially management, as by managing or conducting, directing or superintending the execution, application, or conduct of persons or things.

**Tribunal** – is the seat of a judge; the place where he administers justice. The whole body of judges who compose a jurisdiction; a judicial court; the jurisdiction that the judges exercise.

#### Alternative Communication Means –

Information or communications delivered to patients by Sharp Ambulance Billing in a manner different than the normal practice of Sharp Ambulance Billing. For example, the patient may ask for delivery at an alternative address, phone number or post office box; or that discussion of PHI be limited when specified people are present.

#### Amend / Amendment –

An amendment to PHI will always be in the form of information *added to* the existing PHI. This additional information may contain items that substantially change the initial PHI, make parts of the initial PHI more precise, or show some of the original PHI to be incorrect. However, the original PHI is never altered. Changes are indicated by the addition of the amended information.

#### Authorization –

A patient's statement of agreement to the use or disclosure of Protected Health Information to a third party.

### B

#### Business Associate (BA) –

A person or organization that performs a function or an activity on behalf of Sharp Ambulance Billing that involves the use or disclosure of Protected Health Information. A business associate might also be a person or entity that provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services involving the use or disclosure of PHI.



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### C

**CMS – Centers for Medicare and Medicaid Services –**

The agency formerly known as HCFA (Health Care Financing Administration) that regulates and enforces Federal Regulations for Medicare in Long Term Care and other health care entities.

**Conditioned –**

An authorization is “conditioned” if a patient cannot obtain treatment or service unless he or she signs that authorization.

**Continuum of Care –**

A range of services available to people in the community. They include supportive, rehabilitative, preventive and social services. They meet various levels of need or impairment.

**Court Order –**

An order issued from a competent court that requires a party to do or abstain from doing a specific act.

**Covered Entity –**

A health care provider who transmits health care information using one of the transaction standards defined by the Department of Health and Human Services. An example of this would be billing Medicare and Medicaid electronically for services provided to a patient.

### D

**De-Identification –**

The process of converting individually identifiable information into information that no longer reveals the identity of the patient. Information may be de-identified by statistical de-identification or the safe harbor method of de-identification.

**De-Identified Health Information –**

Health information that does not identify an individual and does not contain information that can identify or link the information to the individual to whom the information belongs.

**Department of Health and Human Services (HHS) –**

The federal agency charged with the development, statement and implementation of the HIPAA Privacy Rule.



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### Designated Record Set –

Patient Medical Records and billing records maintained and used by Sharp Ambulance Billing to make decisions about the patient. In this context a record is any item, collection, or grouping of information that contains Protected Health Information and is maintained, collected, used or disclosed by Sharp Ambulance Billing. The Designated Record Set also includes billing information that may contain ICD-9-CM codes that represent health conditions of the patient and that are part of the patient’s Protected Health Information.

For access to the Designated Record Set, the State Operations Manual [SOM] (F153) allows the patient to “have access to all records pertaining to him or her including current clinical records.” The Guidance to Surveyors indicates that the term “records” includes “all records pertaining to the patient such as trust fund ledgers pertinent to the patient and contracts between the patient and Sharp Ambulance Billing.”

The SOM (F164) further defines personal records in the Guidance to Surveyors to include all types of records Sharp Ambulance Billing might keep on a patient, whether they are medical, social, fund accounts, automated or other.

### Disclosure –

To release, transfer, provide access to or divulge in any way a patient’s health information to individuals or entities outside Sharp Ambulance Billing. (See also Use.)

**Routine Disclosure** –Customary disclosures of PHI that Sharp Ambulance Billing discloses on a regular basis.

**Non-Routine Disclosure** –Disclosures of PHI that are not usually disclosed by Sharp Ambulance Billing.

## E

## F

### Financial Records –

Admission, billing, and other financial information about a patient included as part of the Designated Record Set.

### Fundraising –

An organized campaign by a private, non-profit or charitable organization designed to reach out to certain segments of the population or certain identified populations in an effort to raise monies for their organization or for a specific project or purpose espoused by their organization.



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### G

### H

#### Health Care Operations –

Any of the following activities of Sharp Ambulance Billing or a Covered Entity contracting with Sharp Ambulance Billing:

1. Conducting quality assessment and improvement activities, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating employee and company performance, conducting training programs under supervision to practice or improve skills, training of non-health care professionals, accreditation, certification, licensing or credentialing activities;
3. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
4. Business planning and development such as conducting cost-management and planning related analyses related to managing and operating;
5. Business management and general administrative activities of Sharp Ambulance Billing/Covered Entity, including, but not limited to:
  - Customer service
  - Resolution of internal grievances
  - Due diligence in connection with the sale or transfer of assets to a potential successor in interest
  - Creating de-identified health information, fundraising for the benefit of Sharp Ambulance Billing/Covered Entity and marketing for which an individual's authorization is not required.

#### Health Care Provider –

An entity that provides health care, service or supplies related to the health of an individual, e.g., medical, dental, physical therapy, or chiropractic clinics; hospitals, etc.



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### HIPAA –

Refers to the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996, in particular the portion of the Act known as Administrative Simplification (Subpart F) dealing with the privacy of individually identifiable health information.

### I

#### Individually Identifiable Health Information (IIHI) –

Any information, including demographic information, collected from an individual that:

1. Is created or received by a health care provider, health plan, employer or health care clearinghouse; and
2. Relates to the past, present or future physical or mental health or condition of an individual, and
  - a. Identifies the individual or
  - b. With respect to which there is reasonable basis to believe that the information can be used to identify the individual.

#### Institutional Review Board (IRB) –

In reference to a research project, a board that is designated to review and approve proposed research and the process by which the investigator intends to secure the informed authorization of participants.

### L

#### Limited Data Set (LDS) –

A data set that includes elements such as dates of admission, discharge, birth and death as well as geographic information such as the five digit zip code and the individual's state, county, city or precinct but still excludes the other 16 elements that "de-identify" information. In addition, this limited data set can only be used if a covered entity enters into a "data use agreement" with the data recipient similar to the agreements entered into between covered entities and their business associates.

### M

#### Marketing –

1. To provide information about a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made:



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- a. To describe a health-related product or service (or payment for such product or service) that is provided by or included in a plan of benefits of the covered entity making the communication, including communications about the entities participating in a health care provider network or health plan network; replacement of, or enhancement to, a health plan; and health-related products or services available only to a health plan enrollee that add values to, but are not part of, a plan of benefits;
  - b. For treatment of that individual; or
  - c. For case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers or settings of care to the individual.
2. An arrangement between a covered entity and any other entity whereby the covered entity discloses Protected Health Information to the other entity in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

### Medical Record: -

The collection of documents, notes, forms, test results, etc. which collectively document the health care services provided to an individual in any aspect of health care delivery by a provider; individually identifiable data collected and used in documenting healthcare services rendered. The Medical Record includes records of care used by healthcare professionals while providing patient care services, for reviewing patient data, or documenting observations actions or instructions. The Medical Record is included as part of the Designated Record Set.

### Minimum Necessary –

The least amount of Protected Health Information needed to achieve the intended purpose of the use or disclosure. Covered Entities and Business Associates are required to limit the amount of Protected Health Information it uses, discloses or requests to the minimum necessary to do the job.

## N

### Notice of Privacy Practices –

A document required by HIPAA that provides the patient with information on how Sharp Ambulance Billing clients (the Covered Entities) generally uses a patient's Protected Health Information and what the patient's rights are under the Privacy Rule.



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### O

Office of Civil Rights –

The agency with the U.S. Department of Health and Human Services that has responsibility for enforcement of the HIPAA Privacy Rule. ( [www.usda.gov/cr/](http://www.usda.gov/cr/) )

Opt Out –

To make a choice to be excluded from services, procedures or practices. Patient rights under HIPAA include many situations where the patient may request to be excluded from a service, procedure or practice. In most cases, Sharp Ambulance Billing must comply or attempt to comply with the request to be excluded.

### P

Payment –

The activities undertaken by a health care provider or payer to obtain reimbursement for the provision of health care.

Personal Representative –

Is the term used in the Privacy Rule to indicate the person who has authority under law to act on behalf of a patient. *For purposes of the Privacy Rule Sharp Ambulance Billing must treat a personal representative as having the same rights as the patient unless there is a reasonable belief that the personal representative has subjected the patient to abuse or neglect, or treating the person as the personal representative could endanger the patient.*

Policy –

A high-level over-all plan embracing the general principles and aims of an organization.

Pre-emption / Pre-empts –

Taking priority over or supercedes.

Privacy Breach –

A violation of one's responsibility to follow privacy policy and procedure that results in the patients' PHI being accessed by unauthorized persons.

Privacy Officer –

The person designated by the organization who is responsible for development and implementation of the HIPAA policies and procedures. HIPAA requires that each covered entity appoint a Privacy Officer.



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### Privacy Rule –

Refers to the regulation issued by the Department of Health and Human Services entitled Standards for Privacy of Individually Identifiable Health Information that was published on December 28, 2000, and subsequently modified on August 14, 2002. The effective date for the Privacy Rule is April 14, 2003. In this Policy and Procedure Manual, “HIPAA” and “Privacy Rule” are used interchangeably.

### Protected Health Information (PHI) –

Information that is a subset of health information, including demographic information, and:

1. Is created or received by a health-care provider, health plan, employer or health-care clearinghouse; and
2. Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
  - a. That identifies the individual; or
  - b. There is a reasonable basis to believe the information can be used to identify the individual.

### Psychotherapy Notes –

Notes that are recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session. Psychotherapy notes must be kept separate from the rest of the patient’s Medical Record.

## Q

### Qualified Protective Order –

A legal command intended to protect a person or thing from an unfair or unjust action.

**Order** – a mandate, precept; a command or direction authoritatively given; a rule or regulation.

## R

### Re-Identification –

The process of converting de-identified health information back to individually identifiable health information. Re-identified health information does reveal the identity of the patient and must be treated as PHI under the HIPAA Privacy Rule.



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### Research –

A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge.

### Revoke –

To cancel or withdraw an authorization to release medical information.

### Role Based Access –

Access to PHI based on the duties of employees. Sharp Ambulance Billing will identify persons or classes of persons in its workforce who need access to PHI to carry out their duties and make a reasonable effort to limit access PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

## S

### Safeguarding –

To ensure safekeeping of Protected Health Information for the patient.

### Security Officer –

A position mandated by the HIPAA. The responsibilities of this person are to oversee implementation of the requirements mandated by the Final Security regulation and any security requirements included in the other sections of the HIPAA regulation.

### Subpoena (2 Kinds) –

A process to cause a witness to appear and give testimony, commanding him to lay aside all pretenses and excuses, and appear before a court or magistrate therein named at a time therein mentioned to testify for the party named under a penalty thereof.

**Duces Tecum** –A request for witnesses to appear and bring specified documents and other tangible items. The subpoena *duces tecum* requires the individual to appear in court with the requested documents, or simply turn over those documents to the court or to counsel requesting the documents.

**General Subpoena (AKA Ad Testificandum)** –A command to appear in court at a certain time and place to give testimony regarding a certain matter, for example, to testify that the record was kept in the normal course of business.

## T

### TPO –

(See Treatment, Payment and Operation.)



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### Treatment –

The provision, coordination or management of health care and related services by Sharp Ambulance Billing, including the coordination or management of health care by Sharp Ambulance Billing with a third party; consultation with other health care providers relating to a patient; or the referral of a patient for health care between Sharp Ambulance Billing and another health care provider.

### Treatment, Payment and Operations (TPO) –

The Privacy Rule allows sharing of information for purposes of treatment, payment and health care operations. Treatment includes use of patient information for providing continuing care. Payment includes sharing of information in order to bill for the care of the patient. Health care operations are certain administrative, financial, legal, and quality improvement activities that are necessary for Sharp Ambulance Billing or a Covered Entity to run its business and to support the core functions of treatment and payment.

## U

### Use –

To share, apply, use, examine or analyze health information within Sharp Ambulance Billing. (See also Disclosure).

## V

## W

### Whistleblower –

A person, usually a staff member, who reveals wrongdoing within an organization to the public, government agencies or to those in positions of authority.

### Workforce –

Employees, volunteers, trainees and other persons whose conduct, in the performance of work for the Sharp Ambulance Billing, is under the direct control of the Sharp Ambulance Billing, whether or not they are paid. Members of the workforce are not business associates.

