

**Purpose of this Notice:** The Caroline County Department of Fire, Rescue and Emergency Management, along with associated Volunteer Rescue Squads (hereafter referred to as "the County") are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect the privacy of healthcare information obtained when treating you and to provide you with a notice of privacy practices concerning the use of such information shortly following the time of service. Accordingly, this notice describes how and when our agency can use and disclose your healthcare information along with describing your legal rights pertaining to the use and disclosure of such information. This notice also provides contact information for questions and for obtaining further assistance if you need more help. If you were provided this notice by emergency personnel who responded to assist you, a signature form requesting your acknowledgement of receiving this notice should be included with this pamphlet. Please sign and return the acknowledgement form to an ambulance crew member indicating you received this information. Our agency is required to abide by the terms of this notice as long as it is in effect. We reserve the right to change the terms of this notice and apply such changes to all protected health information that we maintain. A copy of our current (or revised) privacy policy is available at our business office or on our website.

**General Use of Healthcare Information:** Protected Health Information, or PHI, is medical information obtained by emergency personnel during patient assessment and treatment or similar information provided to us by another agency for the same purpose. Such information includes verbal, written or electronically recorded data that can be individually identified by name, social security number or other means of personal identification. The County may use PHI for the following purposes without your written permission:

**1. Treatment** – PHI used for treatment purposes includes verbal, written and electronically recorded data that describes your medical condition and/or the treatment provided to you. This information may be communicated to other healthcare personnel for the purpose of continuing or transferring care and treatment (including doctors and nurses who give orders allowing us to treat you) and includes communication of PHI by radio, telephone and/or other electronic devices between healthcare personnel, ambulances, hospitals and 911 communication centers. A written report documenting your care and treatment, as well as other information we may obtain in the course of such care and treatment shall be provided to the hospital or other healthcare facility you were transported to.

**2. Payment** – PHI for payment purposes includes written and electronically recorded data used for securing financial reimbursement of our agency's charges. This may include organizing your PHI and submitting a claim for charges to your insurance company, another insurance company responsible for paying your claim, a workers compensation administrator or insurer, or an-

other third party identified by you as being responsible for payment of your charges either directly or by following the terms of a payment plan. Claims for charges may be submitted directly or through the use of a third party billing company and/or clearing house. Follow-up use of PHI for payment purposes may include management of billed claims for services rendered, medical necessity determinations and reviews, insurance company appeals, utilization review and collection of outstanding accounts. Designated agency personnel, including contractual personnel, may review and use PHI to verify your eligibility for certain services including eligibility for "hardship" classification, other special designations and for "subscription plan" services, if offered.

**3. Healthcare Operations** – PHI used for healthcare operations includes written and electronically recorded data needed for management purposes (including quality assessment and improvement, reviewing the competence or qualifications of emergency personnel, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, business planning and development, business management and general administrative activities), accreditation, licensing, training programs or other programs that support and/or improve services. Other uses include the preparation of records and/or use of PHI for filing required documentation, document requests and other administrative support activities. The County is required by the Virginia Department of Health to report certain data elements contained within your PHI for the purpose of assessing EMS system performance on an annual basis. Finally, the County may also prepare **de-identified** information (PHI with name, social security number and other means of personal identification removed) for other purposes including data collection, fundraising and certain marketing activities.

**Healthcare Information Provided to Individuals Involved With Your Care or Payment of Charges:**

We may disclose certain PHI to a family member, relative, friend or other person who you or emergency personnel identify as being involved in your care or payment of charges if: (1) emergency personnel obtain your verbal agreement prior to the disclosure of such information; (2) you were provided the opportunity to object to such a disclosure but did not; or (3) in the event you are incapable of objecting, disclosing such information would be in your best interests as determined by the professional judgment of emergency personnel. In each of these cases, information disclosed to an identified individual shall be relevant to involving such an individual in your care or payment of charges.

**Other Use of Healthcare Information:** By law, the County may disclose some of your healthcare information, including PHI, to responsible parties who request such information in certain circumstances. Such disclosures can be made without your written authorization and without your opportunity to verbally object. These circumstances may include the following:

**1. Mandated Requirements of Law** – Disclosures of PHI to government agencies and/or officials as required by law. Such disclosures comply with and are limited to the relevant requirements of such laws.

**2. Public Health Activities** – Disclosures of PHI to federal, state or local government public health officials in certain situations including to prevent and/or control disease, injury or disability; to report vital events such as birth or death; to assist with public health surveillance, investigations or interventions; to report adverse events, product defects, biological product deviations or other similar problems and to report, investigate or track communicable diseases. Disclosure to an employer of employee PHI as related to workplace activities to the extent required by law.

**3. Victims of Abuse, Neglect or Domestic Violence** – Disclosures of PHI to state and/or local government social service agencies, law enforcement agencies (LEAs) or other responsible government officials to report suspected cases of abuse, neglect or domestic violence, to the extent required by law.

**4. Health Oversight Activities** – Disclosures of PHI to federal and state government health oversight agencies for oversight activities including audits; civil, administrative or criminal proceedings or actions and other related functions to the extent required by law.

**5. Judicial and Administrative Proceedings** – Disclosures of PHI for judicial and administrative proceedings in response to the order of a court, administrative tribunal or, in some cases, a subpoena, discovery request or other lawful process that is not accompanied by an order from a court or administrative tribunal.

**6. Law Enforcement Purposes** – Disclosures of PHI to law enforcement agencies (LEAs) for the following reasons:

**A. Pursuant to process and as otherwise covered by law.** PHI provided to LEAs for: reporting certain wounds or injuries; responding to a warrant, subpoena or summons issued by a court or other judicial officer; a grand jury subpoena or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law.

**B. Limited information for identification and location purposes.** PHI provided to LEAs for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, as long as the information transferred only includes the following: name and address; date and place of birth; social security number; ABO blood type and rh factor; type of injury; date and time of treatment; date and time of death, if applicable; and a description of distinguishing physical characteristics, including height, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

**C. Victims of crime.** PHI provided to LEAs about an individual who is or is suspected to be a victim of a crime provided that: the individual agrees to the disclo-

sure or emergency personnel are unable to obtain the individual's agreement because of incapacity or other emergency circumstance, as long as (1) the LEA represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim and (2) the LEA represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure and (3) the disclosure is in the best interests of the individual as determined by emergency personnel, in the exercise of professional judgment.

**D. Decedents.** PHI provided to LEAs for the purpose of reporting a death if emergency personnel suspect that the death may have resulted from criminal conduct.

**E. Crime on premises.** PHI provided to LEAs that in good faith constitutes evidence of criminal conduct occurring on the premises of County property.

**F. Reporting crime in emergencies.** PHI provided to LEAs at emergency incident scenes that appears necessary to alert LEAs to: the commission and nature of a crime; the location of such a crime or the victim(s) of such a crime and the identity, description, and location of the perpetrator of such crime.

**7. Decedents** – Disclosures of PHI to coroners, medical examiners and funeral directors for the purpose of identifying a deceased person, determining a cause of death or completing other duties as authorized by law when assisting such officials.

**8. Tissue Donation** – Disclosures of PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue to facilitate organ, eye or tissue donation and transplantation.

**9. Research Purposes** – Disclosures of PHI for healthcare research purposes, provided that all requirements of federal and state laws governing the use of PHI for such research are met.

**10. Averting a Serious Threat to Health or Safety** – Disclosures of PHI to federal, state or local officials when, consistent with applicable law and standards of ethical conduct, emergency personnel acting in good faith believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual: (1) because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or (2) where it appears from all circumstances that the individual has escaped from a correctional institution or from the lawful custody of a LEA.

---

## Important Information

### Caroline County Department of Fire, Rescue and Emergency Management

HIPAA Privacy Officer  
233 West Broadus Ave  
Bowling Green, VA. 22427  
(804) 633-9831

Please contact the individual listed above for more information concerning our privacy practices or questions about this notice.

#### For More Information about our Agency:

<http://www.co.caroline.va.us/firerescue.html>

#### Department of Health and Human Services – Office for Civil Rights

150 S. Independence Mall West, Ste. 372  
Philadelphia, PA 19106-3499  
(800) 368-1019 (any language)  
(800) 537-7697 (TDD)

#### For More Information about HIPAA:

<http://www.hhs.gov/ocr/hipaa/>

#### To View HIPAA Regulations Current as of October 1, 2006:

[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/45cfr164\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr164_06.html)

#### To File a HIPAA Complaint with the Office of Civil Rights:

<http://www.hhs.gov/ocr/privacyhowtofile.htm>

---

**11. Specialized Government Functions** – Disclosures of PHI for specialized government functions including the following:

A. **Armed forces personnel.** PHI provided to military command authorities for armed forces personnel serving with the United States and foreign nations for activities deemed necessary to assure the proper execution of the military mission provided that the purpose of such disclosure was previously communicated to armed forces personnel by way of notice in the Federal Register.

B. **Intelligence gathering.** PHI provided to federal officials for conducting lawful intelligence, counter-intelligence, and other national security activities as authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).

C. **Protecting government officials.** PHI provided to federal or other government officials for protecting the President of the United States and other officials as authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for conducting investigations authorized by 18 U.S.C. 871 and 879.

D. **Correctional institutions and other law enforcement custodial situations.** PHI provided to correctional institutions or LEAs having lawful custody of an inmate or other individual if such agencies represent that the requested PHI is necessary for: (1) the provision of health care to such an individual; (2) the health and safety of such individual or other inmates; (3) the health and safety of the officers, employees or others at the correctional institution; (4) the health and safety of correctional institution officers, employees or others, LEA officers or other persons responsible for transporting or transferring inmates from one institution, facility, or setting to another; (5) law enforcement on the premises of the correctional institution; and (6) the administration and maintenance of the safety, security, and good order of the correctional institution.

**12. Workers Compensation** – Disclosure of PHI to workplace or other officials as authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Other Uses or Disclosures of PHI:** Prior to using or disclosing your PHI for any purpose other than described in this notice, our agency must first obtain your written authorization permitting us to do so. You also may revoke such authorization by providing written notice to our HIPAA Privacy Officer listed on the back of this pamphlet.

**Abbreviated Notice:** The information provided in this notice is abbreviated and does not describe all contents of the Code of Federal Regulations (45 CFR, Subpart E, "Privacy of Individually Identified Health Information" Section 164.500-534) for use and disclosure of protect-

ed health information. Readers of this notice desiring more information concerning the HIPAA Privacy Standard are encouraged to visit the websites listed on the back of this pamphlet.

**Patient Rights Described by HIPAA:** You are entitled to certain rights regarding the use, disclosure and content of your PHI. Specific requests concerning your rights must be made in writing to our HIPAA Privacy Officer listed on the back of this pamphlet. Your HIPAA rights include:

**1. A right to request restrictions on certain uses and disclosures of your PHI** – You may request to restrict certain uses or disclosures of your PHI. Your request will be considered and you will be notified if the request will be honored. By law, we are not required to agree to any restrictions that limit our ability to provide treatment, secure payment or conduct business operations.

**2. A right to receive confidential communications of your PHI** – You may request to receive PHI or other communications from us by alternative means or at alternative locations. Your request will be considered and, if reasonable, you will be notified that it will be honored.

**3. A right to inspect and copy your PHI** – You may request to obtain copies of your patient care report (PCR) or other records maintained by us that refer to your PHI. Requests remain confidential and become part of your record. In certain circumstances we can deny your request. If we deny your request, you will be notified of the reason for the denial.

**4. A right to amend your PHI** – You may request to amend your PHI if you believe it to be inaccurate or incomplete. Your request will be considered and, if verified, you will be notified that your PHI has been amended.

**5. A right to receive an accounting of disclosures of your PHI** – You may request an accounting of disclosures of your PHI for purposes other than treatment, payment, healthcare operations or reasons previously authorized by you. In certain circumstances we can deny your request but generally you will be notified of all such disclosures.

**6. A right to obtain a paper copy of this notice** – You may request a paper copy of this notice, even if you agreed to receive this notice electronically, by visiting our business offices or requesting the notice in writing.

**Complaints:** In the event you believe that your PHI was used or disclosed improperly by the County or that your rights as described by HIPAA and this notice were violated, you may file a written complaint with our agency's HIPAA Privacy Officer or with the Secretary of Health and Human Services. Contact information for each may be found on the back of this pamphlet. In the event you make a complaint, our agency is prohibited by federal law from retaliating against you by any means available to us.

---

# County of Caroline

## Fire, Rescue and Emergency Management



### Notice of Privacy Practices As required by

The Code of Federal Regulations  
(45 CFR Section 164.520)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Notice Version 1.0**

**Effective Date: 07/01/2007**

---