

SFD Dispatch Policy and Guideline Manual

Section Title: HIPAA
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Effective: August 6, 2008

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Under HIPAA regulations the access, disclosure and use of Protected Health Information (PHI) will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions. When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

INCIDENTAL DISCLOSURES

There will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common healthcare practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio communication or face-to-face conversation between healthcare providers. This can also occur when patient care information is in writing or computer form and is left out in the open for others to access or see. All personnel must be sensitive to avoiding incidental disclosures to other health care providers and other subjects who do not have a need to know basis for the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information to help avoid incidental disclosures.

COMPUTER USAGE

All employees shall abide by the department's policy on computer usage to prevent patient information from being leaked over the internet.

SPRINGDALE POLICE DEPARTMENT
EMERGENCY DISPATCH CENTER

**Policy on Confidentiality and Dissemination of Patient Information and
Staff Member Verification**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. The Springdale Police and Fire Departments prohibit the release of any patient information to anyone outside the organizations unless required for purposes of treatment, payment, or health care operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that the Springdale Police Department dispatch center and the Springdale Fire Department provide services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of our patients. I understand that it is necessary, in the rendering of our services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the Springdale Police and Fire Department during my entire employment or association with these departments. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Springdale Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with both departments. Upon termination of my employment or association for any reason, or any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by both departments. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension or termination of employment or of any membership or association with both departments. This is not a contract of employment and does not alter the nature of the existing relationship between the City of Springdale and me.

A signed copy of this policy will be placed in my personnel file.

Signature: _____

Date: _____

Printed Name: _____