



Carroll County Department of Fire & EMS

EMS Policies and Procedures

Standard Operating Procedure: 3.36	Effective Date: June 1, 2023
Subject: Minimum Necessary Requirements and Role-Based Access to Protected Health Information	Section Emergency Medical Services
Authorized: Michael Stoner, Assistant Chief	Revision Date: N/A

I. PURPOSE

The purpose of this policy is to ensure that all personnel (uniform and non-uniform) of Carroll County Department of Fire & EMS (DFEMS), as well as operational volunteer members, observers, students, and contractors adhere compliance with the Minimum Necessary requirements of HIPAA to limit unnecessary or inappropriate access, use, and disclosure of Protected Health Information (PHI).

II. DEFINITIONS

Minimum Necessary – Requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of PHI (Source HHS.gov; January 2021).

Incidental Disclosure – A secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs because of another use or disclosure that is permitted by the privacy rule.

III. PROCEDURES

- A. DFEMS is committed to the security, access, disclosure, and appropriate use of PHI. When accessing, using, or disclosing PHI or when requesting PHI from another source and/or covered entity or business associate, all personnel shall make reasonable effort to limit PHI to the Minimum Necessary to accomplish the intended purpose of the use, disclosure, or request.
- B. Exceptions: The requirements of the Minimum Necessary standard do not apply to:
 1. Disclosures to or requests by a healthcare provider for treatment purposes.
 2. Uses and disclosures made to the patient or their authorized personal representative.

3. Uses or disclosures made pursuant to a valid and HIPAA-compliant authorization.
4. Disclosures made to the Secretary of the U.S. Department of Health and Human Services for enforcement or during an investigation of compliance with the Privacy Rule.
5. Uses or disclosures required by law; and,
6. Uses or disclosures required for compliance with HIPAA.

C. Access to PHI shall be limited to those who need access to carry out their duties. The following table describes the specific categories or types of PHI to which identified persons need access, and any conditions that would apply to such access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMS Clinician	Intake information from dispatch, patient care reports, QA, and QI reports.	May access only as a part of completion of a patient event and post-event activities and only while on duty.
QA/QI Officer	Intake information from dispatch, patient care reports, QA, and QI reports.	May access only as a part of duties to conduct quality assurance checks and recommend corrective actions.
Billing Specialist/Compliance Officer	Intake information from dispatch, patient care reports, billing claim information, remittance advice, other patient information from facilities necessary for billing and oversight.	May access only as part of duties to complete patient billing and follow up, audit, and monitor compliance with the law.
Custodian of Record	Patient Care Report.	May access only as part of duties to fulfill record request obligations during normal business hours
Medical Duty Officer	Intake information from dispatch, patient care reports, QA, and QI reports.	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff.
Dispatcher	Intake information, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty.

EMS Chief/Officer	Intake information from dispatch, patient care reports, QA, and QI reports, billing claim forms, remittance advice, other patient information necessary for oversight.	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel and compliance with the law.
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D. DFEMS may freely disclose PHI to patients who are the subject of the information and freely use and disclose PHI to the extent authorized by the patient.

E. If DFEMS needs to request PHI from another party on a routine or recurring basis, requests shall be limited to only the minimum amount of information needed for the intended purpose, as described in the table below.

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

F. DFEMS shall make reasonable efforts to release only the minimum amount of PHI that is necessary to accomplish the actual purpose of a legitimate request from a third party.

G. DFEMS understands that there will be times when there are incidental disclosures of PHI in the context of caring for a patient. HIPAA was not intended to impede common healthcare practices that are essential in providing healthcare to the individual. Incidental disclosures are inevitable, and these will typically occur in radio or face-to-face conversations between healthcare providers, or when PHI is

able to be viewed by others, despite reasonable efforts to protect the PHI from view.

All personnel shall make efforts to avoid incidental disclosures to other healthcare providers and others who do not have a need to know the information. DFEMS personnel shall be attentive to who is within earshot when making verbal statements about a patient's health information and follow some of these common-sense procedures for avoiding accidental or inadvertent disclosures:

1. Measures to Protect Verbal PHI

- a. Personnel shall only discuss PHI with those who are involved in the care of the patient, regardless of physical location. When discussing PHI with patients, personnel shall make sure that there are no other persons (including other DFEMS staff members) without a need to know, in the area that could overhear the discussion. If others are present, the disclosure shall be minimized by moving to a more secure area, such as behind closed door, before engaging in discussion.

2. Measures to Protect Hard Copy PHI

- a. All paper patient care reports shall be stored in safe and secure areas when not in use. No paper records concerning a patient shall be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties shall have access to any paper records. Additionally, billing records, including all notes, remittance advices, charge slips, or claim forms shall not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

3. Measures to Protect Electronic PHI

- a. Computed access terminals and other mobile devices shall be kept secure. Personnel shall be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons.

IV. RECISION

This Standard Operating Procedure rescinds all directives regarding Minimum Necessary Requirements and Role-Based Access to Protected Health Information or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.