Delaware Fire Department
Standard Operating Procedure

Subject	Effective Date	Rescinds
HIPAA Compliance Policy	January 23, 2026	N/A

Reference Number	Approved By	Pages
1.1.48.1	Chief Tim Pyle	32

Purpose:

To establish a guideline for the HIPAA Privacy Rules, and describe how patients' medical information may be used, or disclosed.

Health Insurance Portability and Accountability Act of 1996:

HIPAA, or more commonly known as the Privacy Rule, provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The Privacy Rule protects all *"individually identifiable health information"* held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information Protected Health Information (PHI).

Individually identifiable health information is material, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Guideline:

All employees shall read and follow the Delaware Fire Department Notice of Privacy Practices.

Privacy Officer:

The Delaware Fire Department shall appoint a Privacy Officer to oversee policies and procedures on patient privacy and to monitor compliance. Normally, the Privacy Officer will be the departments EMS Coordinator.

Documents Included in Compliance Package:

- Privacy Practices
    - Notice of Privacy Practices
    - Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices
    - List of Designated Privacy Officials
- Patient Protected Health Information Forms
    - Authorization to Use and Disclose Specific Protected Health Information
    - Patient Accounting Form
    - Patient Request for Access Form
    - Denial of Request of Access to Protected Health Information
    - Request for Amendment of Protected Health Information
    - Acceptance of Request for Amendment of Protected Health Information
    - Denial of Request for Amendment to Protected Health Information
    - Patient Request for Restriction Form
    - Log for Disclosures of Protected Health Information
- Policies/Procedures
    - Policy on Confidentiality and Dissemination of Patient Information
    - Privacy Training
    - Designated Record Set Policy
    - Security, Levels of Access and Limiting Disclosure and Use of Protected Health Information Policy
    - Use of Computer and Information Systems and Equipment Policy
    - Patient Access, Amendment and Restriction on Use of Protected Health Information Policy
    - Procedure for Request for Amendment to Protected Health Information Policy
    - Medical Records of Employees Policy
    - Procedure for Filing Complaints About Privacy Practices
    - Log for Processing Complaints About Privacy Practices

- Beneficial and Sample Documents
    - Privacy Officer Job Description
    - Job Description Language for Compliance with Privacy Practices
    - Confidentiality Agreement for Vendors Who Are Not Business Associates
    - Sample Business Associate Contract Language – Billing Department

Notice of Privacy Practices

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect your health care information, to provide you with the Notice of Privacy Practices, and to abide by the terms of the version of this Notice currently in effect.

The Delaware Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, lets you know how the Delaware Fire Department is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Uses and Disclosures of PHI: The Delaware Fire Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI are:

- For treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.
- For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing department), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Use and Disclosure of PHI Without Your Authorization. The Delaware Fire Department is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For the Delaware Fire Department's use in treating you or in obtaining payment for services provided to you or in other health care operations;

- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance department);
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

- *The right to access, copy or inspect your PHI*. This means you may request a copy of the medical information about you that we maintain. We will normally process this within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you request a copy your medical information, you should contact the Fire Department Administration at 740-203-1300 or fire@cityofdelaware.gov.
- *The right to amend your PHI.* You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.
- *The right to request an accounting of our use and disclosure of your PHI.* You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like a billing Department or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of Protected Health Information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.
- *The right to request that we restrict the uses and disclosures of your PHI.* You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. The Delaware Fire

Department is not required to agree to any restrictions you request, but any restrictions agreed to by the Delaware Fire Department are binding on the Delaware Fire Department.

- *Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.* If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.
- *Revisions to the Notice:* The Delaware Fire Department reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all Protected Health Information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.
- *Your Legal Rights and Complaints*: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

Release of Patient Health Information: to ensure the secure release of a patient care report, information shall be released in one of the following means.

- Sent through the United States Postal Service, or
- Through an encrypted email, or
- Through a download system accessed through a secured means, or
- Physically picking the report up with proper identification of the authorized person.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact: Captain of EMS at 740-203-1300 or fire@cityofdelaware.gov.

Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices

NOTE: You need only to have the patient sign the *Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices* attached to the Patient Care Report within the reporting software.

BILLING AUTHORIZATION, RESPONSIBILITY FOR PAYMENT AND RECEIPT OF NOTICE OF PRIVACY RIGHTS

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Delaware Fire Department (the "EMS Provider") for any services provided to me by the EMS Provider now or in the future. I understand that I am financially responsible for the services provided to me by the EMS Provider regardless of my insurance coverage and in some cases may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the EMS Provider any payments that I receive directly from insurance or any source whatsoever for the services provided to me, and I assign all rights to such payments to the EMS Provider. I authorize the EMS Provider to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to the EMS Provider and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by the EMS Provider, now or in the future. A copy of this form is as valid as an original. By signing below, I acknowledge that I have been offered the EMS Provider's Notice of Privacy Practices.

Signature:_____Date:_____

List of Designated Privacy Officials

The following is a list of individuals who are responsible for various aspects of Federal Privacy Rule. When in doubt, you should contact the designated Privacy Officer, who oversees the Department's privacy compliance issues:

PRIVACY OFFICER

Name	Dave Coleman
Title	Captain
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

TO FILE AN INTERNAL OR EXTENAL COMPLAINT ABOUT PRIVACY RELATED ISSUES, CONTACT:

Name	Dave Coleman
Title	Captain
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

FOR QUESTIONS ABOUT DENIAL OF ACCESS TO PROTECTED HEALTH INFORMATION, CONTACT:

Name	Tim Pyle
Title	Fire Chief
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

FOR QUESTIONS ABOUT RECEIVING AND PROCESSING REQUESTS FOR ACCESS OR AMENDMENT TO PROTECTED HEALTH INFORMATION, CONTACT:

Name	Jennifer Klemanski
Title	Administrative Assistant
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

AMENDMENT TO PROTECTED HEALTH INFORMATION, CONTACT:

Name	Dave Coleman
Title	Captain
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

ALTERNATE TO THE PRIMARY PRIVACY OFFICER

Name	Tim Pyle
Title	Fire Chief
Address	99 S. Liberty St, Delaware, Ohio 43015
Phone Number	740-203-1300

Patient Accounting Form

Patient Name: _____

Address: _____

City: _____ State: _____Zip Code: _____

SSN:_____

Patient Rights: As a patient, you have the right to access, copy or inspect your Protected Health Information (PHI), amend your PHI, request an accounting of certain uses and disclosures of PHI for the last six (6) years, prior to the request, from the Delaware Fire Department.

Beginning November 1, 2020, this will be tracked as follows:

- The documentation of all patient care reports released will be conducted as an addendum of the specific incident report.
- The access to patient care reports is conducted within the Image Trend incident report History.

NOTE: The Delaware Fire Department is not required to provide you with an accounting of uses and disclosures associated with your treatment and transport, or for billing, payment or health care operations.

Signature: _____
Date: _____

Request for Access to Protected Health Information

Patient Name: _____ Date: _____

Address:_____

City: _____State:_____ Zip Code: _____

SSN:_____

Last Date of Service:_____

Patient Rights: As a patient, you have the right to access, copy or inspect your Protected Health Information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

Request for Access to Protected Health Information shall be accompanied with documentation proving release of PHI is to the authorized patient. This would include driver's license, legal identification card, passport, birth certificate, power of attorney, death certificate with marriage certificate (for deceased spouse) and this form completed and notarized. The parent, legal guardian or authorized representative may revoke this authorization at any time by submitting a written request to the department. This authorization will expire automatically 60 days after the date is signed.

Delaware Fire Department will accept a law office's medical records release of information in lieu of this form if it is signed by the patient.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

____ Access to obtain copies of my health information.
____ Access to review and potentially request amendment of my health information.
____ Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.
____ Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature_____Request Date _____

□ Patient
□ Authorized representative
□ Parent
□ Surviving spouse
□ Legal guardian
□ Administrator/Executor of Estate*
□ Other (specify) _____

NOTE TO THE RECIPIENT OF THE ATTACHED RECORDS
PROHIBITION OF REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by law. Laws prohibits you from making any further disclosure of such information without the consent of the person to whom such information pertains, or as otherwise permitted by law, with regard to HIV/AIDS records, a specific, written consent is required. A general authorization for the release of medical or other information is NOT enough for this purpose.

Denial of Request for Access to Protected Health Information

We have carefully reviewed your request to have access to certain protected health information (PHI) that the Delaware Fire Department has in its possession about you. Unfortunately, we are unable to grant your request for access to this information.

The basis for this denial is that:

1. _____ The information you requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
2. _____ The information you requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

The denials for reasons #1 or #2 are final and you may not appeal the decision to deny access to the information.

3. _____ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
4. _____ The protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
5. _____ The request for access is made by you as a personal representative of the individual about whom you are requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

Denials of access for reasons #3, #4, or #5 may be reviewed in accordance with the review procedures described below.

Review Procedures

If the denial of your request for access to PHI is for reasons #3, 4 or 5, you may request a review of the denial of access by sending a written request to: Tim Pyle, Fire Chief, 99 S. Liberty St., Delaware, OH 43015.

We will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. We will promptly refer your request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. We will provide you with written notice of the determination of the designated review official.

You may also file a complaint in accordance with our enclosed complaint procedures (available upon request) if you are not satisfied with our determination.

Request for Amendment of Protected Health Information

Patient:_____

Address:_____
City: _____State:_____ Zip Code: _____

Information to Amend:
Please check the field that represents the type of information you would like to amend. Attach a separate sheet if necessary.

_____	Name	_____
_____	Billing Address	_____
_____	Mailing Address	_____
_____	Current Medical Condition	_____
_____	Past Medical History	_____
_____	Current Medications	_____
_____	Allergies	_____
_____	Other _____	_____

Please specifically describe why you are requesting the information change

_____

_____

_____

_____

_____

The Delaware Fire Department, in its capacity as a health care provider, is entitled to perform and bill for services based on all Protected Health Information in its current form or upon which it has already relied until such time as the amended information becomes effective. The Delaware Fire Department is not required to accept your request for amendment and will notify you in writing as to the decision on your request.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to the Delaware Fire Department based on existing protected information until such time that the amendments you have made are effective.

Patient Signature:_____Date: _____

Acceptance of Request for Amendment of Protected Health Information

Dear_____
INSERT NAME OF REQUESTOR

We have reviewed your request for amendment to the Protected Health Information (PHI) of _____. Please be advised that we have made the appropriate amendment to
INSERT NAME OF PATIENT

the PHI or record that was the subject of your request.

We are now requesting that you grant us permission to allow us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the statement below giving us permission to provide them with the updated PHI.

If you have any questions, please contact:

Captain Dave Coleman
Delaware Fire Department
99 S. Liberty St.
Delaware, Ohio 43015
740-203-1300

Sincerely,

Dave Coleman, Captain

By my signature below, I hereby agree to allow the Delaware Fire Department to provide amended PHI that it may have about me to the following persons, and to others who the Delaware Fire Department has identified have a need for such information, provided such information is furnished in accordance with federal law.

Contact information for persons I know need the amended PHI about me:

_____

_____

_____ _____
Date Signature

Denial of Request for Amendment to Protected Health Information

Dear _____
INSERT NAME OF REQUESTOR

We have reviewed your request for amendment to the Protected Health Information (PHI) of_____ Please be advised that we must deny your request to amend this
INSERT NAME OF PATIENT

information at this time.

The basis for this denial is:_____-

_____

_____

_____

_____

Note: We must give a plain language reason for the denial. We may deny the request for amendment if:

1) We did not create the PHI at issue,
2) The information is not part of a designated record set, or
3) The information is accurate and complete

You have the right to submit a written statement to us if you disagree with our denial of your request. You may file your statement directly to our privacy officer, Captain Dave Coleman, 99 S. Liberty St., Delaware, OH 43015.

If you do not submit a statement disagreeing with our decision to deny your amendment request, you may request that we provide your initial request for amendment, and a copy of our denial of your request with any future disclosures of the Protected Health Information (PHI) that was the subject of your request for denial.

You also have the right to file a complaint with us or with the federal government if you disagree with our decision to deny your request to amend your PHI. We have enclosed a copy of our Complaint Procedure, which outlines the steps you need to take to file either a complaint with us, or a complaint with the federal government.

Sincerely,

Dave Coleman, Captain

Patient Request for Restriction Form

Patient:_____Date: _____

Address:_____

City:_____State:_____Zip Code: _____

SSN:_____

Patient Rights: As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. The Delaware Fire Department is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by the Delaware Fire Department are binding on the Delaware Fire Department.

Please indicate your request for restricted uses and disclosures of your PHI.

_____

_____

_____

_____

_____

Signature:_____Date_____

FOR FIRE DEPARTMENT USE ONLY

DATE REC'D _____ REQUEST ACCEPTED _____
REQUEST DENIED _____

DATE_____REVIEWING OFFICIAL _____
NOTICE TO PT

_____

COMMENTS:

_____

_____

Accounting Log for Disclosures of Protected Health Information (PHI)

Beginning November 1, 2020, this will be tracked as follows:

- The documentation of all patient care reports released will be conducted as an addendum of the specific incident report.
- The access to patient care reports are conducted within the Image Trend incident report History.

Policy on Confidentiality and Dissemination of Patient Information

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 Delaware Fire Department prohibits the release of any patient information to anyone outside the organization 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 Delaware Fire Department provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of the Delaware Fire Department's patients. I understand that it is necessary, in the rendering of the Delaware Fire Department 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 shall comply with all confidentiality policies and procedures set in place by the Delaware Fire Department during my entire employment or association with the Delaware Fire Department. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Delaware Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in disciplinary action as defined in the Delaware Fire Department employee manual and/or labor contract. Upon termination of my employment or association for any reason, or at 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 the Delaware Fire Department. I agree to abide by all privacy 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 the Delaware Fire Department. This is not a contract of employment and does not alter the nature of the existing relationship between the Delaware Fire Department and me.

Signature: _____ Date: _____

Printed Name: _____

HIPPA/PHI - TRAINING

Purpose

To ensure that all members of the Delaware Fire Department; including all employees, volunteers, students and trainees (collectively referred to as "staff members") who have access to patient information understand the organization's concern for the respect of patient privacy and are trained in the Department's policies and procedures regarding Protected Health Information (PHI).

Policy

1. All current staff will be required to undergo privacy training in accordance with the HIPAA Privacy Rule prior to the implementation date of the HIPAA Privacy Rule.
2. All new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time upon association with the organization, as scheduled by the Privacy Officer.
3. All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a material change to the Department's policies and procedures on privacy practices.

Procedure

1. The Privacy Officer or his or her designee will conduct the Privacy Training.
2. All attendees will have access to Department's policies and procedures regarding privacy.
3. All attendees shall attend the annual HIPAA/PHI training program. The training program is to provide an understanding of the Department policies and procedures on privacy practices.
4. The privacy officer will conduct the Training in the following manner: A presentation designed to comply with the Department's policies and procedures regarding privacy will identify key components of the program.
5. Topics of the training will include a complete review of the Department's Policy on Privacy Practices and will include other information concerning the HIPAA Privacy Rule, such as, but not limited to the following topic areas:

    a. Overview of the federal and state laws concerning patient privacy including the Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
    b. Description of Protected Health Information (PHI)
    c. Patient rights under the HIPAA Privacy Rule
    d. Staff member responsibilities under the Privacy Rule
    e. Role of the Privacy Officer and reporting employee and patient concerns regarding privacy issues
    f. Importance of and benefits of privacy compliance
    g. Consequences of failure to follow established privacy policies
    h. Use of the Department's specific privacy forms

Designated Record Sets

Purpose

To ensure that the Delaware Fire Department releases Protected Health Information (PHI) in accordance with the Privacy Rule, this policy establishes a definition of what information should be accessible to patients as part of the Designated Records Sets (DRS), and outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

Under the Privacy Rule, the DRS includes medical records that are created or used by the Department to make decisions about the patient.

Policy

The DRS should only include HIPAA covered PHI and should not include information used for the operational purposes of the organization, such as quality assurance data, accident reports, and incident reports. The type of information that should be included in the DRS is medical records and billing records.

Procedure

The Designated Record Set

1. The DRS for any requests for access to PHI includes the following records:

    a. The Patient Care Report or PCR created by EMS field personnel (this includes any photographs, monitor strips, Physician Certification Statements, Refusal of Care forms, or other source data that is incorporated and/or attached to the PCR.
    b. The electronic claims records or other paper records of submission of actual claims to Medicare or other insurance companies.
    c. Any patient-specific claim information, including responses from insurance payers, such as remittance advice statements, Explanation of Medicare Benefits (EOMBs), charge screens, patient account statements, and signature authorization and agreement to pay documents.
    d. Medicare Advance Beneficiary Notices, Notices from insurance companies indicating coverage determinations, documentation submitted by the patient, and copies of the patient's insurance card or policy coverage summary, that relate directly to the care of the patient.
    e. Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.

2. The DRS also include copies of records created by other service providers and other health care providers such as first responder units, assisting ambulance services, air medical services, nursing homes, hospitals, police departments, coroner's office, etc., that are used by the Department as part of treatment and payment purposes related to the patient.

Security, Levels of Access and Limiting Disclosure and Use of PHI

Purpose

To outline levels of access to Protected Health Information (PHI) of various staff members of the Delaware Fire Department and to provide a policy and procedure on limiting access, disclosure, and use of PHI. Security of PHI is everyone's responsibility.

Policy

The Delaware Fire Department retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization and should be only to the extent that the person needs access to PHI to complete necessary job functions.

Procedure

Role Based Access

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

Job Title	Description of PHI to be Accessed	Conditions of Access to PHI
EMT/Basic Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Captain/ Lieutenant	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Training Coordinator	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
EMS Coordinator/ Admin. Asst./ Chief Officer	Process requests for patient care reports and conduct quality assurance	May access only to the extent necessary to monitor compliance, to accomplish appropriate supervision and management of personnel and to process report requests

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

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

Disclosures to and Authorizations from the Patient

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

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

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

Department Requests for PHI

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

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

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

Incidental Disclosures

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

Patient Access, Amendment and Restriction of Use of Protected Health Information

Purpose:
Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on the use of their Protected Health Information, or PHI, and restrictions on its use that is maintained in Designated Record Sets (DRS). (See policy on Designated Record Sets).

To ensure that the Delaware Fire Department only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

This policy also establishes the procedure by which patients or appropriate requestors may access PHI, request amendment to PHI, and request a restriction on the use of PHI.

Policy
Only information contained in the DRS outlined in this policy is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of the Delaware Fire Department.

Procedure
Any change to the DRS shall be indicated in the Patient Care Report

Patient Access:

1. Upon presentation to the Department, the patient or appropriate representative will complete a Request for Access Form.
2. The Department employee must verify the patient's identity, and if the requestor is not the patient, the name of the individual and reason that this individual is making the request. The use of a driver's license or other form of government-issued photo identification is acceptable for this purpose.
3. The completed form will be presented to the Privacy Officer for action.
4. The Privacy Officer will act upon the request within 30 days. Generally, the Department must respond to requests for access to PHI within 30 days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to 60 days.
5. If the Department is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why the Department could not respond within the time frame and in that case the Department may extend the response time by an additional 30 days.
6. Upon approval of access, patient will have the right to access the PHI contained in the DRS outlined below and may make a copy of the PHI contained in the DRS upon verbal or written request.
7. The Department will establish a reasonable charge for copying PHI for the patient or appropriate representative.
8. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to the Department for review.
9. The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
    a. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;

b. If the information the patient requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

10. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
    a. If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
    b. If the Protected Health Information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
    c. If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by us is reasonably likely to cause harm to the individual or another person.
    d. If the denial of the request for access to PHI is for reasons a, b, or c, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.
    e. The Department will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. The Department will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. The Department will provide the patient with written notice of the determination of the designated reviewing official.
    f. The patient may also file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with the Department's determination.
11. Patient or requestor shall not have access to the actual files or computers that contain the DRS. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated department staff member. UNDER NO CIRCUMSTANCES SHALL ORIGINALS OF PHI LEAVE THE PREMISES.
12. If the patient or requestor would like to retain copies of the DRS provided, then the Department may charge a reasonable fee for the costs of reproduction.
13. Whenever a patient or requestor accesses a DRS, a note should be maintained in a log book indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.
14. Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

Requests for Amendment to PHI

1. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The "Request for Amendment of PHI" Form must be accompanied with any request for amendment.
2. The Department must act upon a Request for Amendment within 60 days of the request. If the Department is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by an additional 30 days.

Granting Requests for Amendment

1. All requests for amendment must be forwarded immediately to the Privacy Officer for review.

2. If the Privacy Officer grants the request for amendment, then the requestor will receive a letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
3. There must be written permission provided by the patient so that that the Department may notify the persons with which the amendments need to be shared. The Department must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.
4. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving the Department permission to provide them with the updated PHI.
5. The Department will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement by the patient and any rebuttal statement by the Department to the DRS.

Denial of Requests for Amendment

1. The Department may deny a request to amend PHI for the following reasons:
    a. If the Department did not create the PHI at issue;
    b. if the information is not part of the DRS; or
    c. the information is accurate and complete.
2. The Department must provide a written denial, and the denial must be written in plain language and state the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.
3. If the individual submits a statement of disagreement, then provider may prepare a written rebuttal statement to the patient's statement of disagreement. The statement of disagreement will be appended to the PHI, or at the Department's option, a summary of the disagreement will be appended, along with the rebuttal statement of the Department.
4. If the Department receives a notice from another covered entity, such as a hospital, that it has amended its own PHI in relation to a particular patient, the ambulance service must amend its own PHI that may be affected by the amendments.

Requests for Restriction

1. The patient may request a restriction on the use and disclosure of their PHI.
2. The Department is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.
3. ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED DEPARTMENT FORM. ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE PRIVACY OFFICER.
4. If the Department agrees to a restriction, the Department may not use or disclose PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, the Department may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.
5. The agreement to restrict PHI will be documented to ensure that the restriction is followed.
6. A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. The Department may also terminate a current restriction as long as the Department notifies the patient that PHI, created or received after

the restriction is removed, is no longer restricted. PHI that was restricted prior to the Department voiding the restriction must continue to be treated as restricted PHI.

The Privacy Officer shall report to the Fire Chief any amendment or restriction on the use of Protected Health Information.

Procedure for Request for Amendment to Protected Health Information

Purpose

To provide consistent guidelines for the Delaware Fire Department staff so that they may assist a patient in amending the Protected Health Information (PHI) of their patient care record in accordance with their rights under the federal Privacy Regulations.

Policy

An individual has the right to amend his/her patient care records, as long as the Delaware Fire Department maintains their protected health information, except in the following circumstances:

- The originator of the record is no longer available.
- The information the patient is requesting to amend was not created by the Delaware Fire Department
- The information is not part of the patient care record
- The information is accurate and complete
- The information would not be available for inspection as provided by law, and therefore the Delaware Fire Department is not required to consider an amendment. This exception applies to information compiled in anticipation of a legal proceeding
- Information received from someone else under a promise of confidentiality

Procedure

1. Confirm the identity of requestor or legal representative. If the requestor is legal representative, obtain legal proof of their representative status;
2. The patient must fill out the Request for Amendment of Health Information form completely;
3. The Department, with the assistance of legal counsel, will act on the request for amendment within 60 days of the request;
4. If the Department agrees with the amendment,
    a. Then the record will be amended;
    b. The Department will then notify the individual of the agreement to amend the record;
    c. Copies of the amended record will be provided to our business associates, facilities to or from which we have transported the patient, and others involved in the patient's treatment.
5. If the Department denies the request for amendment,
    a. Then the individual that requested the amendment will be notified of the denial, and the reason for the denial in writing;
    b. A statement will be given to the individual that he/she may submit a short, written statement disagreeing with the denial, and how the individual may file such a statement;
    c. A statement will be given to that individual that he/she may, if they do not wish to submit a statement of disagreement, request that the Request for Amendment and the denial become a permanent part of their medical record;
    d. A statement that the individual may complain to the Privacy Officer of the Department, or to the federal agency that oversees enforcement of the federal Privacy Rule, the Department of Health and Human Services;
6. All documentation pertaining to the request for amendment will be kept in the medical record.

Medical Records of Employees

Policy:

To provide guidance to management and staff concerning the privacy of medical records that involves staff members of the Delaware Fire Department (DFD).

Procedure:

The Delaware Fire Department will, to the extent required by law, protect medical records it receives about employees or other staff in a confidential manner. Generally, only those with a need to know the information will have access to it, and, even then, they will only have access to as much information as is necessary for the legitimate use of the medical records.

In accordance with laws concerning disability discrimination, all medical records of staff will be kept in separate files apart from the employee's general employment file. Management will limit access and secure these records.

In accordance with the Privacy Rule of the Health Insurance Portability and Accountabilities Act, medical records that are not considered employment records will be treated in accordance with the safeguards of the Privacy Rule with respect to their use and disclosure.

Employment records are not considered to be Protected Health Information (PHI), subject to HIPAA safeguards, including certain medical records of employees that are related to the job. These employment records not covered under HIPAA include, but are not limited to: information obtained to determine my suitability to perform the job duties (such as physical examination reports), drug and alcohol tests obtained in the course of employment, doctor's excuses provided in accordance with the attendance policy, work - related injury and occupational exposure reports, and medical and laboratory reports related to such injuries or exposures, especially to the extent necessary to determine workers' compensation coverage.

Nonetheless, despite the fact that such records are not considered HIPAA protected, the Delaware Fire Department will limit the use and disclosure of these records to only those with a need to have access to them, such as certain management staff, the Department's designated physician, and state agencies pursuant to state law. The Policy shall not be construed to interfere with DFD's obligation to timely respond to valid public records requests.

With respect to staff members of the Delaware Fire Department, only health information that is obtained about staff in the course of providing ambulance or other medical services directly to them is considered PHI under HIPAA. In other words, if the Delaware Fire Department provides ambulance service to an employee, the protections typically given to such information to our ambulance service patients applies to the employee. These protections are subject to HIPAA exceptions, such as in the situation in which the staff member used the Delaware Fire Department involved in a work-related injury while on duty.

As another example, if we receive a staff member's medical record in the course of providing the employee with treatment and/or transport, it does not matter that the Delaware Fire Department happens to be the employer – that record is PHI. If, however, the employee submits a doctor's statement to a supervisor to document an absence or tardiness from work, the Delaware Fire Department does not need to treat that statement as PHI. Other health information that could be treated as employment related, and not PHI, includes medical information that is needed for the Delaware Fire Department to carry out its obligations under the FMLA, ADA and similar laws, as well as files or records related to occupational injury, disability insurance eligibility, drug screening results, workplace medical surveillance, and fitness-for-duty-tests of employees.

If you have any questions about how medical information about you is used and disclosed by the Delaware Fire Department, please contact our Privacy Officer:

Captain Dave Coleman
Delaware Fire Department
99 S. Liberty St.
Delaware, Ohio 43015
740-203-1300

Procedure for Filing Complaints About Privacy Practices

YOU MAY MAKE A COMPLAINT DIRECTLY TO US

You have the right to make a complaint directly to the Privacy Officer of the Delaware Fire Department concerning our policies and procedures with respect to the use and disclosure of Protected Health Information (PHI) about you. You may also make a complaint about concerns you have regarding our compliance with any of our established policies and procedures concerning the confidentiality and use or disclosure of your PHI, or about the requirements of the federal Privacy Rule.

All complaints should be directed to our Privacy Officer at the following address and phone number:

Dave Coleman, Captain
99 S. Liberty St.
Delaware, Ohio 43015
(740) 203-1300

YOU MAY ALSO MAKE A COMPLAINT TO THE GOVERNMENT

If you believe the Delaware Fire Department is not complying with the applicable requirements of the Federal Privacy Rule you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Privacy Rule states the following:

1. A complaint must be filed in writing, either on paper or electronically.
2. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule or the applicable standards, requirements, and implementation specifications of subpart E of part 164 of the Federal Privacy Rule.
3. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary, for good cause shown, waives this time limitation.
4. The Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.
    a. Investigation. The Secretary may investigate complaints. Such investigation may include a review of the pertinent policies, procedures, or practices of the covered entity and of the circumstances regarding any alleged acts or omissions concerning compliance.

Log for Processing Complaints About Privacy Practices

DATE COMPLAINT RECEIVED	PATIENT NAME	DESCRIPTION OF COMPLAINT	DISPOSITION OF COMPLAINT

PRIVACY OFFICER EXPECTATIONS

PURPOSE AND SUMMARY

The Privacy Officer oversees all activities related to the development, implementation, and maintenance of the Delaware Fire Department's policies and procedures covering the privacy of patient health information. This person serves as the key compliance officer for all federal and state laws that apply to the privacy of patient information, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This individual is tasked with the responsibility of ensuring that all of the organization's patient information privacy policies and procedures related to the privacy of, and access to, patient health information, are followed.

DUTIES AND RESPONSIBILITIES

Principle Responsibilities

1. Develop policies and procedures on staff training related to the privacy of patient health information and protected health information;
2. Develop policies on the security of health care information including computer and password security and patient data integrity;
3. Defines levels of staff access to PHI and minimum necessary requirement for staff based on the required job responsibilities;
4. Oversees, directs, delivers, and ensures the delivery of initial and ongoing privacy training and orientation to all staff members, employees, volunteers, students and trainees.
5. Serves as the contact person for the dissemination of PHI to other health care providers;
6. Serves as the contact person for patient complaints and requests;
7. Processes patient requests for access to and amendment of health information and consent forms;
8. Processes all patient accounting requests;
9. Ensures the capture and storage of patient PHI for the minimum period required by law;
10. Ensures ambulance service compliance with all applicable Privacy Rule requirements and works with legal counsel and other managers to ensure the Department maintains appropriate privacy and confidentiality notices and forms and materials.
11. Cooperates with the state and federal government agencies charged with compliance reviews, audits and investigations.

Description Language for Compliance with Privacy Practices

The following is recommended language to insert into all job or position descriptions within the Delaware Fire Department to ensure that there is a strong focus on the protection of patient privacy in accordance with the Privacy Rule. It is recommended to add a subsection to the "duties and responsibilities" section of the position description specifically related to privacy issues:

Responsibilities Related to Patient Privacy

1. The incumbent is expected to protect the privacy of all patient information in accordance with the Department's privacy policies, procedures, and practices, as required by federal [and state] law, and in accordance with general principles of professionalism as a health care provider. Failure to comply with the Department's policies and procedures on patient privacy may result in disciplinary action up to and including termination of employment or of membership or association with the Delaware Fire Department.
2. The incumbent may access Protected Health Information and other patient information only to the extent that is necessary to complete your job duties. The incumbent may only share such information with those who have a need to know specific patient information you have in your possession to complete their job responsibilities related to treatment, payment or other Department operations.
3. The incumbent is encouraged and expected to report, without the threat of retaliation, any concerns regarding the Department's policies and procedures on patient privacy and any observed practices in violation of that policy to the designated Privacy Officer.
4. The incumbent is expected to actively participate in Department privacy training and is required to communicate privacy policy information to coworkers, students, patients and others in accordance with Department policy.

Disclaimer

The information provided in this description has been designed to indicate the general nature and level of work performed by incumbents within this job. It is not designed to be interpreted, as a comprehensive inventory of all duties, responsibilities, qualifications and working conditions required of employees, assigned to this job. Management has sole discretion to add or modify duties of the job and to designate other functions as essential at any time. This job description is not an employment agreement or contract.

Confidentiality Agreement for Vendors Who Are Not Business Associates

CONFIDENTIALITY

1. CONTRACTOR understands that while performing the services under this contract, it will be working in areas where confidential and proprietary information may be kept, including confidential patient information. Under no circumstances, except as otherwise agreed to in writing, is any of the contractor's personnel to have access to any confidential information of the Delaware Fire Department.

2. Further, in the event that CONTRACTOR inadvertently comes in contact with any confidential information, CONTRACTOR agrees not to use or further disclose such information to anyone.

3. CONTRACTOR further agrees to educate its personnel as to the importance of confidentiality with respect to the performance of this contract, and to maintain a strong confidentiality policy applicable to all of its personnel who may be assigned to perform services at the Delaware Fire Department.

4. CONTRACTOR will take steps to ensure that its personnel remain only in authorized areas of the Delaware Fire Department and that they will not open any files, desks, boxes, disk storage cases, or any other containers that may potentially contain confidential and proprietary information.

5. Any violations of this confidentiality provision shall be cause for immediate termination of this contract, without notice.