



# GENERAL ORDER

## GENERAL ORDER 323.01

### HIPAA Compliance Policy

#### EMERGENCY SERVICES BUREAU

Issue Date: February 26, 2021

Revision Date: N/A

#### 1 APPLICABILITY

2 All Personnel

#### 3 POLICY

4 The purpose of this General Order is to ensure that the Howard County Department Fire and  
5 Rescue Services (Department) is compliant with the Administrative Simplification Provisions of  
6 the Health Insurance Portability and Accountability Act (HIPAA) of 1996, known as the Privacy  
7 Rule; Code of Federal Regulations, Title 45, Parts 160 and 164. The Department will remain in  
8 compliance with this law for the protection of patients' Protected Health Information (PHI),  
9 and will subsequently limit the access, disclosure, and use of PHI.

#### 10 DEFINITIONS

- 11 ➤ **Authorized Representative** - An individual who is permitted to sign in lieu of the  
12 patient for the purposes of HIPAA consent and billing authorization.
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- 14 ➤ **Breach** - The acquisition, access, Use, or disclosure of unsecured PHI in a manner not  
15 permitted under the HIPAA Privacy Rule which compromises the security or privacy of  
16 PHI.
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- 18 ➤ **Business Associate** - A person or organization that performs a service for a Covered  
19 Entity that uses or discloses individually identifiable health information. Business  
20 Associates include, but not limited to: billing, quality assurance, peer review, and  
21 claims processing.
- 22
- 23 ➤ **Covered Entity** - A health plan, a health care clearinghouse, or a health care provider  
24 who transmits any health information in electronic form in connection with a  
25 transaction involving the transmission of information between two entities and bills for  
26 services.
- 27
- 28 ➤ **Designated Record Set** – Are a group of records that are created and/or maintained by  
29 the Department. The Designated Record Set for the Department are the Maryland  
30 eMeds/Elite Electronic Patient Care Report (ePCR), Billing Statement, Refusal of Care  
31 Forms, and the State of Maryland Short Form.
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- 33 ➤ **Disclosure** - The release, transfer, provision of access to, or divulging in any other  
34 manner information to another entity.
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- 36 ➤ **EMS Billing Manager** - An individual assigned by the Department to manage the EMS  
37 billing program.
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- 39 ➤ **Health Care** - Care, services, or supplies related to the health of an individual.
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- 41 ➤ **Health Care Operation** - Activities not directly related to treatment or payment such as  
42 quality assessment, protocol development, improvement activities, training programs,  
43 fraud and abuse detection, and compliance programs.
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- 45 ➤ **Health Care Provider** - Provider of medical or health services and any other person  
46 who bills, furnishes, or is paid for health care in the normal course of business.
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- 48 ➤ **Health Information** - Any information, oral or recorded in any form or medium, that is  
49 created or received by a Health Care Provider and relates to the past, present or future  
50 physical or mental health/condition of an individual, or the past, present or future  
51 payment for health care services provided to an individual.
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- 53 ➤ **HIPAA Compliance Officer** - Individual assigned by the Department to oversee the  
54 Department's compliance with Federal, State, and Local laws regarding PHI.
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- 56 ➤ **Individually Identifiable Health Information** - Information that is a subset of Health  
57 Information, to include demographic information, and is created or received by a  
58 Health Care Provider that identifies an individual (or there is a reasonable basis to  
59 believe the information could identify an individual).
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- 61 ➤ **Privacy Rule** – The regulations entitled: The Standards of the Privacy of Individually  
62 Identifiable Health Information as promulgated by the United States Department of  
63 Health and Human Services.
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- 65 ➤ **Protected Health Information (PHI)** - Individually Identifiable Health Information held  
66 or maintained by a Covered Entity or its Business Associates acting for the Covered  
67 Entity that is transmitted or maintained in any form or medium. This includes  
68 identifiable demographic or other information collected on an individual from a  
69 Health Care Provider relating to the past, present, or future physical or mental health  
70 or condition of the individual, or the provision or payment for Health Care to an  
71 individual that is created or received by a Health Care Provider.
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- 73 ➤ **Security Rule** – Establishes national standards to protect individuals' electronic  
74 personal health information that is created, received, used, and/or maintained by a  
75 Covered Entity.
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- 77 ➤ **Transaction** - The transmission of information between two parties to carry out  
78 financial or administrative activities related to Health Care.
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80 ➤ **Use** - The sharing, employment, application, utilization, examination, or analysis of  
81 Individually Identifiable Health Information held within the entity that maintains the  
82 information.

### PROCEDURES

84 As a provider of emergency medical services that bills for such services, the Department is a  
85 Covered Entity and is required to act in accordance with the Administrative Simplification  
86 Provisions of HIPAA.

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88 This General Order will establish guidelines to ensure that the Department is compliant with  
89 these standards. The Privacy Rule portion of the Administrative Simplification Provisions  
90 establishes a foundation of Federal protections for the privacy of PHI.

- 91 • The Department limits access to and disclosures of PHI in compliance with the laws,  
92 rules, and regulations set forth in HIPAA, the Code of Federal Regulations, and any  
93 applicable State laws and regulations. All will be strictly adhered to for the protection of  
94 a patient's PHI.
- 95 • The Department retains strict requirements on the security, access, disclosure, and use  
96 of PHI. Only certain personnel in the Department or Volunteer Corporations are  
97 permitted to access, use, and disclose PHI and may do so only when necessary to  
98 complete job requirements.
- 99 • Patients may exercise their rights to access, amend, restrict, and request an accounting  
100 of billing, as well as lodge a complaint with either the Department or the Secretary of  
101 the Department of Health and Human Services.
- 102 • The Department will implement a system-wide Compliance Program.
- 103 • The Department will designate a Compliance Officer to manage and coordinate the  
104 Department's compliance with applicable sections of the HIPAA privacy and security  
105 rule. The Compliance Officer will, in collaboration with the Department's compliance  
106 committee:
  - 107 ○ Develop, implement, maintain, and update as needed, policies and procedures  
108 related to the HIPAA privacy and security rules, state health privacy laws, and  
109 other laws and regulations as required.
  - 110 ○ Act as a resource for the Department's Training Academy regarding HIPAA  
111 training.
  - 112 ○ Receive, document, investigate, and monitor reported complaints, violations,  
113 and potential breaches.
  - 114 ○ Maintain all required HIPAA privacy rule documentation for a period of six years  
115 from the date created or the date last in effect, whichever is later.
  - 116 ○ Develop and implement privacy safeguards analyses and corrective action  
117 plans.
  - 118 ○ Provide ongoing advice and periodic status reports on privacy issues to the Fire  
119 Chief or designee.
  - 120 ○ Serve as the Department's point of contact concerning HIPAA privacy and  
121 security policies and procedures.



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- The Bureau of Technology Services (BOTS) is responsible for the following:
    - Develop and implement Department security risk analyses and corrective action plans.
    - Provide ongoing advice and periodic status reports on security issues to the Department.
    - Investigate HIPAA security violations.

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131 **HIPAA AWARENESS TRAINING:**

132 The Department shall provide HIPAA awareness training to all employees, volunteers, and  
133 interns/students who may have contact with PHI, within a reasonable period of time following  
134 or before the commencement of their employment or service. The Department shall also  
135 provide training to these same categories of individuals whenever there is a material change  
136 to the HIPAA regulations.

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138 **CONFIDENTIALITY:**

139 All individuals identified above will have the responsibility of protecting patient privacy.  
140 Patient health information must remain confidential. All individuals identified above shall sign  
141 a Confidentiality form after completion of the HIPAA awareness training and confidentiality  
142 forms will become part of their respective training file.

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144 **NOTICE OF PRIVACY PRACTICES:**

145 The Department is required to have a Notice of Privacy Practices. The distribution and posting  
146 of such Notices shall be in accordance with applicable HIPAA regulations.

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148 **SAFEGUARD:**

149 The Department shall have appropriate administrative, physical, and technical safeguards  
150 and shall monitor compliance with these safeguards.

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152 **SAFEGUARD RULE:**

153 The Department must comply with all applicable administrative, physical, and technical  
154 standards and implementation specifications of the HIPAA Security Rule. If an implementation  
155 specification is identified as being addressable, it must be implemented if reasonable and  
156 appropriate, or an equivalent alternative measure must be implemented.

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158 **QUESTIONS ABOUT THE POLICY AND ANY PRIVACY ISSUES:**

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- The HIPAA Compliance Officer oversees the Department's policies and procedures on patient privacy, monitors compliance, and is available for consultation on any issues or concerns about how the Department deals with PHI.
  - Any suspected violations may be reported anonymously through the Compliance hotline email, [compliancehotline@howardcountymd.gov](mailto:compliancehotline@howardcountymd.gov) or hotline telephone number, 410-313-5995.
  - The Department will not retaliate against any personnel who express a concern or complaint about any policy or practice related to the safeguarding of patient information and the Department's legal obligation to protect patient privacy.



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## 171 REFERENCES

- 172 • None

## 173 SUMMARY OF DOCUMENT CHANGES

174 New General Order

## 175 FORMS/ATTACHMENTS

- 176 • None

## 177 APPROVED

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