



## **HIPPA Compliance Program Notice of Privacy Practices Revised on June 18, 2014**

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### **Summary**

Warren County understands your privacy is important. Warren County provides health care services directly to you during emergency medical events. Warren County is required by law to maintain the privacy of certain confidential health information, known as Protected Health Information (PHI), and to provide you with this notice of our legal duties and privacy practices with respect to health information about you. This notice also describes your legal rights under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. Warren County is required to abide by the terms of this notice currently in effect.

Your protected health information (PHI) is verbal, written or electronically recorded information related to your past, present or future physical or mental health or condition and related health care services, or the past, present, or future payment for the provision of health care including demographics that may identify you, recorded by the provider each time you receive services from us. Our staff, health care providers, and contracted associates are committed to handling this confidential information only as allowed by federal or state law and agency policy, adhering to the most stringent law that protects the privacy of your protected health information. In most situations, we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

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

This Notice of Privacy Practices describes how Warren County may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information.

### **Uses and Disclosures of Your Information**

Warren County may use your protected health information (PHI) for the purposes of treatment, payment, and health care operations. Although these limited uses do not always require your permission, in most cases we will require you to sign a consent form. The agency consent form will allow us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment and services, to receive payment for treatment and services provided, and to conduct our day-to-day health care operations. Examples of our use of your PHI include but not limited to:

For treatment: If you are a patient of the Fire and Rescue Department, your emergency medical provider may share information about your condition with medical control, to authorize additional treatment or with other providers when transferring your care. During these treatment examples, health information about you may be shared verbally or in writing.

For payment: This includes any activities that must be performed in order for the county to be reimbursed for the services we provide to you. Such payment activities include reviewing your PHI for correct billing information, medical necessity determinations, and claims management. Payment activities also include eligibility determinations for medical care assistance programs. In order to receive payment we may work with a company that will bill you for our services, or we may send your information directly to companies responsible for payment coverage. If you have identified a financially responsible person for payment purposes, a monthly bill may be sent to that person.

For health care operations: This includes quality assurance activities, accreditation, licensure, inspections and training programs to ensure our staff meet the standards of care required by their profession. Trained staff may handle your health record in order to verify eligibility for services, for filing of documentation, or to assemble your record for the health care provider. Certain data elements are entered into our computer system to create reports required by the Commonwealth of Virginia

Individuals involved in your care or payment for that care: We may release medical information about you to a family member, other relative, or friend who is involved in your care or payment for the 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.

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 or payment for the care.

Disclosures of your PHI without your authorization: In certain circumstances, agencies of Warren County is allowed by federal and state law to disclose specific health information about you without your written authorization or your opportunity to verbally object. These circumstances include disclosures for:

- Mandated requirements of law (for example, to report children or helpless adults who are victims of abuse, neglect or exploitation; to report injuries from guns and dangerous weapons) ;
- Public health purposes (for example, reporting births, deaths, certain contagious diseases; reporting defects of products regulated by the Food and Drug Administration; workplace medical surveillance and reporting work-related illness or injury);
- Health oversight activities of health inspectors and other government people who check our health services (for example, audits, investigations, inspections, and other activities required of the health care system; eligibility for enrollment in government benefit programs; and compliance with civil rights laws);
- Judicial and administrative proceedings (for example, in response to an order from a court, subpoena, legal counsel to the agency, or Inspector General);
- Law enforcement purposes (for example, limited information requested about a suspect, fugitive, material witness, or missing person; to provide evidence of criminal conduct on county premises; for emergency health care situations when such care is related to the commission of a crime; or if you are an unconscious victim of a crime and the provider determines a timely disclosure is in your best interest);
- Averting a serious threat to health and safety of another person or the public (for example, in response to a specific threat made by a person served to harm another);
- Specialized government functions (for example, as directed by military command authorities for individuals who are Armed Forces Personnel, for national security and intelligence activities);
- Correctional facilities (for example, for custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility);
- Workers' compensation purposes (for example, to facilitate the administration of benefits as allowed by law);
- Coroners and medical examiners (for example, to identify a deceased person or to determine cause of death);
- Research (for example, to researchers when an Institutional Review Board or Privacy Board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the protected health information and (2) approved the research. Certain research activities may require your signed authorization.);

- Federal Department of Health and Human Services (for example, in connection with an investigation of Warren County agencies for compliance with federal regulations).

Uses and disclosures of your PHI requiring your authorization: We are required to obtain your authorization to use or disclose your protected health information for any reason other than for treatment, services, payment, health care operations, and those specific circumstances outlined previously. For all other disclosures, we will require you to complete a form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. Your signed authorization is required for us to disclose substance abuse records and certain psychotherapy notes, if applicable; or to use or disclose your PHI for purposes of marketing; or to disclose your health information to a third party in exchange for payment. The Warren County Fire and Rescue Department will not release your health care information for research purposes without your express written authorization. You may write to us and withdraw your signed authorization at any time. We will not be able to cancel any disclosures we made before you took back your authorization.

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### **Your Health Information Rights**

When receiving health care services from agencies of Warren County, you have federally defined privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 C.F.R. Parts 160 and 164), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 (PL 111-5, Title XIII, Subtitle D). Other federal and state privacy laws limit the disclosure of your health information. Such laws include, but are not limited to the Confidentiality of Alcohol and Drug Abuse Patient Records (42 USC 290dd), Virginia Health Records Privacy (Code of Virginia 32.1-127.1:03), and Virginia Human Rights regulations (12 Virginia Administrative Code 35-115-80).

You have the right to inspect or to request copies of your medical records. If your medical records are maintained electronically in a designated record set, you may request that we provide copies in an electronic format. We will use the electronic format you request unless we cannot reasonably do so, and if not, in an agreed upon readable electronic format. If we are unable to agree on an electronic format, we may provide you with photo copies of your records. You may request us to send a copy of your electronic record to another individual or entity so long as the request is clear, conspicuous, and specific. If your records are not maintained electronically in a designated record set, we will provide you with photo copies. You must make these requests in writing to the agency contact. You may be charged a fee to obtain copies of your records. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. If denied access, you will receive a timely, written notice of the decision and reason. A copy of your request and our written reply becomes a part of your record.

You have the right to request amendment of your medical record if you believe information in the record is inaccurate or incomplete. You must make this request in writing to the agency contact. We may deny the request but you will be provided with a written explanation of the denial.

You have the right to receive an accounting of Warren County's disclosures of your protected health information (PHI) that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you.

You have the right to request a restriction with regards to the use or disclosure of your protected health information. We are required to agree to your request for a restriction if the disclosure is to a health plan for the purpose of carrying out payment or healthcare operations, and if the restriction applies to PHI that pertains solely to services or items that you have paid for in full, out-of-pocket. All other requests will be considered by the agency and the agency will notify you if they are able to honor the requested restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any other restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (for example, by mail or email, or at your office.) Such requests must be made in writing to the agency contact. We will agree to all reasonable requests.

You have the right to be notified in the event of an unauthorized acquisition, access, use or disclosure of your unsecured protected health information that compromised the security or privacy of the information.

**You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request.**

You may exercise these rights through a written request to the appropriate agency contact person or their supervisor as identified here:

- Fire and Rescue Department — contact the Agency HIPPA Officer

### **Changes to Privacy Practices**

Warren County reserves the right to change our privacy policy and any of our privacy practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

A Notice of Privacy Practices will be posted and available in our service areas and on our website. A copy may also be requested from the HIPPA Officer.

### **Information and Complaints**

If you have any questions, please contact our HIPPA compliance officer. If you believe your HIPAA privacy rights have been violated you may file a complaint with the county's HIPAA Compliance Officer, or the regional office of the Office for Civil Rights, Department of Health and Human Services as identified below. You will not suffer any change in service or retaliation for filing a complaint.

### **Warren County's HIPAA Compliance Manager**

Warren County Public Safety Building  
200 Skyline Vista Drive Suite 200  
Front Royal VA 22630  
540.636.3830  
warrencountyfire.com

### **Office for Civil Rights, Region III**

#### **Department of Health and Human Services**

150 S. Independence Mall West  
Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111  
Fax 215-861-4431, TDD 215-537-7697  
215-861-4441, 1-800-368-1019 (toll free)  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Warren County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request.