

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

PURPOSE

Under the authority and approval of the Fayette County Board of Commissioners and the County Administrator, the Human Resources Department has established Human Resources Rules and Regulations for all employees.

It is with this authorization that the Human Resources Department publishes these rules and regulations to become effective 01-19-2005.

POLICY

There shall be a consistent process regarding the use and disclosure of medical information of County employees.

PROCEDURE

THIS POLICY DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. (If you are an employee of Fayette County and have questions about this notice, contact Human Resources, all others can contact Division Chief Steven G. Folden.)

OUR PLEDGE REGARDING MEDICAL INFORMATION:

“We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive with Fayette County. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Fayette County, whether made by the Emergency Services or the associated facility you are carried to or from.”

This policy tells the employee how the Human Resources Department may use and disclose medical information about you. It also describes your rights and certain obligations the Human Resources Department has regarding the use and disclosure of medical information.

Human Resources is required by law to:

1. Ensure that medical information that identifies you is kept private.
2. Provide notice of our legal duties and privacy practices with respect to medical information about you; and,
3. Follow the terms of the notice that is currently in effect.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

SCOPE

This directive is applicable to all Fayette County employees.

PROCEDURE

All copies of these rules and regulations shall remain the property of Fayette County.

It shall be the responsibility of all Fayette County employees to be familiar with the contents of the Policy and Procedure manual.

A. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways the Human Resources Department may use and/or disclose medical information. For each category of use or disclosure, this document will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways Human Resources is permitted to use and disclose information will fall within one of the categories.

- i. For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you with Fayette County. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or other service providers that are part of your care.
- ii. For Payment. We may use and disclose medical information about you so that the treatment and services you have received from Fayette County may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give health care information about treatment you received at the ambulance service so that your health plan will pay us or reimburse you for the care and transportation.
- iii. For Health Care Operations. We may use and disclose medical information about you for ambulance operations. These uses and disclosures are necessary to operate the emergency services and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many ambulance patients to decide what additional services Fayette County should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other ambulance services to compare our

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

performance to other emergency services and identify any areas where we can make improvements in the care and services we offer. We may remove information that specifically identifies you from this set of medical information so that others may use it to study health care and health care delivery while we protect your privacy.

iv. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

v. Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication, for the same condition. All research projects are subject to a special approval process. This process involves an evaluation of a proposed research project and the use made of medical information during the project. An attempt will be made to balance the research needs with patients (need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project to help them look for patients with specific medical needs. This will be done only so long as the medical information they review does not leave Fayette County's possession. We will almost always ask you for your specified permission if the researcher will have access to your name, address or other information that reveals your identity, or will be involved in your care with the ambulance service.

vi. As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

vii. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure will be made only to an individual capable of preventing that threat.

viii. SPECIAL SITUATIONS

a. Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

- b. Workers Compensation. We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- c. Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
- i. prevention or control of disease, injury or disability;
 - ii. reporting births and deaths;
 - iii. reporting child abuse or neglect;
 - iv. reporting reactions to medications or problems with products;
 - v. notification of people that a product they may be using, has been recalled;
 - vi. notification of those persons who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - vii. notification of the appropriate government authority, when we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- d. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- e. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts has been made to inform you about the request or to obtain an order protecting the information requested.
- f. Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
- i. In response to a court order, subpoena, warrant, summons or similar process;
 - ii. In response to National Security and Intelligence activities;

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

- iii. To identify or locate a suspect, fugitive, material witness, or missing person;
- iv. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- v. About a death we believe may be the result of criminal conduct; and
- vi. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

g. Coroner, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the ambulance service to funeral directors as necessary to carry out their duties.

h. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

B. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include separate incident related reports.
2. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the HIPAA Compliance Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.
3. We may deny your request to inspect and copy in certain very limited circumstances. (See Policy on Patient Access to, Amendment of, and Restriction on the use of Protected Health Information). If you are denied access to medical information, you may request that the denial be reviewed. Another Licensed Health Care Professional, chosen by Fayette County, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

4. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Fayette County.
5. To request an amendment, your request must be made in writing and submitted to the HIPAA Compliance Officer. In addition, you must provide a reason that supports your request.
6. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - b. Is not part of the medical information kept by or for Fayette County;
 - c. Is not part of the information which you would be permitted to inspect and copy;
or
 - d. Is accurate and complete.
7. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you.
8. To request this list of accounting of disclosures, you must submit your request in writing to the HIPAA Compliance Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 04, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
9. Right to Request Restrictions. You have the right to request a restriction or limitation on our use and disclosure of medical information pertaining to your treatment, payment or health care operations. You also have the right to request that we limit the disclosure of medical information about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your transportation.
10. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
11. To request restrictions, you must make your request in writing to the HIPAA Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

12. Right to Request Confidential Communications. 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, you can ask that we only contact you at work or by mail.
13. To request confidential communications, you must make a request in writing to the HIPAA Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
14. Right to a Paper Copy of this Notice. You have the right to paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are entitled to a paper copy of this notice.
15. You may obtain a copy of this notice at our website, www.fayettecountyga.gov
16. To obtain a paper copy of this notice, send a written request to:

Steven G. Folden
HIPAA Compliance Officer/Privacy Officer
140 Stonewall Avenue, Suite 214
Fayetteville, GA 30214

The County reserves the right to change this notice. The County reserves the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and in our ambulances. The notice will contain the effective date. In addition, each time you are provided medical services by Fayette County, we will offer you a copy of the notice currently in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Fayette County or with the Secretary of the Department of Health and Human Services. To file a complaint with Fayette County, contact Division Chief Steven G. Folden. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

C. FAYETTE COUNTY POLICY ON DESIGNATED RECORD SETS

Purpose - Ensure that Fayette County releases medical information about your Protected Health Information (PHI), in accordance with the HIPAA Privacy Rule. This policy establishes a definition of the information that should be accessible to patients as part of the Designated Record Set (DRS). Under the Privacy Rule, the DRS include medical records that are created or used by Fayette County to make medical decisions about a patient.

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

Procedure - The Designated Record Set

1. The DRS for any request for access to PHI includes the following records:
 - a. The patient care report or PCR created by E.M.S. (Emergency Medical Services) 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 my medical 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, 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 related directly to the care of the patient;
 - e. Amendments to PHI, and statements of disagreement filed by the patient when a request to amend is denied, or an accurate summary of the statement of disagreement.
2. The DRS also includes 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 offices, etc., that are used by Fayette County for treatment and payment purposes related to the patient.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

3. The DRS shall be maintained on-site by Fayette County for a period of six (6) years. After this time, the DRS will be purged of any identifiable personal information and destroyed by means of a commercial shredding device. The HIPAA Compliance Officer or his designee shall be responsible for DRS destruction and shall take reasonable steps to assure that the process is performed in accordance with HIPAA guidelines.

D. FAYETTE COUNTY - PROTECTED HEALTH INFORMATION POLICY

Purpose - Ensure that personal Protected Health Information (PHI) is protected so that the fear associated with seeking health care or disclosing sensitive information to health care professionals is removed. To ensure that personal health information is protected during its collection, use, disclosure, storage, and destruction by Fayette County.

Definitions:

1. “Protected Health Information” (PHI) means all information, recorded or exchanged verbally about an identifiable individual that relates to:

a. An individual’s health, or health care history, including genetic information about the individual or the individual’s family.

b. Information that has been learned or observed by the officials or employees of Fayette County, including conduct or behavior that may be a result of illness or the effect of treatment.

c. Patients who are employees or their families will have their privacy protected in the same manner as all other patients.

d. Payment for healthcare provided to the individual, and includes:

i. the personal health identification number and any other identifying number, symbol, etc. assigned to an individual.

ii. any identifying information about an individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

2. “Persons associated with Fayette County” includes all contracted individuals, volunteers, students, researchers, Fayette County staff, educators, members of the Board of Commissioners, and employees or agents of any of the above mentioned persons or groups.

Policy - All Fayette County employees and persons associated with Fayette County are responsible for protecting the security of all PHI (oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of their work or association with Fayette County.

1. PHI shall be protected during its collection, use, storage and destruction by Fayette County.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

2. Use or disclosure of PHI is acceptable only in the discharge of one's responsibilities and duties (including reporting duties imposed by legislation) and based on the need to know. Discussion regarding PHI should not take place in the presence of persons not entitled to possess such information or in public places.

3. The execution of a Personal Health Information Pledge of Confidentiality (see attachment) is required as a condition of employment/contract/association/appointment with Fayette County. All Fayette County employees and persons associated with Fayette County are to sign the Confidentiality Pledge at the commencement of their relationship with Fayette County.

4. Unauthorized use or disclosure of confidential information will result in a disciplinary response up to and including termination of employment/ contract/ association/appointment with Fayette County. A person convicted of an offense under the applicable Federal Law may be required to pay a fine of up to \$250,000 and incur a prison term of up to 10 years. A confirmed breach of confidentiality may be reported to the Georgia Department of Human Resources or the individual's professional regulatory body.

5. All individuals who become aware of a possible breach of the security or confidentiality of Personal Health Information are to follow the procedures outlined below.

Pledge Procedure - As a condition of employment, an employee of Fayette County who will have access to or are responsible for Protected Health Information, will be required to sign a confidentiality pledge. The administration of this pledge is to be handled by the Human Resource Department and the pledge is to be placed in the employee's personnel file. All persons not included above will sign a confidentiality pledge at the time a contract to work with Fayette County is signed, or upon the commencement of work for the Fayette County.

Procedure For Alleged Breach of Confidentiality - All allegations of a breach of confidentiality involving Personal Health Information may be made to the HIPAA Compliance Officer or Human Resource Director of Fayette County. Any individual receiving an allegation of breach of confidentiality, having knowledge of a breach, or a reasonable belief that a breach of confidentiality of PHI may have occurred should immediately notify his/her supervisor or the HIPAA Compliance Officer.

The HIPAA Compliance Officer or a designee in consultation with the employee's supervisor will decide whether to proceed with an investigation. It may be decided that a complaint does not require investigation if:

1. The length of time that has elapsed since the date of the incident makes an investigation no longer practicable or desirable.
2. The subject matter of the complaint is trivial, the complaint was not made in good faith, or the complaint is frivolous.
3. The circumstances of the complaint do not require investigation.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

If the decision is made to proceed with an investigation, it is the responsibility of the employee's supervisor and the HIPAA Compliance Officer to investigate the allegation and consult appropriate resources to make a determination of whether a breach of confidentiality involving PHI has occurred.

If a breach of confidentiality involving PHI has occurred, disciplinary action should be taken in accordance with article 7, section 7.4 of Fayette County's Disciplinary Policy. Breach of confidentiality of PHI is considered a (Third Group Offense.)

All incidents involving a breach of confidentiality involving PHI should be documented and filed in the Human Resources Department (employee's file) and the office of the HIPAA Compliance Officer.

D. Fayette County Policy on Patient Access to, Amendment of, and Restriction on the Use of Protected Health Information

Purpose:

1. Under the HIPAA Privacy Rule, individuals have the right to access, request amendment to, or restrict the use of any personal Protected Health Information, or PHI, that is maintained in the Designated Record Set or DRS (See Policy on Designated Record Sets).
2. To ensure that Fayette County only releases the PHI that is covered under the HIPAA Privacy Rule, this policy outlines procedures for handling requests by patients or the appropriate representative for access, amendment, and restriction on the use of PHI.
3. This policy also establishes the procedure by which patients or appropriate representatives 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 (See Policy on Designated Record Sets) is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the HIPAA Privacy Rule and the Privacy Practices of Fayette County.

Procedure

1. Patient access
 - a. Upon presentation to the business office, the patient or appropriate representative will complete a Request for Access Form.
 - b. The County employee must verify the patient's identity, and if the requester is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver's license, Social Security card, or other form of government issued identification is acceptable for this purpose.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

- c. The completed form will be presented to the HIPAA Compliance Officer (a.k.a. the Privacy Officer) for action.
 - d. The HIPAA Compliance Officer will act upon the request within 30 days, preferably sooner. Generally the County must respond to requests for access to PHI within 30 days of receipt of the access request. If the Designated Record Set is not maintained on site, the response period may be extended to 60 days.
 - e. If the County is unable to respond to the request within the 30 day time frame, the County must provide a written notice to the requester no later than the initial due date for a response. This notice will explain the reason for the delay, which will allow the County to extend the response time by an additional 30 days.
 - f. Upon approval of access, the 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.
 - g. Access to the actual files or computers that contain the DRS being sought by the patient or appropriate representative should not be permitted. Rather, copies of the records should be provided for the patient or requester to view in a confidential area, under the direct supervision of a designated county staff member. **UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF ANY PHI LEAVE THE PREMISES.**
 - h. If the patient or requester would like to retain copies of the DRS, as provided by law, then the County may charge a reasonable fee for the cost of reproduction.
 - i. The County business office will establish a reasonable charge for copying PHI for the patient or appropriate representative.
 - j. Whenever a patient or appropriate representative 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 appropriate representative.
2. Final Denial
- a. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to the County for review.
 - b. The following are reasons to deny access to PHI that are not subject to review and are final. They may not be appealed by the patient.
 - i. The information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
 - ii. 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.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

iii. The patient is an inmate and the information requested could jeopardize the health, safety, security, custody or rehabilitation of the patient-inmate or others.

iv. The information requested is not contained in the Designated Record Set (DRS) approved for review.

3. Appealable Denial

a. The following reasons to deny access to PHI are subject to review. The patient may appeal the denial.

i. The HIPAA Compliance Officer 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;

ii. the Protected Health Information makes reference to another person (other than a health-care provider) and the HIPAA Compliance Officer has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;

iii. If the denial of the request for access to PHI is for reasons a, or b of this subpart, then the patient may request a review of the denial of access by sending a written request to the HIPAA Compliance Officer.

iv. The County will designate a Privacy Officer to review the decision to deny the patient access. The County 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 County will provide the patient with written notice of the determination of the designated review official.

v. The patient may file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with the county's determination.

b. Following a request for access to PHI, the patient or appropriate representative may request an amendment to PHI, and request restriction on the use of PHI in some circumstances.

4. Requests for Amendment to PHI

a. The patient or appropriate representative may only request amendment to PHI contained in the DRS. The Request for Amendment of PHI form must accompany any request for amendment.

b. The County must act upon a Request for Amendment of PHI within 60 days of the request. If the County is unable to act upon the request within 60 days, it must

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

- provide the requester with a written statement of the reasons for delay, and in that case may extend the time period in which to comply by an additional 30 days.
5. Granting Requests for Amendment
 - a. All requests for amendment must be forwarded immediately to the HIPAA Compliance Officer for review.
 - b. If the HIPAA Compliance Officer grants the request for amendment, then the requester will receive a letter indicating that the appropriate amendment of the PHI has been made.
 - c. There must be written permission provided by the patient so that the County may notify the persons with which the amendments need to be shared. The County must provide the amended information to those individuals identified as having previously received the PHI that has been amended and to those persons or Business Associates that currently have such information and may have relied on or could be reasonably expected to rely on the amended PHI in the future.
 - d. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving the County permission to provide them with the updated PHI.
 - e. The County will add the request for amendment, the denial or grant of the request, any statement of disagreement by the patient and any rebuttal statement by the County to the Designated Record Set.
 6. Denial of Request for Amendment
 - a. The County may deny a request to amend PHI for the following reasons: 1) the County did not create the PHI at issue; 2) the information is not part of the DRS; or 3) the information is currently accurate and complete.
 - b. The County must provide a denial written in plain language stating the reason for the denial; the individual's right to submit a statement disagreeing with the denial; the procedure to file such a statement; notice that, if the individual does not submit a statement of disagreement, that individual may still request that the County provide the request for an amendment and the denial in any future disclosures of PHI; and a description of how the individual may file a complaint with the County (including the name and telephone number of the HIPAA Compliance Officer) or the Secretary of Health and Human Services.
 - c. If the individual submits a Statement of Disagreement, the County may prepare a written rebuttal to the patient's Statement of Disagreement. The Statement of Disagreement will be appended to the PHI, or at the County's option, a summary of the disagreement will be appended, along with the rebuttal statement of the County.

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPAA)
436.01**

- d. If the County received a notice from another covered entity, such as a hospital, that it has amended the PHI it maintains for a particular patient, the County must amend the PHI that it is authorized to amend and that may be affected by the amendments of the other entity.
7. Request for Restriction
- a. The patient may request a restriction on the use and disclosure of PHI.
 - b. The County is not required to agree to any restriction, and given the emergency nature of many of our operations, we generally will not agree to a restriction.
 - c. **ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED COUNTY FORM. ALL REQUESTS WILL BE REVIEWED AND APPROVED OR DENIED BY THE HIPAA COMPLIANCE OFFICER.**
 - d. If the County agrees to a restriction, we may not use or disclose PHI in violation of the agreed-upon restriction, unless the patient who requested the restriction is in need of emergency services. Then, if the restricted PHI is needed to provide the emergency services, the County may use the restricted PHI or disclose such PHI to another health-care provider to provide treatment to the individual.
 - e. The agreement to restrict PHI will be documented to ensure that the restriction is followed.
 - f. The restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. A current restriction may be terminated by the County as long as the County notifies the patient. Any PHI created or received after the restriction is removed will no longer be restricted. PHI that was restricted prior to the County removal of the restriction must continue to be treated as restricted PHI.

E. 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 HIPAA Compliance Officer (a.k.a. the Privacy Officer) of Fayette County concerning our policies and procedures regarding the use and disclosure of Protected Health Information (PHI) about you. You may also make a complaint regarding our compliance with any of our established policies and procedures concerning the confidentiality, use, or disclosure of your PHI, or about the requirements of the Federal Privacy Rule.

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

Steven G. Folden
HIPAA Compliance Officer/Privacy Officer

**FAYETTE COUNTY
POLICIES AND PROCEDURES**

**HR – CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)
436.01**

140 Stonewall Avenue, Suite 214
Fayetteville, GA 30214

YOU MAY ALSO MAKE A COMPLAINT TO THE FEDERAL GOVERNMENT - If you believe Fayette County 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.

Requirements for filing complaints.

Complaints under this section must meet the following requirements.

1. A complaint must be filed in writing.
2. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to have occurred 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 the time that the complainant knew or should have known that the act or omission complained of had occurred, unless the Secretary for demonstrated good cause 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.
5. Investigation. The Secretary may investigate complaints. Such investigation may include a review of the pertinent policies, procedures, or practices of Fayette County and of the circumstances surrounding any alleged acts or omissions concerning compliance.