



Central DuPage Hospital
Emergency Medical Services System
System Policy and Procedures

Title: Confidentiality of Medical Records	
Section: Legal	Number: C-2
Approved By: Dr. Steve Graham, EMS Medical Director	
Effective Date: 01 July 2018	Number of Pages: 3

PURPOSE:

To ensure patient confidentiality regarding care, medical records and EMS interaction.

POLICY:

EMS personnel are prohibited from discussing any aspect of patient interaction with any person whatsoever, unless it is deemed necessary for the current or future medical care and or treatment of the patient, or for review purposed under the transporting agency, or the Central DuPage Hospital Emergency Medical Services System (CDHEMSS).

Patient privacy information is protected under the Department of Health and Human Services standards for privacy of individually identifiable health information: Final Rule for the Health Insurance Portability and Accountability Act (HIPPA). Individually identifiable (protected) health information (PHI) is defined as "Information that is a subset of health information, including demographic information collected from an individual and:

1. Is created or received by a health care provider, health plan employed, or health care clearing house; and
2. Relates to the past, present or future physical or mental health or condition of an individual; or the past, present, or future payment for the provision of health care to an individual and:
 - a. Identifies the individual; or
 - b. With respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

Release of information

1. EMS personnel and or EMS agencies are prohibited from releasing any medical records unless the following condition exists:
 - a. Patient request
 - i. This should follow the EMS agency Medical Records Release policy, in compliance with all local, state and federal regulations
 - b. Hospital request
 - i. If the patient is transported to the requesting hospital, the patient care report should be made available to the unit in which the patient was left, in compliance with Illinois EMS JCAR section 515.350



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- c. Law Enforcement / Judicial request
- i. When releasing PHI without a subpoena, the requested agency should first consult with their local government, risk manager or attorney before releasing any material.
 - ii. To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena. The Rule recognizes that the legal process in obtaining a court order and the secrecy of the grand jury process provides protections for the individual's private information (45 CFR 164.512 (f)(1)(ii)(A)-(B)).
 - iii. To respond to an administrative request, such as an administrative subpoena or investigative demand or other written request from a law enforcement official. Because an administrative request may be made without judicial involvement, the Rule requires all administrative requests to include or be accompanied by a written statement that the information is requested is relevant and material, specific and limited in scope, and de-identified information cannot be used (45 CFR 164.512 (f)(1)(ii)(C)).
 - iv. To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person; but the covered entity must limit disclosures or PHI to name and address, date and place of birth, social security number, ABO blood type and Rh factor, type of injury, date and time of treatment, date and time of death, and a description of distinguishing physical characteristics. Other information related to the individual's DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request (45 CFR 164.512 (f)(2)).
 - v. About a suspected perpetrator of a crime when the report is made by the victim who is a member of the covered entity's workforce (45 CFR 164.502 (j)(2));
 - vi. To identify or apprehend an individual who has admitted participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on the individuals' request for therapy, counseling, or treatment related to the propensity to commit this type of violent act (45 CFR 164.512 (j)(1)(ii)(A), (j)(2)-(3)).
 - vii. To respond to a request for PHI about a victim of a crime, and the victim agrees. If, because of an emergency or the person's incapacity, the individual cannot agree, the covered entity may disclose the PHI if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the covered entity believes in its professional judgment that doing so is in the best interests of the individual whose information is requested (45 CFR 164.512 (f)(3)).
 - viii. Where child abuse victims or adult victims of abuse, neglect or domestic violence are concerned, other provisions of the Rule apply:



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- ix. Child abuse or neglect may be reported to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512 (b)(1)(ii)).
- x. Adult abuse, neglect, or domestic violence may be reported to a law enforcement official authorized by law to receive such reports (45 CFR.512 (c)):
 - 1. If the individual agrees;
 - 2. If the report is required by law; or
 - 3. If expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations (see 45 CFR 164.512(c)(1)(iii)(B)).
- d. Billing purposes
 - i. The patient or legal patient representative have signed a release for the treating / transporting agency to disclose their PHI for billing purposes.

POLICY HISTORY:

Effective Date	01 July 2018					
Review Date(s)						
Revision Date(s)						