



# ANN ARBOR FIRE DEPARTMENT

## Standard Operating Procedures – 5.09 HIPAA Compliance



### HIPAA Compliance

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Effective: May 31, 2024  
 Scheduled Review: May 31, 2027  
 Approved: Fire Chief Mike Kennedy

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#### I. PURPOSE

This policy reflects the Ann Arbor Fire Department’s commitment to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, and HIPAA regulations (45 CFR § 160, 162 and 164).

#### II. CONFIDENTIALITY

As a primary medical care entity, the Ann Arbor Fire Department has a responsibility to maintain confidential treatment for our patients and their families. Likewise, Ann Arbor Fire Department is frequently involved in scene investigations that generate sensitive information. Therefore, this SOP is established to strictly maintain confidentiality and protect health information.

All personnel shall be responsible for keeping all information pertaining to the condition of or any other aspect of patient care or any other emergency scene strictly confidential.

EMS reports are a portion of our patient’s medical records. Medical records are confidential and must not be viewed by anyone other than the patient and the caregiver. The patient may give consent to others to view the information, however, that process shall take place through a formal and written information request conducted at the direction of fire administration.

Likewise, information concerning patient condition or any circumstances about a specific incident shall not be given to anyone who is not immediately involved in the response effort.

Patient medical records shall only be released, as follows.

1. Court order
2. Upon request by and directly to the patient
3. Power of attorney on behalf of the patient.

#### III. HIPAA and STATE OF MICHIGAN LAW

The City of Ann Arbor “City” is a Covered Entity under HIPAA, and the Ann Arbor Fire Department “AAFD” is a Covered Component under the City. As such, both must comply with all applicable HIPAA and State of Michigan laws and regulations related to the privacy of health information.



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There are four exceptions when HIPAA will NOT pre-emption state law:

1. When the state law is more stringent than HIPAA.
2. When the state law provides for the reporting of child abuse, birth, death, disease, injury, or public health surveillance.
3. When the state law deals with state governmental oversight of health plans.
4. When the Secretary of the Department of Health and Human Services has determined that the state law is exempt from the HIPAA preemption.

#### IV. DEFINITIONS

**Business Associate** - An individual or entity who is not employed by the City of Ann Arbor but who performs certain functions or activities that involve the use or disclosure of Protected Health Information on behalf of the City.

**Business Associate Agreement** - A contract between the City of Ann Arbor and a Business Associate that identifies permitted and required uses and disclosures of Protected Health Information.

**Protected Health Information (PHI)**: Individually identifiable health information that is transmitted or maintained in any format.

#### V. SCOPE/APPLICABILITY

The City of Ann Arbor has elected to designate itself a hybrid entity under HIPAA. Although the City as a whole is required to comply with HIPAA, only certain departments / functions are considered to be covered components. Covered components are those departments/functions that have access to or use PHI. Those departments / functions of the City that do not use or access PHI are considered to be non-covered components. Employees in non-covered components may come into incidental contact with protected health information.

#### VI. COVERED COMPONENTS

As of the effective date of this policy, AAFD is considered a covered component of the Covered Entity, City of Ann Arbor.

#### VII. RESPONSIBILITIES

The fire chief or designee is responsible for the system's overall HIPAA compliance:

##### **HIPAA Compliance Officer**

The HIPAA Compliance Officer manages and coordinates compliance with the applicable sections of the HIPAA Privacy and Security Rules. The HIPAA Compliance Officer in coordination with the City Attorney's Office and Information Technology will:

1. Develop, implement, maintain, and update as needed, policies and procedures related to the HIPAA privacy and security rules and state health privacy laws.
2. Act as a resource for AAFD regarding HIPAA training.
3. Receive, document, investigate, and monitor reported complaints, violations, and potential breaches.
4. Maintain all required HIPAA privacy rule documentation for a period of six years from the date created or the date last in effect, whichever is later.



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5. Develop and implement privacy safeguards analyses and corrective action plans.
6. Serve as the point of contact concerning HIPAA privacy and security policies and procedures.
7. Ensure the provision of training and guidance to the System.
8. Investigate HIPAA security violations.

### VIII. COMPLIANCE ACTIVITIES

Training – AAFD shall provide HIPAA awareness training to all employees, interns / students and observers (guests of the AAFD given permission to ride with emergency services personnel) who may have contact with PHI, within a reasonable period of time following the commencement of their employment or service. AAFD shall also provide training to these same categories of individuals whenever there is a material change to the HIPAA regulations. The training officer shall maintain documentation of all HIPAA training including course descriptions, presentations, handouts, and sign-in sheets.

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

Safeguards - AAFD shall have appropriate administrative, technical, and physical safeguards and shall monitor compliance with these safeguards.

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

Violations - Any actual or suspected violation of the HIPAA regulations must be reported immediately to a supervisor and HIPAA Compliance Officer. The HIPAA Compliance Officer is responsible for overseeing investigations related to HIPAA violations including breaches.

Complaints - Any individual has the right to file a written complaint with the fire department if the individual believes their rights under HIPAA have been violated. All written complaints must be reported to the HIPAA Compliance Officer immediately. The HIPAA Compliance Officer is responsible for overseeing investigations related to a HIPAA privacy complaint.

Mitigation – AAFD will mitigate, to the extent practicable, any harmful effects known to have occurred as a result of a HIPAA violation.

Discipline - Appropriate disciplinary actions may be imposed against any of its members for any violation of the HIPAA regulations or failure to comply with any City or department policy or procedure pertaining to HIPAA. In addition to any such disciplinary actions, civil or criminal penalties may be imposed under state and federal law.



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Refraining from Intimidating or Retaliatory Acts – The City shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of any right established, or for participation in any investigation regarding a HIPAA complaint or violation.

Policies and Procedures - AAFD will implement policies and procedures to comply with HIPAA regulations. These policies and procedures will be reviewed periodically and updated whenever there are changes to the HIPAA regulations or applicable state privacy laws. AAFD will develop, implement, and revise policies and procedures that address applicable areas of the HIPAA Privacy and Security Rules.

Retention - All documentation surrounding HIPAA activities and compliance must be retained for at least six years from the date of its creation or the date when it last was in effect, whichever date is later.