PURPOSE: To describe the policy on disclosure of patient identity and/or health information.

AUTHORITY: Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
California Code of Regulations Title 22, Chapter 7  
California Civil Code 56-56.16 and 1798-1798.78  
California Health and Safety Code, 1280.15, 120990f, 123100-123149.5  
Health Information Technology for Economic and Clinical Health Act (HITECH Act)

DEFINITIONS:

Health Information: Any information possessed by a healthcare provider regarding a patient's medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient identifiable incident (e.g. suspected child/elder abuse).

Protected Health Information (PHI): Individually identifiable health information that is held or transmitted in any form or media, whether electronic, written, spoken, printed, digital, recorded, or photographic, which can be linked to an individual, or there is a reasonable basis to believe it can be used to identify an individual.

POLICY:

I. Persons receiving healthcare services have a right to expect that confidentiality of PHI is reasonably preserved. Therefore:

   A. No healthcare provider shall disclose medical information regarding a patient without first obtaining an authorization from the patient or the patient’s legally authorized representative, except when such disclosure is permitted or required by law.

   B. Paramedic communication shall be limited to information that is relevant to the field care of the patient. If the patient’s name is necessary, base hospitals shall request the paramedics to provide the information via landline.

II. All prehospital provider agencies and receiving hospitals shall have policies in place regarding the disclosure and documentation of PHI release.

III. PHI may be disclosed by prehospital personnel to the following in accordance with the agency or hospital-specific policy related to the release of health information:

   A. Healthcare providers involved in the care of the patient

   B. EMS Agency

   C. Base hospital or provider agency for quality improvement purposes
D. Patient, legal guardian, or others authorized by the patient

E. Law enforcement officers when the health care provider believes, in good faith, that the information requested is related to the investigation of a crime

F. Provider agency’s billing department, as needed for billing purposes

G. In response to a properly noticed subpoena, court order, or other legally authorized disclosure

IV. Any prehospital records used for training or continuing education purposes must be edited to remove identifying patient/incident information.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 519, Management of Multiple Casualty Incidents (MCI)
Ref. No. 606, Documentation of Prehospital Care
Ref. No. 607, Electronic Submission of Prehospital Patient Data
Ref. No. 608, Retention & Disposition of Prehospital Patient Care Records
Ref. No. 612, Release of EMS Records
Ref. No. 814, Determination/Pronouncement of Death in the Field
Ref. No. 822, Suspected Child Abuse/Neglect Reporting Guidelines
Ref. No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines
Ref. No. 832, Treatment/Transport of Minors