



COCONUT CREEK FIRE RESCUE
ADMINISTRATIVE PROCEDURE 143



HIPAA COMPLIANCE POLICY	
Issued: 10/30/2024	Effective: 10/30/2024
Rescinds: None	Amends: None

PURPOSE:

The purpose of this Policy is to ensure Coconut Creek Fire Rescue (CCFR) and members of its workforce comply with the applicable requirements of a healthcare provider-covered entity under the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, 45 C.F.R. Parts 160 and 164.

POLICY:

It is the Policy of CCFR to comply with the requirements of a healthcare provider HIPAA-covered entity in accordance with the procedure set forth below.

PROCEDURES:

Designation of a Privacy and Security Officer: The Fire Chief, or designee, will appoint a HIPAA Privacy and Security Officer, who shall also serve as CCFR’s designated contact person.

I. HIPAA Administrative Requirements:

The HIPAA Privacy and Security Officer shall be responsible for:

A. Developing and implementing CCFR’s HIPAA policies and procedures, subject to review and approval by the Fire Chief, or designee:

1. Periodically reviewing, updating, and revising this Policy and any other CCFR HIPAA policies and procedures as necessary and appropriate to comply with changes in applicable law.
2. Ensuring that any updates and revisions to the CCFR’s HIPAA policies and procedures are promptly documented, implemented, and as necessary, reflected in the CCFR’s Notice of Privacy Practices, and that affected members are appropriately informed about any such updates and revisions.

B. The HIPAA Privacy and Security Officer shall be responsible for the following:

1. Consulting and collaborating in the development, implementation, and periodic review of CCFR’s HIPAA Privacy and Security Policies and Procedures.
2. Reporting any HIPAA-related compliance issues or concerns, related to CCFR patient’s electronic protected health information (ePHI) to the Fire



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Chief, or designee.

3. Conducting or arranging for HIPAA training for all members of CCFR.
4. Other roles and responsibilities specifically assigned to the Privacy and Security Officer under HIPAA, in this Policy, and in any other department HIPAA policies and procedures.
5. Receiving, investigating, and responding to HIPAA-related privacy and security complaints from patients and persons involved in CCFR's care.
6. Providing further information in response to queries about matters covered by CCFR's HIPAA Notice of Privacy Practices.

C. Documentation of designations:

In writing, the Fire Chief, or designee will appoint the HIPAA Privacy and Security Officer. The Fire Chief's appointment of the HIPAA Privacy and Security Officer will serve as the HIPAA Contact Person until (a) the date when such appointment terminates; or (b) the date this Policy expires; whichever comes first.

D. HIPAA Training:

The HIPAA Privacy and Security Officer and the Division Chief of Training shall be responsible for providing and arranging training for all members of CCFR, on protecting patients' Protected Health Information (PHI) and on CCFR's HIPAA policies and procedures, as necessary and appropriate for the members of CCFR to carry out their job-related functions and responsibilities within the department. Such training will be provided as follows:

1. Mandatory for each member of CCFR on a routine basis.
2. To each new member of CCFR (including students, trainees, and volunteers) within a reasonable period of time after the person joins the department.
3. To each member of CCFR whose functions are affected by a material change in the policies or procedures relating to HIPAA or PHI, within a reasonable period after the material change becomes effective.
4. The HIPAA Privacy and Security Officer, in conjunction with the Division Chief of Training shall be responsible for documenting that such training has been provided to each member of CCFR.

E. Security and Privacy Safeguards:

The HIPAA Privacy and Security Officer shall be responsible for ensuring that CCFR has in place appropriate administrative technical and physical safeguards to protect the privacy and secure/safe-keeping of CCFR patients' PHI. The safeguards set forth should:



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1. Defend such PHI from any intentional or unintentional use or disclosure that is in violation of HIPAA's requirements.
2. Limit incidental uses and disclosures of such PHI made pursuant to an otherwise permitted or required use or disclosure.

F. HIPAA Complaints:

Individuals have the right to file complaints with CCFR regarding alleged violations of their privacy rights. The HIPAA Privacy and Security Officer shall be responsible for:

1. Responding to individuals who file a complaint(s) concerning CCFR's HIPAA policies and procedures or the department's compliance with such policies and procedures.
2. Documenting all complaints received.
3. Investigating such complaints to determine whether they are substantiated or unsubstantiated.
4. Responding to persons filing such a complaint(s) within a reasonable time after receipt of the complaint and document each complaint's final disposition as determined by CCFR.

G. Sanctions for Violations of HIPAA and the CCFR's HIPAA policies and procedures:

Any member of CCFR who is determined, following an investigation, to have violated a requirement of the HIPAA Privacy and Security Standards, or a requirement of this Policy or procedure, may be subject to any of the following corrective and/or disciplinary sanctions set forth in the collective bargaining agreement:

1. Remedial training and education on the security, privacy and confidentiality of PHI;
2. Written reprimand;
3. Suspension with or without pay
4. Demotion;
5. Dismissal/ Termination of Employment subject to review and approval by the City Manager;
6. Other Disciplinary Action.
7. Other appropriate discipline, or combination of; and
8. Termination.

The CCFR shall investigate and impose sanctions for violations, and document any



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such sanctions applied against a CCFR member in accordance with CCFR personnel policies and procedures in conjunction with the city's human resources department.

H. Mitigation of Effects of Violations:

The HIPAA Privacy and Security Officer, in coordination with the Fire Chief, or designee shall be responsible for taking appropriate steps to mitigate, to the extent practicable, any harmful effect that is known to CCFR, resulting from the use or disclosure of PHI in violation of a requirement of the HIPAA Privacy and Security Standards, this Policy or any other procedure set forth herein.

I. Prohibited Acts of Intimidation or Retaliation:

Neither CCFR nor any member of CCFR shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for:

1. Exercising a right or participating in a process afforded to such individual under the HIPAA Privacy and Security Standards.
2. Filing a HIPAA complaint with the Secretary of the United States Department of Health and Human Services.
3. Testifying, assisting, or participating in a HIPAA-related investigation, compliance review, proceeding, or hearing.
4. Imposing any act or practice that the individual has a good faith belief is unlawful under the HIPAA Privacy or Security Standards.

J. Prohibited Waivers of Rights:

Neither CCFR nor any members of CCFR will require any individual to waive:

1. The individual's right to file a HIPAA complaint with the Secretary of the United States Department of Health and Human Services.
2. Any other right the individual has under the HIPAA Privacy and Security Standards, as a condition of the CCFR's provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

K. Documentation and Retention Requirements:

The HIPAA Privacy and Security Officer shall be responsible for ensuring that all CCFR HIPAA policies, procedures, forms, communications, actions, and activities required by the HIPAA Privacy and Security Standards are maintained in written or electronic form for a period of six (6) years from the date of creation or the date when they last were in effect, whichever is later.

II. **HIPAA Notice of Privacy Practices Requirements:**

A. CCFR will maintain at all times a Notice of Privacy Practices that complies with the



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requirements of 45 C.F.R. §164.520.

- B. CCFR personnel providing treatment to a patient will provide a copy of its Notice of Privacy Practices:
1. To each CCFR patient:
 - a. No later than the date of the first service delivery.
 - b. In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
 2. To any person upon request.
 3. To an individual by email if the individual agrees to electronic notice. However, the individual retains the right to obtain a paper copy of the notice upon request.
 4. Available through the electronic patient care report (ePCR) software's website.
- C. Except in an emergency treatment situation, CCFR personnel providing treatment to a patient will:
1. Make a good faith effort to obtain from each patient a written acknowledgment of receipt of the Notice of Privacy Practices.
 2. If not obtained, document its good faith efforts to obtain such acknowledgment and the reason the acknowledgment was not obtained.
- D. Whenever CCFR's Notice of Privacy Practices is revised, CCFR will make the notice available online at www.coconutcreek.net/fire-rescue upon request.
- E. The CCFR may make its Notice of Privacy Practices available on its website provided in paragraph D above and it will serve as sufficient since CCFR provides emergency medical services only.
- F. The Department will retain copies of all versions of its Notices of Privacy Practices, any written acknowledgments of receipt, and documentation of its good faith efforts to obtain such written acknowledgments, for a period of six (6) years.

III. Patients' HIPAA Rights:

The Department will honor its patients' HIPAA rights as follows:



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A. Right to Access and Obtain Copies of Protected Health Information:

1. CCFR's patients have a right to access, inspect, and obtain a copy of their individual PHI maintained by the CCFR in the form of a designated record set except for:
 - a. Psychotherapy notices; and
 - b. Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.as provided in 45 CFR 164.524. Patients must make such requests in writing to the Department's Privacy and Security Officer.
2. For purposes of this Policy, a patient's designated record set shall consist of:
 - a. Patient care reports;
 - b. Billing records; and
 - c. Any other records the Department maintains for a patient that the CCFR and its personnel use, in whole or in part, to make decisions about a patient.
3. A patient's designated record set shall not include:
 - a. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and other documents and records that are subject to the attorney-client privilege, the attorney work product doctrine, or that are subject to any other privilege under federal or state law.
 - b. Peer review records.
 - c. Quality review and quality improvement records.
 - d. Health care provider credentialing records.
 - e. Incident/accident reports and related records.
 - f. Internal grievance reports and related records.
 - g. Infection control reports and related records.
 - h. Information contained in CCFR employee personnel file records.
 - i. Financial, purchasing, and inventory control reports used by CCFR for health care operations purposes.



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- j. Internal compliance reports and audits.
 - k. Administrative records.
 - l. Any records excluded from a designated record set pursuant to 45 C.F.R. §164.524(a) (1) (i)-(iii) (A)-(B).
 - m. Personal notes maintained by CCFR that are not directly related to a patient's past or future treatment.
 - n. Any other document or record that is not used by CCFR to make health care decisions about a patient.
4. CCFR will respond to requests for access within thirty (30) days after receipt of the written request unless CCFR requires additional time, in which case CCFR may extend the time an additional thirty (30) days upon notification of the requestor of the reasons for the delay.
 5. CCFR will provide the patient with access to the PHI in the form and format requested if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format agreed to by CCFR and the patient. If the request directs CCFR to transmit the copy of the PHI directly to another person designated by the patient, CCFR will provide the copy to the designated person in the manner requested.
 6. CCFR may provide the patient with a summary of the PHI requested in lieu of providing access to the PHI, or may provide an explanation of the PHI to which the access has been provided if the patient agrees in advance to such a summary or explanation and to CCFR's fees for such summary or explanation.
 7. CCFR may deny a patient's access if:
 - a. The PHI was obtained by CCFR from someone other than a healthcare provider under a promise of confidentiality, and the requested access would be reasonably likely to reveal the source of the information.
 - b. The Privacy and Security Officer, or designee has determined, in the exercise of professional judgment, that the requested access is reasonably likely to endanger the life or physical safety of the patient or another person.
 - c. The PHI makes reference to another person (unless such other



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person is a healthcare provider), the Privacy and Security Officer, or designee, has determined, in the exercise of professional judgment, that the requested access is reasonably likely to cause substantial harm to such other person.

- d. The patient's personal representative makes the requested access and the Privacy and Security Officer, or designee has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the patient or another person.
8. If the requested access is denied, CCFR will provide the requestor with a written statement of the basis for the denial, a description of the requestor's review rights, a description of how the requestor may exercise such review rights, a description of how the requestor may file a complaint to the Department or to the Secretary of the United States Department of Health and Human Services, and the name (or title) and telephone number of CCFR's Security and Privacy Officer. If the Department denies requested access on any of the grounds described in Section 7 (a-d) listed above, the patient or patient's authorized representative requesting the access has the right to have the denial reviewed within a reasonable period of time by the Fire Chief or designee to act as a reviewing official who did not participate in the original decision to deny. CCFR will provide the requestor with written notification of the review decision.
 9. CCFR will furnish a copy of the PHI requested upon payment of the Service Charge, as defined herein, and when applicable, along with the following authorized fees:
 - a. For duplicated copies of not more than fourteen (14) inches by eight and a half (8.5) inches, upon payment of not more than five cents (5¢) per one (1) -sided copy.
 - b. For each two (2) sided duplicated copy of not more than fourteen (14) inches by eight and a half (8.5) inches, upon payment of not more than five cents (5¢) per each two (2) sided duplicated copy.
 - c. For all other copies where fees are not prescribed by law upon payment of the actual cost of duplication of the record.
 - d. A fee will not be required for requests estimated to be less than five dollars (\$5.00).
 - e. A fee for duplication must not be charged for non-extensive PHI records requests that result in scanned or electronically produced documents.



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B. Right to Amend, Correct, and Clarify PHI and Treatment Records:

1. CCFR's patients have the right to request amendments, corrections, and clarifications to their PHI and treatment records maintained by CCFR in a designated record set (as defined in this Policy). A patient who wishes to amend, correct, or clarify PHI documented in the patient's treatment record shall submit to the Privacy and Security Officer a written request that includes the following information:
 - a. A statement of the information that the patient believes amends, corrects, or clarifies the patient's treatment record.
 - b. A statement of the patient's reason for the requested amendment, correction, or clarification.
 - c. A list of persons or entities to whom the patient wishes CCFR to share the patient's amendment, correction, or clarification.
 - d. The patient's authorization for CCFR to share the patient's amendment, correction, or clarification with the persons identified by the patient.
2. Upon receipt of the patient's requested amendment, correction, or clarification, the requested amendment, correction, or clarification will be retained with the patient's treatment record by CCFR, and the Privacy and Security Officer will notify the patient within sixty (60) days of receipt of the patient's request of the actions taken by the CCFR to honor the patient's request.
3. CCFR personnel who provided treatment to the patient that is the subject of the requested amendment, correction, or clarification may add to the patient's treatment record a statement in response to the patient's requested amendment, correction, or clarification.
4. If CCFR personnel who provided treatment to the patient add, a supplemental statement in response to the patient's requested amendment, correction or clarification, a copy of such supplemental statement(s) shall be provided to the patient.
5. Upon receipt of a patient's written request, CCFR will make reasonable efforts to inform and provide the patient's amendment, correction, or clarification to:
 - a. Persons identified by the patient as having received PHI about the



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patient and needing the amendment, correction, or clarification.

- b. Persons, including business associates, that CCFR knows has the PHI that is the subject of the amendment and who may have relied, or could foreseeably rely, on such information to the detriment of the patient.
6. When CCFR is required or authorized by law to disclose the patient's PHI or treatment records, any PHI or records required or authorized to be disclosed shall include copies of the patient's written amendments, corrections, or clarifications and any supplemental statements added to the patient's treatment record by any CCFR personnel who provided treatment to the patient if:
- a. The patient's amendments, corrections, or clarifications relating to diagnosis, treatment, or care.
 - b. The patient requests that the amendments, corrections, or clarifications be included in the disclosure, and provides to CCFR a signed authorization to that effect.
 - c. The patient pays CCFR all service charges related to the request, requested by CCFR to provide the disclosed records.

C. Right to Request Restrictions on Disclosure of Protected Health Information:

1. CCFR's patients have the right to request that CCFR restrict:
 - a. Uses and disclosures of PHI to carry out treatment, payment, or health care operations.
 - b. Disclosures to persons involved in the patient's care and for notification purposes.
2. CCFR is not required to a requested restriction, unless:
 - a. The requested restriction on disclosures is to a health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law.
 - b. The PHI pertains solely to a health care item or service for which the patient, or person other than the health plan on behalf of the patient, has paid CCFR in full.



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3. If CCFR agrees to honor a requested restriction, CCFR will document the restriction and not use or disclose the patient's PHI in violation of the restriction unless the patient is in need of emergency treatment and the restricted PHI is needed by CCFR or another healthcare provider to provide emergency treatment to the patient. In such circumstances, CCFR will request that the healthcare provider receiving the patient's PHI in the emergency treatment situation not further use or disclose the information.
4. If CCFR agrees to a requested restriction, CCFR will not be precluded from using or disclosing the patient's PHI when such use is otherwise permitted or required by:
 - a. The Secretary of the United States Department of Health and Human Services to investigate or determine CCFR's compliance with HIPAA.
 - b. Any of the purposes set forth in 45 C.F.R. §164.512.
5. CCFR or the patient may terminate a requested restriction at any time for any reason upon notice to the other party.

D. Right to Request Confidential Communications:

1. CCFR patients have the right to request to receive communications of PHI from CCFR by alternative means or at alternative locations.
2. CCFR may accommodate reasonable requests for confidential communications.
3. CCFR may require that the request be made in writing.
4. CCFR may condition the provision of a reasonable accommodation for confidential communications when appropriate, information as to how payment, will be handled, and specification of an alternative address or other method of contact.
5. CCFR may not require an explanation from the patient as to the basis for the request as a condition of providing communications on a confidential basis.

E. Patient Right to Accounting of Disclosures of Protected Health Information:

1. CCFR patients have the right to request and obtain an accounting of certain disclosures of their PHI made by CCFR.
2. CCFR will maintain a log (an "Accounting Log") of all disclosures of a patient's PHI for which an accounting is required ("Accountable Disclosures,"



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as further defined below) containing the information described in Sections 4.a.-f below, or documentation of a patient's Accountable Disclosures from which an Accounting Log can be created upon a patient's request for an accounting of such disclosures.

- a. Definition of Accountable Disclosures: The Privacy Rule includes a specific exception from the accounting standard for incidental disclosures permitted by the Rule. See 45 CFR 164.528(a)(1). A disclosure of PHI is the release, transfer, provision of access to, or divulging in any other manner of PHI to any person or entity outside of CCFR. An Accountable Disclosure is any disclosure of PHI outside of CCFR, including disclosures made to or by CCFR business associates, except:
 - i. Disclosures of PHI to carry out treatment, payment, or health care operations, unless the disclosures were made through an electronic health record during the three (3) years prior to the date of the requested accounting, in which case the disclosures are Accountable Disclosures.
 - ii. Disclosures of PHI directly to the patient.
 - iii. Disclosures of PHI incident to a permitted or required use or disclosure of PHI.
 - iv. Disclosures of PHI pursuant to authorization from the patient or the patient's authorized representative.
 - v. Disclosures of PHI to persons involved in the patient's care or for other notification purposes.
 - vi. Disclosures of PHI authorized by law to federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.
 - vii. Disclosures of PHI authorized by law to correctional institutions or law enforcement officials having lawful custody of an inmate or other individual.
 - viii. Disclosures of PHI as part of a limited data set pursuant to a data use agreement.
 - ix. Disclosures of PHI that occurred more than six (6) years prior to the date of a requested accounting.



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b. Examples of Accountable Disclosures:

The following disclosures are Accountable Disclosures under this Policy:

- i. Disclosures to carry out treatment, payment, or healthcare operations made through an electronic health record during the three (3) years prior to the date of the requested accounting.
- ii. Disclosures to a CCFR business associate for a purpose other than those listed in subsections 2.a.i.-ix above.
- iii. Disclosures required by law not listed as an exception under subsections 2.a.i.-ix., above.
- iv. Disclosures for public health activities, for example, to comply with communicable disease reporting laws, mandatory gunshot wound reporting laws, and vital statistics reporting laws.
- v. Disclosures about victims of abuse or neglect, for example, to comply with laws mandating the reporting of suspected child abuse and neglect, and suspected abuse, neglect, or exploitation of incapacitated or dependent adults.
- vi. Disclosures for health oversight activities, for example, to professional licensing boards in connection with healthcare professional licensure or disciplinary actions, or to government regulators conducting facility licensing surveys or investigating complaints.
- vii. Disclosures for judicial and administrative proceedings, for example, to comply with a governmental subpoena in connection with a child protection proceeding, or to comply with a court order.
- viii. Disclosures to law enforcement having lawful custody of an inmate or other individual as necessary to provide health care for such individuals or to protect the health and safety of an inmate or other individuals.
- ix. Disclosures about decedents to coroners, medical examiners, and funeral directors, or to organ procurement organizations for organ, eye, or tissue donation purposes.
- x. Disclosures for research purposes for which a patient's written



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authorization was not obtained.



- x. authorization was not obtained.
 - xi. Disclosures to avert serious threats to health or safety, for example, to law enforcement or to a potential victim of the threat.
 - xii. Disclosures for specialized government functions for a purpose other than those listed in subsections 2.a.i.-ix. above.
 - xiii. Disclosures for workers' compensation purposes to comply with Florida's Workers' Compensation laws.
 - xiv. Unauthorized disclosures to persons or entities outside of CCFR.
 - xv. Disclosures to other persons or entities outside of CCFR (automatic or mutual aid partners) for which an exception does not apply under Sub-Sections 2.a.i.-ix. above.
3. CCFR patients may request an accounting of disclosures of PHI that have occurred within six (6) years prior to the date of the request. Patients may be asked to make such a request in writing. Additionally, any person legally authorized to make health care decisions on behalf of a patient (such as a legal guardian, an agent under a durable healthcare power of attorney, a health care surrogate under the Uniform Health Care Decisions Act (2023), or the parent of a minor) is also authorized to request an accounting on behalf of the patient. A personal representative with the authority to act on behalf of a deceased patient or on behalf of a deceased patient's estate is also authorized to request an accounting on behalf of a deceased patient.
 4. Upon receiving a request for an accounting, CCFR will provide the patient (or other authorized requestor) with a written accounting of disclosures containing the following information:
 - a. An itemized list of Accountable Disclosures of PHI that have occurred during the six (6) years (or shorter period if specified by the patient) prior to the date of the request. This list will include Accountable Disclosures to or by CCFR and all CCFR business associates acting on behalf of CCFR, including the mailing addresses, telephone numbers, and email addresses of all such business associates.
 - b. The date of each Accountable Disclosure.
 - c. The name of the entity or person who received the PHI for each Accountable Disclosure and, if known, the address of such entity or



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- person.
- d. A brief description of the PHI disclosed during each Accountable Disclosure.
 - e. A brief statement of the purpose of each disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of the written request for the disclosure.
 - f. If, during the period covered by the accounting, CCFR has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide:
 - i. The information required in Sections 4.a.-f. above for the first disclosure made during the accounting period.
 - ii. The frequency, periodicity, or number of the disclosures made during the accounting period.
 - iii. The date of the last such disclosure during the accounting period.
5. CCFR will act on the patient's request for an accounting no later than 60 days after receipt of the request by either:
- a. Providing the patient with the accounting requested.
 - b. Extending the time to provide the accounting by no more than 30 days if CCFR cannot provide the accounting within 60 days of the patient's request. In the event that CCFR extends the time for providing the accounting, CCFR will provide the patient with a written statement of the reasons for the delay and the date by which CCFR will provide the accounting. This statement will be provided to the patient within 60 days of the patient's request for an accounting.
6. CCFR will provide the first accounting to a patient in any 12-month period without charge. However, CCFR may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same patient within the 12-month period. CCFR will inform a patient making a subsequent request during a given 12-month period that a fee may be charged for such subsequent requests, and provide the patient with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.



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7. CCFR will document and maintain copies of all written accountings provided to patients.
8. CCFR will temporarily suspend a patient's right to receive an accounting of disclosures of PHI upon request from a health oversight agency or a law enforcement official for the time specified by such agency or official if:
 - a. The health oversight agency or law enforcement official provides CCFR with a written statement indicating that the provision of accounting to the patient would be reasonably likely to impede the agency's or official's activities.
 - b. The statement specifies the time for which the suspension is required. If the agency or official statement is made orally, CCFR will:
 - i. Document the statement, including the identity of the agency or official making the statement.
 - ii. Temporarily suspend the patient's right to an accounting of disclosures subject to the statement.
 - iii. Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless the agency or official submits a written statement during that time.

F. Right to Make Privacy Complaints:

CCFR patients have the right to make complaints concerning the CCFR's HIPAA policies and procedures and CCFR's compliance with such policies and procedures, in accordance with Section I (E) of this Policy.

IV. **Uses and Disclosures of CCFR Patients' Protected Health Information:**

A. CCFR patient PHI is confidential and may not be disclosed by CCFR or its personnel to any person or entity, other than to the patient, except as provided under this Section IV.

1. Any disclosure of PHI to any another department or employee of the City of Coconut Creek, must meet an applicable exception to patient privacy under this Policy. If an employee of the City of Coconut Creek performs duties for CCFR: Such employee is prohibited from using the CCFR's PHI from disclosing the CCFR's PHI to any person, unless such use or disclosure is permitted under this Policy, HIPAA, and applicable Florida law.



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B. Minimum Necessary Rule and Related Requirements:

1. Whenever using or disclosing a CCFR patient's PHI or when requesting a CCFR patient's PHI from another covered entity or business associate, the CCFR, and its personnel will make reasonable efforts to limit PHI to the minimum necessary reasonably required to accomplish the intended purpose of the use, disclosure, or request. For all uses, disclosures, or requests to which the minimum necessary rule applies, CCFR and its personnel may not use, disclose, or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of that use, disclosure, or request.
2. The Privacy and Security Officer will identify:
 - a. Those persons or classes of persons, as appropriate, in its workforce who need access to PHI to carry out their duties.
 - b. For each such person or class of persons, the category or categories of PHI to which access is needed and any conditions appropriate to such access.
 - c. CCFR and its members will make reasonable efforts to limit the access of such persons or classes identified above to PHI consistent with such persons' access needs and conditions of access.
3. For any type of disclosure that CCFR and its members make on a routine and recurring basis, CCFR and its members will implement standard protocols that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure. For all other disclosures, CCFR and its members will:
 - a. Review requests for disclosure on an individual basis in accordance with such criteria.
4. CCFR and its members may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:
 - a. The information is requested by another HIPAA covered entity.
 - b. Documentation or representations that comply with the applicable requirements of 45 C.F.R. § 164.512(i) have been provided by a person requesting the information for research purposes.
5. CCFR and its members will limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made when requesting such information from other covered entities. For a request that is made on a routine and recurring basis, CCFR and its members will implement standard protocols that limit the PHI requested to



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the amount reasonably necessary to accomplish the purpose for which the request is made. For all other requests, the CCFR and its workforce members will:

- a. Review requests for disclosure on an individual basis in accordance with such criteria.

C. Permissible Uses and Disclosures of PHI with Patient's Authorization:

1. CCFR and its members may disclose a patient's PHI pursuant to a valid written authorization signed by the patient for the specific purpose stated in the authorization. CCFR and its members shall not disclose PHI in excess of the information described in the authorization. In the event that a CCFR member is unclear as to the validity of an authorization signed by a patient or the patient's authorized representative, the CCFR member shall notify and consult with the CCFR's Privacy and Security Officer to determine whether CCFR can rely upon and honor the authorization.
2. CCFR's patient (or patient's authorized representative) may revoke an authorization at any time, provided the revocation is in writing, signed, and dated. CCFR and its members will honor a written revocation, but such revocation shall be subject to the rights of any person who has already acted in reliance on the authorization prior to receiving notice of the revocation.

D. Permissible Uses and Disclosures of Patients' PHI upon Authorization from an Authorized Representative:

In the event that a CCFR patient lacks the capacity or is otherwise unable to provide written authorization to disclose the patient's PHI, CCFR and its members may disclose the patient's PHI pursuant to a written authorization signed by an authorized representative of the patient, unless CCFR determines that the patient has been or may be subjected to domestic violence, abuse, neglect by the patient's authorized representative, or treating such person as the authorized representative could otherwise endanger the safety of the patient, and/or that it is not in the best interest of the patient to recognize the authority of the authorized representative, taking into consideration the safety of the patient and any indicators, suspicion or substantiation of abuse or exploitation. CCFR members shall identify and verify an authorized representative's authority to act on behalf of the patient in accordance as follows:

1. Identification of Authorized Representative for the Purpose of Authorizing the Disclosure of Protected Health Information. The person authorized to obtain disclose, or exercise other rights CCFR's patient has with respect to, the CCFR members will identify the patient's PHI on behalf of the patient, as follows:
 - a. The Patient: A competent adult patient with decisional capacity is authorized to make all decisions related to the patient's PHI.



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- b. Patient's Authorized Representative: In circumstances where the patient lacks capacity to make health care decisions, has been adjudicated to be legally incompetent, or is otherwise not legally authorized to access, disclose, or exercise the patient's other rights with respect to the patient's PHI, the person authorized to make such decisions related to the patient's PHI on behalf of the patient will be identified in the following order of priority:
- i. The individual's agent under a health care power of attorney, unless the patient also has a court-appointed legal guardian whose health care decisions take precedence over the decisions of the patient's agent pursuant to the court's guardianship order.
 - ii. The individual's legal guardian.
 - iii. The patient's health care surrogate, in the following order of priority:
 1. The patient's spouse (including a same-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated), unless legally separated.
 2. An adult child of the patient.
 3. A parent of the patient.
 4. An adult brother or sister of the patient.
 5. An adult grandchild of the patient.
 6. An adult niece or nephew of the patient related by blood or adoption.
 7. An adult aunt or uncle of the patient related by blood or adoption.
 8. Another adult relative of the patient, related by blood or adoption, who is familiar with the patient's personal values.
 - iv. If the patient is deceased: The personal representative, executor or administrator of the decedent's estate; if no personal representative, executor or administrator has been appointed, then (in order of priority listed previously, though consultation with legal counsel is required):
 1. The decedent's spouse (including a same-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated).



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2. A parent of the decedent.
 3. An adult who is a child, grandchild, or sibling of the decedent.
 4. An adult who is an aunt, uncle, niece, or nephew of the decedent, related by blood or adoption.
 5. An adult related to the decedent, by blood or adoption, who is familiar with the decedent's personal values.
2. Verification and Documentation of Identity and Authority of Authorized Representatives:

Where an authorized representative acts on behalf of a patient under Section IV, "Uses and Disclosures of CCFR Patient's Protected Health Information," of this Policy and the identity and authority of the patient's authorized representative are not known to CCFR, the identity, and authority of the person to act on behalf of the patient will be verified and documented by CCFR as follows before allowing the person to assume the duties of an authorized representative:

- a. In the case of a patient with a health care power of attorney agent, designation, CCFR shall request a copy of the patient's health care power of attorney form from the patient or the patient's agent, and place it in the patient's medical record.
- b. In the case of a patient with a court-appointed guardian, CCFR shall Request a copy of the court's guardianship order and place it in the patient's medical record.
- c. In the case of an incapacitated patient without a health care power of attorney agent or a court-appointed guardian, CCFR shall identify and document in the patient's medical record the patient's health care surrogate. If CCFR does not know the identity of the patient's health care surrogate, CCFR may require the individual acting as the patient's health care surrogate to complete and sign a Written Declaration of Health Care Surrogate form stating facts and

Circumstances reasonably sufficient to establish the surrogate has claimed authority.
- d. In the case of a deceased patient, the personal representative of the decedent's estate or other person purportedly authorized to access or authorize the disclosure of the decedent's PHI will be required to either:
 - i. Provide documentation of the person's status and authority to act as the decedent's personal representative, executor, or administrator of the deceased patient's estate, such as a copy



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of the court order appointing the person to act as the personal representative of the decedent's estate or a copy of the patient's will designating the person to act as the administrator or executor of the decedent's estate, prior to disclosing the decedent's PHI to the patient's personal representative.

- ii. Complete and sign the HIPAA Authorization for Designated Representatives form prior to disclosing the decedent's PHI to the patient's personal representative.
 - e. In cases where CCFR does not know the identity of the person acting as the patient's authorized representative, CCFR will request documentation sufficient to reasonably verify the identity of the authorized representative, such as a driver's license or other similar identification, and shall maintain a copy of such documentation in the patient's medical record.
 - f. In cases where the decedent has not authorized a personal representative, the decedent's next of kin must complete, sign and have notarized the CCFR Records Affidavit of Next of Kin prior to disclosing the decedent's PHI to the next of kin.
3. Verification and Documentation of Identity and Authority of Other Persons Purportedly Authorized to Obtain Patient's Protected Health Information: When a disclosure of PHI is requested by a person other than the patient's authorized representative who purports to have the authority to obtain such information (e.g., by a health oversight agency for health oversight activities, or to a law enforcement official for a law enforcement purpose), and such person is not known to CCFR, the Department will obtain from the requesting person documentation, statements, or representations sufficient to reasonably verify the identity and authority of the person requesting the PHI, prior to disclosing such information. Such identification might include the presentation of the requesting person's identification badge or credentials, submission of a written request on the requesting agency's official letterhead, a written statement of the requesting person's purported legal authority to obtain the information or other similar documentation.

E. Permissible Uses and Disclosures of Patients' PHI without Patient Authorization:

CCFR and its members may use or disclose, or when required by law, must use or disclose, a patient's PHI without the patient's or the patient's authorized representative's authorization under the following circumstances:

1. To CCFR members for diagnosis, treatment, or care of the patient, to provide healthcare services to the patient, or to coordinate or manage the care of the patient.



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2. To a business associate of CCFR when such PHI is necessary for the business associate to perform services on behalf of CCFR, provided such business associate has entered into a HIPAA-compliant written Business Associate Agreement with CCFR.
3. For CCFR's own health care operations purposes, including, but not limited to, quality assurance, utilization review, peer review, risk management, billing and collection, and similar activities relating to the delivery of health care.
4. For the health care operations purposes of a health care provider or facility receiving the PHI if:
 - a. Both CCFR and the receiving entity either have or had a relationship with the patient who is the subject of the PHI being disclosed.
 - b. The PHI pertains to such a relationship.
 - c. The disclosure is for one of the following purposes:
 - i. Health care fraud and abuse detection or compliance.
 - ii. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs; protocol development; case management and care coordination; contacting of health care providers and patients with Information about treatment alternatives; and related functions that do not include treatment.
 - iii. Reviewing the competence or qualifications of health care professionals; evaluating employee performance; evaluating services; conducting training programs in which students, trainees, and employees in areas of health care learn, under supervision, to practice or improve their skills as health care providers; training of non-health care professionals; accreditation, certification, licensing, or credentialing activities.
5. Consistent with 45 C.F.R §164.506, to third-party payers for payment and health care operations purposes, unless the patient has requested a restriction on disclosures to a health plan or third-party payer for a payment or health care operations purpose and the PHI pertains to services for which the patient has paid CCFR in full.
6. In the event of a patient's incapacity, to the patient's health care power of attorney agent or court-appointed guardian (unless such disclosure is



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otherwise limited by the patient's health care power of attorney document or the court's guardianship order), or to the patient's health care surrogate.

7. To appropriate persons that CCFR has determined that:
 - a. In their good faith and reasonable professional judgment the patient poses a direct threat of serious imminent harm to the health or safety of another person or the public; and
 - b. The disclosure is necessary to prevent, avert, or lessen the threat; and
 - c. The disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat or law enforcement; and
 - d. The disclosure otherwise protects the confidentiality of the patient's PHI consistent with sound professional judgment; and
 - e. The disclosure is consistent with standards of ethical conduct applicable to CCFR.
8. To state and federal governmental entities in order to protect the public health and welfare when reporting is required or authorized by law, including but not limited to mandatory reports of suspected abuse, neglect, or exploitation of children and incapacitated and dependent adults under Florida law.
9. **To federal, state, or local governmental entities to report a suspected crime.** Against CCFR or against a CCFR member, or to report information that CCFR or against a CCFR member believes in good faith constitutes evidence of criminal conduct that occurred on the City's premises.
10. To federal, state, or local governmental entities if CCFR is providing diagnosis, treatment, or care to a patient and has determined in the exercise of sound professional judgment that the following requirements, as applicable, are satisfied:
 - a. With regard to a disclosure for public health activities, the provisions of 45 C.F.R. §164.512(b) have been met. Consultation with legal counsel should be considered.
 - b. With regard to a disclosure for law enforcement purposes, the provisions of 45 C.F.R. §164.512(f) have been met, including disclosure to law enforcement officers investigating criminal conduct. Consultation with legal counsel should be considered.
 - c. With regard to a disclosure that pertains to victims of abuse, neglect, or domestic violence, the provisions of 45 C.F.R. §164.512(c) have



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been met. Consultation with legal counsel should be considered. Additionally, with regard to a disclosure that pertains to a victim of domestic violence or a victim of sexual assault:

- i. To the extent disclosure is expressly authorized by statute or regulation and CCFR, in the exercise of professional judgment, believes that the disclosure is necessary to prevent serious harm to the patient or other potential victims; or
 - ii. If the patient is unable to agree to the disclosure because of incapacity, law enforcement or other public official authorized to receive the report must represent that the PHI for which disclosure is sought is not intended to be used against the patient (or other potential victims) and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the patient is able to agree to the disclosure.
11. As directed by an order of a court having jurisdiction over CCFR or its members. Consultation with legal counsel is advised to determine the validity of the court order and whether and how CCFR is authorized to disclose PHI pursuant to the court order.
- To a governmental entity pursuant to a lawful subpoena requesting PHI to which the governmental entity is entitled according to statute or rules of court. Consultation with legal counsel is advised to determine whether and how CCFR is authorized to respond to a subpoena, and whether CCFR should seek to quash the subpoena or an appropriate protective order.**
12. To health oversight agencies engaged in the assessment, evaluation, or investigation of the provision of, payment to, or the practices of, CCFR pursuant to statutory or professional standards or requirements.
13. To health oversight, entities engaged in the regulation, accreditation, licensure or certification of CCFR or its health care providers.
14. To attorneys of CCFR as determined by CCFR to be required for CCFR's own legal representation.
15. In the event of a patient's death:
- a. To the personal representative or administrator of the deceased patient's estate or, if no such personal representative or administrator has been appointed, to another legally authorized representative of the patient.
 - b. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties of the



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recipient as authorized by law.

- c. To a funeral director, consistent with Florida law, as necessary to carry out the funeral director's duties with respect to the decedent (PHI may also be disclosed to a funeral director prior to, and in reasonable anticipation of, the patient's death, if necessary for the funeral director to carry out his or her duties).
- d. To a family member or other close personal friend of the patient who was involved in the patient's care or payment for health care prior to the patient's death if such information is relevant to such person's involvement unless doing so is inconsistent with any prior expressed wishes of the patient that are known to CCFR.

16. When such disclosure is otherwise required or authorized by law. Consultation with legal counsel should be sought in uncertain circumstances.

F. Disclosures of Substance Use Disorder Program PHI:

To the extent that CCFR obtains or maintains Substance Use Disorder Program PHI concerning a patient that is identified as a substance use disorder program patient and that is subject to the confidentiality protections of 42 C.F.R. Part 2 (ie Sections 2.1 through 2.68) CCFR shall maintain the confidentiality of such information and shall not disclose such information except that:

1. CCFR may disclose substance use disorder program information to medical personnel outside of CCFR to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained, provided that immediately following the disclosure, the disclosure is documented by CCFR, including the name of the medical personnel to whom the disclosure was made and their affiliation with any health care facility, the name of CCFR member making the disclosure, the date and time of the disclosure, and the nature of the emergency.
2. CCFR may disclose substance use disorder program PHI pursuant to a written authorization that specifically authorizes the disclosure of such information.
3. CCFR may disclose substance use disorder program PHI as otherwise authorized or required by another exception under 42 C.F.R. Part 2.

G. Disclosures of HIV Information:

CCFR and its members shall not disclose any information regarding a patient's HIV test results or HIV status unless the patient has specifically authorized the disclosure of HIV information in a written authorization, except to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Legal counsel should be consulted in



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uncertain circumstances. Patients authorizing the disclosure of CCFR records containing HIV infection status information shall be informed of the potential implications of authorizing the disclosure. In the event that a CCFR member has a good faith, reasonable basis to believe that a patient's behavior intentionally or negligently places a third party at serious health risk of exposure to HIV/AIDS, CCFR is authorized to report the provider's concerns about the risk of exposure of communicable disease the patient poses to the Florida Department of Health. The Florida Department of Health is authorized to take any appropriate preventive action deemed necessary to protect the health and safety of third parties at risk, including notification of such third parties of their risk of exposure. CCFR is authorized to cooperate with the Florida Department of Health in the course of the Department's taking preventive action in the case.

H. Verification of Permissible Uses and Disclosures:

CCFR members who use or disclose a patient's PHI under this Administrative Procedure shall either know or verify that a signed authorization form authorizing the use or disclosure is documented in the patient's medical record or that another exception to confidentiality applies under this Procedure, prior to making such use or disclosure of PHI. In circumstances where a CCFR member is unsure as to whether a use or disclosure is permissible under this Procedure and applicable law, the CCFR member shall confer with the CCFR's Privacy and Security Officer for guidance.

I. Disclosure of Partial or Incomplete Information:

If CCFR discloses partial or incomplete PHI of a patient as compared to the request or directive to disclose under applicable law, CCFR will indicate in writing to the recipient of the information that the information is partial or incomplete.

J. Uses and Disclosures of De-Identified Information:

CCFR may use PHI to create de-Identified PHI for a use or disclosure other than for research purposes, without patient authorization. De-identified PHI is not subject to the confidentiality requirements of this Procedure.

V. **Security Incidents and Breach Notification:**

CCFR in conjunction with the City of Coconut Creek IT Department will: (i) identify, report, investigate, mitigate and document all discovered or reported Security Incidents (as defined herein) in accordance with the requirements set forth below in this Section V; and (ii) following the discovery of a Breach of Unsecured PHI (as defined herein), notify each individual whose unsecured PHI has been, or is reasonably believed by CCFR and or the City of Coconut Creek IT Division to have been, accessed, acquired, used, or disclosed as a result of such Breach, in the manner set forth in this Section V below.

A. For purposes of this Administrative Procedure, the following terms shall have the following meaning:



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1. Breach: Generally means the acquisition, access, use, or disclosure of protected health information ("PHI") in a manner not permitted under the HIPAA Privacy Standards that compromises the security or privacy of the PHI. CCFR specifically adopts the definition as provided in 45 CFR §164.402 for "breach" as may be amended from time to time.
 2. Secured Protected Health Information: means PHI that has been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology that encrypts, clears, purges, or destroys the PHI in accordance with HIPAA.
 3. Security Incident: means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in a CCFR information system.
 4. Unsecured Protected Health Information: PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology that encrypts, clears, purges, or destroys the PHI in accordance with HIPAA.
- B. **Any member of the CCFR who discovers or becomes aware of a Security Incident, or who suspects that a breach may have occurred, shall immediately report the** Security incident or suspected breach to the CCFR's Privacy and Security Officer.
- C. Upon discovering or being informed of a security incident or a suspected breach, CCFR's Privacy and Security Officer, or designee, in consultation with the City of Coconut Creek's IT Security Officer (if the suspected breach involved PHI) shall promptly conduct an investigation and risk assessment to determine: (i) whether any information maintained in CCFR's information system has been or has attempted to be accessed, used, disclosed, modified or destroyed in an unauthorized manner; (ii) whether a breach of PHI has occurred; and (iii) whether any system operations within CCFR's information system have been interfered with in an unauthorized manner. CCFR's Privacy and Security Officer, in consultation with the City of Coconut Creek's IT Security Officer (if PHI is involved), shall evaluate whether the incident compromises the security or privacy of any individual's PHI, as follows:
1. The risk assessment shall be fact-specific and take into account at least the following factors:
 - a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification; and
 - b. The unauthorized person who used the PHI or to whom the disclosure was made; and
 - c. Whether the PHI was actually acquired or viewed; and



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- d. The extent to which the risk to the PHI has been mitigated.
 2. CCFR's Privacy and Security Officer shall presume that an acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Standards is a breach, unless the Privacy and Security Officer concludes, based on the risk assessment above, that CCFR could demonstrate that there is a low probability that the PHI has been compromised.
 3. CCFR's Privacy and Security Officer shall be responsible for ensuring that Security Incidents, Risk Assessments related to suspect breaches, and outcomes related to such security incidents and breaches, are investigated and appropriately documented.
- D. If there is no breach, CCFR and the City of Coconut Creek IT Department have no breach notification obligations under this Administrative Procedure. As such, the results of the Privacy and Security Officer Investigation and Risk Assessment, must show that the incident involved:
1. An unintentional acquisition, access, or use of PHI by CCFR member or person acting under the authority of CCFR or a business associate of CCFR, and such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the HIPAA Privacy Standards.
 2. An inadvertent disclosure by a person who is authorized to access PHI at CCFR or a business associate of CCFR to another person authorized to access PHI at CCFR or the Department business associate, or organized health care arrangement in which CCFR participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Standards.
 3. A disclosure of PHI where CCFR (or a business associate of CCFR) has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
 4. An acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA Privacy Standards. CCFR will conduct regular risk assessments. CCFR will demonstrate that there is a low probability that the PHI has been compromised. Following a risk assessment undertaken by CCFR of the factors described in Sections V.C.1.a.-d. above, CCFR can demonstrate poses a low probability that the PHI has been compromised. This assessment helps determine whether the incident qualifies as a breach that would require notification or other actions under HIPAA.
 - a. The risk assessment typically considers factors such as:
 - i. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.



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- ii. The person who used the PHI or to whom the disclosure was made.
- iii. Whether the PHI was actually acquired or viewed.
- iv. The extent to which the risk to the PHI has been mitigated.

If the assessment concludes that the probability of compromise is low, it may not be considered a reportable breach under HIPAA.

E. Breach Notification: In the event that CCFR in consultation with the City of Coconut Creek IT Department concludes that a breach has occurred:

1. CCFR shall provide the notification required by this Administrative Procedure without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach. For purposes of this Policy, a breach shall be treated as discovered as of the first day on which the breach is known or, by exercising reasonable diligence, would have been known to any person, other than the person committing the breach, who is a workforce member of the city or member of CCFR.
2. The notification required by this Administrative Procedure shall include, to the extent possible, the following information:
 - a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; and
 - b. A description of the types of unsecured PHI that were involved in the breach; and
 - c. Any steps individuals affected by the breach should take to protect themselves from potential harm resulting from the breach; and
 - d. A brief description of what CCFR and or the City of Coconut Creek IT Division is doing or has done to investigate the breach, to mitigate Harm to individuals affected by the breach, and to protect against any further breaches; and
 - e. Contact procedures for individuals to ask questions or to obtain additional information, which shall include a toll free telephone number, an e-mail address, Web site, or postal address.
3. **Methods of Individual Notification:** The notification required by this Section V "Security Incident and Breach Notifications," shall be provided in the following form to each affected patient or, if a patient lacks capacity to make health care decisions, to the patient's authorized representative:
 - a. **Written Notice:**
 - i. The written notification will be provided to the individual via first-class mail or email, upon request by the patient, sent to



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the last known address or email address provided by the patient or the patient's designee. This notification may be sent in one or multiple mailings as information becomes available.

- ii. If CCFR knows, the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first-class mail will be provided to either the next of kin or personal representative of the individual.
- b. Substitute Notice: In the case in which there is insufficient or out-of-date contact information that precludes written notification to the individual, CCFR shall provide a substitute form of notice reasonably calculated to reach the individual. Substitute notice need not be provided in the case in which there is insufficient or out-of-date contact information that precludes written notification to the next of kin or personal representative of the individual.
- a. In the case in which there is insufficient or out-of-date contact information for fewer than ten (10) individuals, then an alternative form of written notice, telephone, or other means may provide such substitute notice.
 - b. In the case in which there is insufficient or out-of-date contact information for ten (10) or more individuals, then such substitute notice shall:
 1. **Be in the form of either a conspicuous posting for a period of ninety (90) days on the CCFR's website home page or a conspicuous notice in major print or broadcast media in geographic areas where the Individual affected by the Breach likely reside; and**
 2. Include a toll-free phone number that shall remain active for at least ninety (90) days where an individual can learn whether the individual's unsecured PHI may be included in the Breach.
4. Additional notice in urgent situations may be required in any case deemed by the Privacy and Security Officer to require urgency because of possible imminent misuse of unsecured PHI. Such notice may be provided to individuals by telephone or other means, as appropriate, in addition to the written notice required by this Administrative Procedure. For a Breach of Unsecured PHI involving more than five hundred (500) patients, CCFR shall, following the discovery of the Breach, notify prominent media outlets serving the State of Florida or City of Coconut Creek. CCFR shall provide this notification without unreasonable delay and in no case later than sixty



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(60) calendar days after discovery of the Breach unless such notification is delayed pursuant to a law enforcement request under Section 5, below. The notification provided under this Section 4. shall include the same information described in Sections V.E.2.a.-e.

5. CCFR shall, following the discovery of a breach of unsecured PHI, notify the Secretary of the United States Department of Health and Human Services ("DHHS") as follows:

- a. CCFR shall, following the discovery of a breach of unsecured PHI, notify the Secretary of the United States Department of Health and Human Services (DHHS) as follows:

For breaches of unsecured PHI involving five hundred (500) or more individuals, CCFR shall provide the notification to the Secretary of DHHS, in the manner specified on the DHHS Website at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html> or such other web links as created by DHHS.

- i. For breaches of unsecured PHI involving less than five hundred (500) individuals, CCFR shall maintain a log or other documentation of such breaches and, not later than sixty (60) days after the end of each calendar year, provide the notification to the Secretary of DHHS for breaches discovered during the preceding calendar year, in the manner specified on the DHHS Website at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html> or such other web links as created by DHHS.

- F. CCFR shall require its respective business associate contractors to enter into a written business associate agreement with CCFR that includes a provision requiring the business associate to report to CCFR any Security Incident of which the business associate becomes aware, including breaches of unsecured PHI as required by 45 C.F.R. §164.410, as may be amended from time to time.

- G. If a law enforcement official represents to CCFR that a notification, notice, or posting required under Section V of this Administrative Procedure would impede a criminal investigation or cause damage to national security then:

1. If the statement is in writing and specifies the time for which a delay is required, CCFR shall delay such notification, notice, or posting for the time period specified by the official; or
2. If the statement is made orally, CCFR shall document the statement,



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including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than thirty (30) days from the date of the oral statement unless a written statement is submitted by law enforcement to CCFR during that time.

H. The Privacy and Security Officer shall be responsible for ensuring that timely measures are taken to mitigate, to the extent practicable, the harmful effects of any identified Security Incidents or suspected Breaches. Such mitigating measures might include:

1. Identifying the source of the security incident or breach and, if the source is a member of CCFR workforce, taking appropriate corrective or other action against the source. If the source is a business associate contractor of CCFR, determining whether termination of the business associate

Relationship, or other appropriate action, is warranted under the circumstances.

2. Contacting the recipient of the information that was the subject of a breach, requesting that the recipient make no further disclosures of the information, requesting that the recipient either return or destroy the information, and obtaining the recipient's satisfactory assurances that the information has not been and will not be further used or disclosed (through a confidentiality agreement or similar means), and has been or will be destroyed.

3. Notifying affected patients whose PHI may have been placed at risk because of the Security Incident or Breach, as provided earlier in this Administrative Procedure.

4. Reviewing department policies and procedures to determine whether changes are necessary to prevent or reduce the risk of a recurrence of the security incident or breach.

I. The CCFR shall be responsible for ensuring that any incident involving a suspected or actual breach under this Administrative Procedure that constitutes an Accountable Disclosure under this Administrative Procedure is properly documented on affected patients' Accounting Logs in accordance with this Administrative Procedure.

J. Notifications Required by Other Laws:

1. Personal Data Breach Notification: The Privacy and Security Officer shall be responsible for determining whether any suspected or actual Breach under this Administrative Procedure also involved use or disclosure of "personal information" that triggers a breach notification obligation under Florida law.

2. Notification Required by Other State Laws: In the event that a suspected or actual breach involves a breach of information concerning a patient of



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another state, CCFR's Privacy and Security Officer shall confer with legal counsel to determine whether CCFR has any breach notification obligations under the laws of the state of any such non-Florida patient.

- K. In the event that CCFR's Privacy and Security Officer determines, after conducting an appropriate investigation and Risk Assessment of a suspected breach, CCFR has no breach notification obligations under this Administrative Procedure, the Privacy and Security Officer, in consultation with CCFR's legal counsel, may elect, in their discretion, to notify affected patients of the incident even though CCFR may be under no legal obligation to provide such notification.
- L. Only the Privacy and Security Officer shall be authorized to provide the notifications required by this Administrative Procedure.
- M. Any member of CCFR workforce who is determined, following an investigation, to have intentionally or knowingly caused a Security Incident or breached the security or privacy of a CCFR patient's PHI or personal information, may be subject to corrective and disciplinary actions, up to and including termination of employment with the City of Coconut Creek, depending on the facts and circumstances, severity and impact of the security incident or breach.
- N. Any unauthorized member of CCFR's workforce acquiring any CCFR patient's PHI or personal information through a breach or because of a security incident is strictly prohibited from using or disclosing such information to any unauthorized person.

VI. HIPAA Security Safeguards to Protect Electronic Health Care Information:

PHI and electronic PHI ("ePHI") maintained by CCFR in any City information system, or in any information system maintained by a business associate of CCFR, shall be maintained, stored, and transmitted in a secure manner in accordance with this Administrative Procedure.

VII. Business Associates:

CCFR will ensure that CCFR patient's PHI is not disclosed to a CCFR contractor that provides services to or on behalf of CCFR other than in the capacity of a member of CCFR, unless (i) the services involve the use or disclosure of PHI; and (ii) such contractor has entered into a Business Associate Agreement with CCFR that meets the applicable business associate requirements of the HIPAA Privacy and Security Standards set forth at 45 C.F.R. §164.314(a) and §164.504(e). For purposes of this Section VII, a "Business Associate" means a person or entity that:

- A. On behalf of CCFR, but other than in the capacity of a member of CCFR, creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA, including claims processing or administration, data analysis, processing or



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administration, utilization review, quality assurance, certain patient safety activities, billing, benefit management, practice management, and repricing.

- B. Provides, other than in the capacity of a member of CCFR, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for CCFR, where the provision of service involves the disclosure of PHI from CCFR or from another business associate of CCFR, to the person or entity.
- C. A person or entity is not a business associate of CCFR if he/she/it is:
1. An employee of CCFR.
 2. A health care provider to which CCFR discloses PHI in connection with the treatment of a CCFR patient.

APPROVED:

Michael Rodriguez
Deputy Fire Chief

10-30-24

Date