Williamson County EMS

4.0 General Policy Release of Patient Information

Purpose

All information contained within a patient's medical record or accessed via computerized systems will be maintained in a confidential manner to protect the patient's right to confidentiality and comply with State and Federal Regulations including HIPAA.

Williamson County EMS shall honor a patient's request to send medical information to a physician, hospital; medical facility; attorney; insurance company; and to the patient.

Protected Health Information (PHI) may only be accessed/released (disclosed) as follows:

- To the patient or personal representatives
- To those directly involved in the care of the patient
- For the protection of public health as provided by law
- For the payment of services as authorized by the patient
- To assist organ procurement organizations authorized by legally authorized individuals
- For any other purposes authorized/or required by law
- Authorized by the patient or other legally authorized individual/or entity

Protected Health Information may be disclosed with the authorization of the patient if:

- The authorization is in writing, is dated, and is signed or otherwise verified/authenticated
- In person verification/authentication will be made utilizing valid photo identification; if received via email, mail or fax verification/authentication must be by notarization
- The authorization specifies the information to be disclosed
- The authorization specifies the entity or location to disclose the information and the authorization specifies the person or persons to receive the information
- The authorization contains all required elements and statements

Protected Health Information may be released to the patient or personal representative if:

- The request is made in writing using the Williamson County EMS "Request for Access to Protected Health Information Form and is signed or otherwise verified/authenticated
- In person verification/authentication will be made utilizing valid photo identification; if received via email, mail or fax verification/authentication must be made by notarization

Scope

Custodian of Records/Privacy Officer and Williamson County EMS staff authorized to release Medical Records

Procedures

1. The following procedures apply to the release of information process:
    a. Patients or personal representatives requesting access to their medical information shall complete a Williamson County EMS "Request for Access to Protected Health Information Form".
    b. Attorneys requesting medical records are required to have the patient complete a HIPAA compliant Authorization to Release of Protected Health Information form.
    c. The signature on the authorization or access form must be that of the patient or legal representative if the patient is deceased, or of the legal guardian if the patient is a minor or has been declared incompetent. The form and the medical record should be reviewed to assure that the signature of a person matches the documentation in the medical record. If received via email, mail, or fax the signature must be authenticated by notarization. In person the signature will authenticated utilizing a valid federal or state issued photo ID.
    d. If the patient is deceased a Death Certificate and a Letter Testamentary, Letter of Administration or other document establishing the requestor as the Personal Representative must be presented.
    e. The date or event specified on the form must not be expired.
    f. Medical records will be released in the manner requested within 10 business days of receipt of a written request for such information with required documentation.
2. Williamson County EMS may charge a fee for patient medical information requested/subpoenaed by an attorney or record retrieval service acting on behalf of an attorney. There is no charge for the access to medical information directly by the patient or personal representative.
3. **Organ and Tissue Donation Requests for Medical Records from an organ procurement:** organization will be processed upon the validation of the received Consent for Tissue and Organ Donation form.
4. **Attorneys, Insurance Companies, Third Party Payers:**
   Upon presentation of proper authorization from the patient, a parent or guardian, or legal representative of a deceased patient; attorneys, third party payers, and others having legitimate interest in the medical record of patient may have information from the record.
5. **Law Enforcement Agencies:**
   Members of Law Enforcement Agencies who request medical information must be referred to the Custodian of Records/Privacy Officer.
6. **Subpoenas for Medical Records:**
   Any subpoena for medical records will be forwarded to the Custodian of Records/ Privacy Officer for review and approval. Upon determination of the validity of the subpoena the request will be processed accordingly.