



City of Manassas Fire and Rescue Services
Standard Operating Procedure

Patient Rights and Complaint Process

Presented Date: 06/21/2012
Effective Date: 07/19/2012
Revision Date: 06/13/2019

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PURPOSE

To establish a policy to protect a patient's rights and the manner in which complaints are processed.

POLICY

1. **Definitions:**

- 1.1 **Fire and Rescue System (FRS) Member** Personnel employed by the City of Manassas Fire and Rescue Department and members of each volunteer fire, rescue, or fire and rescue company that is a member of the Fire and Rescue System who may engage in emergency operations.
- 1.2 **HHS** Department of Health and Human Services
- 1.3 **Member Department** Any fire and/or rescue department (volunteer or career) that is a member of the City of Manassas Fire and Rescue System.
- 1.4 **OCR** Office for Civil Rights
- 1.5 **Patient** A person who received emergency medical service from FRS members.
- 1.6 **City** City of Manassas
- 1.7 **Privacy Officer** Deputy Chief who oversees the EMS billing program and handles protected health information (PHI), develops, implements and oversees the organizations compliance with HIPAA privacy rules.

2. **Policy:**

- 2.1 Patient rights information and the complaint process shall be accessible to the public.
- 2.2 Patient complaints shall be processed in a professional, thorough, and timely manner.
- 2.3 Patients shall not be subjected to retaliation in any way for filing a complaint.
- 2.4 Notice of Privacy Practices (Attachment A) shall be posted on the City's public website. Hard copies of the notice shall be made available on each piece of apparatus in the event a patient requests a copy.
- 2.5 Printed materials containing the patient's rights and the complaint process shall be made available at every FRS member department.

- 2.6 Any patient has the right to make a complaint directly to the privacy officer concerning our policies and procedures with respect to the use and disclosure of their protected health information. The patient also has the right to make a complaint about concerns regarding the compliance with any of our established policies and procedures concerning the confidentiality and use or disclosure of their protected health information or about the requirements of the federal Privacy Rule.

3. **Procedure:**

3.1 Complaints to the City of Manassas:

- 3.1.1 Complaints must be filed in writing, either on paper or electronic, by mail, fax or e-mail, to the Privacy Officer.
- 3.1.2 The letter must describe the act that is the subject of the complaint and the name of the member(s) involved in the act.
- 3.1.3 The complaint should be sent to:
Privacy Officer
Deputy Chief Todd E. Lupton
City of Manassas Fire and Rescue Department
9324 West Street, Suite 103
Manassas, Virginia 20110
(703) 257-8458
TLupton@manassasva.gov
- 3.1.4 After submission of the complaint, the complainant will be contacted by the Privacy Officer to gather further information, as necessary, and explain the investigation process. The investigation may include the review of all applicable documentation, reports, policies, and procedures. The investigation may also include interviews with FRS member(s) and any witnesses to the alleged incident. Once all of the information is gathered and evaluated, the privacy officer will recommend the appropriate action(s) to be made.
- 3.1.5 The investigation process will typically be accomplished within 30 days; however, depending on the nature of the complaint, the review process may take longer. The privacy officer will provide the complainant with status updates and the final decision of the investigation.
- 3.1.6 Notification of the decision(s) and completion of the investigation will be made in writing to the complainant.
- 3.2 If there is a belief that the City has violated the health information privacy rights or committed another violation of the Privacy or Security Rule, the patient may file a complaint with the U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR).
- 3.2.1 Complaints under this section must meet the following requirements:
- 3.2.1.1 A complaint must be filed in writing, either on paper or via electronic transmittal. Instructions and the

complaint form may be found on the HHS website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

- 3.2.1.2 A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believe to be in violation of the applicable requirements of the Federal Privacy or Security Rule.
- 3.2.1.3 A complaint must be filed within 180 days from when the complainant knew, or should have known, that the act of omission complaint occurred. OCR can waive the time limitation if good case can be shown by the complainant.
- 3.2.1.4 If sending the complaint via post mail or if there are further questions or concerns, the complainant may contact the following:

**Regional Manager
Office for Civil Rights**

U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, Pennsylvania 19106-9111
Main Line: (215) 861-4441
Hotline: (800) 368-1019
Fax: (215) 861-4431
TDD: (215) 861-4440

4. Responsibilities:

- 4.1 **FRS Members**
Be aware of the complaint process and comply with the policy.
- 4.2 **Privacy Officer**
Respond to all complaints.
Conduct investigations.
Recommend appropriate actions.
Provide complainant with status updates and final decision.
Request EMS billing coordinator to assist in the investigation when necessary.

APPROVED BY



Vice-Mayor Ken D. Elston, Fire and Rescue Committee Chairman

6-13-19

Date

Attachment A

City of Manassas Fire and Rescue System

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Notice of Privacy Practices
As required by**

**The Code of Federal Regulations
45 CFR Section 164.520**

Purpose of this Notice: City of Manassas Fire and Rescue System (CMFRS) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how CMFRS is permitted to use and disclose PHI about you.

Effective Date of the Notice: July 1, 2009

CMFRS is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: CMFRS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: *This includes any activities we must undertake in order to get reimburses for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.*

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting

business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Use and Disclosure of PHI Without Your Authorization: CMFRS is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

For CMFRS use in treating you or in obtaining payment for services provided to you or in other health care operations;

For the treatment activities of another health care provider;

To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);

To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

For health care fraud and abuse detection or for activities related to compliance with the law;

To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.

We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest.

To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;

For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;

For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;

For military, national defense and security and other special government functions;

To avert a serious threat to the health and safety of a person or the public at large;

For workers' compensation purposes, and in compliance with workers' compensation laws;

To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;

For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. MCFRD/GMVRS is not required to agree to any restrictions you request, but any restrictions agreed to by MCFRD/GMVRS are binding on MCFRD/GMVRS.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: MCFRD/GMVRS reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Deputy Chief Todd E. Lupton
MCFRD/GMVRS
9324 West Street Suite 103
Manassas, Virginia 20110
(703) 257-8458
