

CITY OF HORNELL AMBULANCE SERVICE

82 MAIN STREET PO BOX 627
HORSELL, NY 14843
TAX ID: 16-6002537
BILLING OFFICE 607-324-7421

(Date)

Via First Class Mail
(Affected Individual)
(Last Known Address)

RE: (Suspected) Breach of Your Protected Health information

Dear (Name of Affected Party):

The City of Hornell Ambulance Service is committed to patient privacy and we strive to protect the confidentiality of our patients' healthcare information. We take steps to quickly identify and immediately address all known or suspected breaches of protected healthcare information.

The City of Hornell Ambulance Service (believes) (has information that) that your health information (may have been) (was) improperly (accessed, used, disclosed). Therefore, we are providing this notice to you so that you are aware of and informed about the incident, and so that you can take any further steps that may be necessary to protect your health information.

It was brought to our attention that on (date) _____ one of our employees accessed your electronic patient file for non-business related reasons and without authorization. We discovered this on (date) _____ **(give a brief description of what happened if more information is needed).**

(Give a brief description of the types of unsecured PHI that were involved in the breach such as full name, SSN, DOB, home address, account number, condition, etc.) Example: The file that was breached contained

your home address, your Medicare identification number, your healthcare condition, and your date of birth.

(Explain any steps that the individual should take to protect themselves from potential harm from the breach.) *Example:* We recommend that you carefully monitor explanations of benefits (EOBs) or other remittance advice or account statements received from your health insurer to determine if any other person has used your identity to obtain health care. If you receive an EOB or bill for healthcare services you believe you did not receive, immediately contact your insurer and the healthcare provider who furnished the services.

We also recommend that you place a fraud alert on your credit file. A fraud alert tells creditors to contact you and verify your identity before they open any new accounts or change existing accounts. Please contact one of the three major credit bureaus. Once a credit bureau confirms your fraud alert, the others are notified to place fraud alerts. The numbers for the credit bureaus are:

Equifax	1-800-685-1111
Experian	1-888-397-3742
TransUnionCorp.	1-800-680-7289

If you find suspicious activity on your credit reports or have reason to believe your information is being misused, immediately notify the credit bureaus. If you believe an unauthorized account has been opened in your name, immediately contact the financial institution that holds the account.

(Briefly explain what the City of Hornell Ambulance Service is doing or has done to investigate the breach, to mitigate harm to the individual, and to protect against further breaches.) *Example:* the City of Hornell Ambulance Service has spoken with the employee to ascertain what information was accessed and retained while viewing your file. We also audited access and download logs for that computer to determine whether other unauthorized parties could have gained access to your information and whether any patient information was extracted from your computer.

(Provide contact procedures for the individual to ask questions or learn additional information, including either: a toll-free telephone number, an email address, website, or postal address). *Example:* We encourage you to contact us at (phone number) and ask to speak with our Privacy Officer for more information about this incident. We are happy to answer your questions or to provide you with any additional information that you might require.

We sincerely regret any inconvenience that this incident has caused and assure you that such an incident does not happen in the future. We value your trust in the City of Hornell Ambulance Service and we consider patient privacy a top priority, if there is anything we can do to assist you, please contact us the phone number above.

Sincerely

Privacy Officer

CITY OF HORNELL AMBULANCE SERVICE

BREACH NOTIFICATION POLICY

Purpose

The City of Hornell Ambulance Service is committed to providing all aspects of our service and conducting our business operations in compliance with all applicable laws and regulations. This policy sets forth our commitment to compliance with those standards established by the United States Department of Health and Human Services ("HHS") under Section 13402 of the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") and Federal Regulations found at 45 C.F.R. Part, 164, Subpart D, pertaining to breaches of unsecured protected health information. The City of Hornell Ambulance Service recognizes that it has an obligation to provide proper notice to all affected individuals whose unsecured protected health information ("PHI") has been, or has reasonably believed to have been breached.

Scope

This Policy contains procedures that should be followed in the event that the City of Hornell Ambulance Service determines that breach notification is required. The City of Hornell Ambulance Service has an obligation, following the discovery of a breach of unsecured PHI, to notify each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used or disclosed. The City of Hornell Ambulance Service also has an obligation to notify HHS of all breaches, and in some cases, media outlets in accordance with Federal Regulations.

Definitions

"Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI. "Compromises the security or privacy of the protected health information" means poses a significant risk of financial, reputation, or other harm to the individual.

"Unsecured protected health information" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by HHS on its website.

Procedure

A. INDIVIDUAL NOTICE. The City of Hornell Ambulance Service shall provide notice to all affected individuals in accordance with the following procedure.

1. **General Rule** The City of Hornell Ambulance Service will, following the discovery of a breach of unsecured PHI, notify each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed as a result of such breach. A breach shall be treated as discovered by the City of Hornell Ambulance Service as of the first day on which the breach is known, or, by exercising reasonable diligence would have been known to the City of Hornell Ambulance Service or any person, other than the person committing the breach, who is the workforce member of the City of Hornell Ambulance Service.

2. **Timing of Notice** The City of Hornell Ambulance Service shall provide the notification without reasonable delay and in no case more than 60 calendar days after discovery of a breach.

However, if a law enforcement official states to the City of Hornell Ambulance Service that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, the City of Hornell Ambulance Service shall:

- (a) If the statement is in writing and specifies the time for which a delay is required, delay notification, notice, or posting for the time period specified by the official: or
- (b) If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time.

3. **Method of Notice**. The City of Hornell Ambulance Service shall provide written notification, in plain language, by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. The notification may be provided in one or more mailings as information becomes available. In any case deemed by the City of Hornell Ambulance Service to require urgency because of possible imminent misuse of unsecured PHI, the City of Hornell Ambulance Service

may provide information to individuals by telephone or other means, as appropriate, in addition to written notice.

(a) Deceased Individuals If the city of Hornell Ambulance Service knows the individual is deceased and has the address of the next of kin or personal representative of the individual, the City of Hornell Ambulance Service shall provide written notification by first class mail to either the next of kin or personal representative. The notification may be provided in one or more mailings as information becomes available.

(b) Insufficient or Out-of-Date Contact Information If the City of Home!! Ambulance Service has insufficient or out-of-date contact information that precludes written notification to the individual, the City of Hornell Ambulance Service shall use a substitute form of notice reasonable calculated to reach the individual. Substitute notice is not required in cases where there is insufficient or out-of-date contact information for the next of kin or personal representative of a deceased individual.

i. If there is insufficient or out-of-date contact information for fewer than 10 individuals, then substitute notice may be provided by an alternative form of written notice, telephone, or other means,

ii. If there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall:

(1) Be in the form of either a conspicuous posting for 90 days on the City of Hornell Ambulance Service's home page of its website, OR conspicuous notice in major print or broadcast media in the geographic areas where the individuals likely reside; and

(2) Include a phone number preferably toll-free) for the City of Ambulance Service that remains active for at least 90 days where individuals can learn whether their unsecured PHI may be included in the breach,

4. Content of Notice The notice shall include, to the extent possible:

(a) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;

(b) A description of the types of unsecured PHI that were involved in the breach (such as whether MI name, social security number, date

of birth, home address, account number, diagnosis, or other types of information were involved);

(c) Any steps individuals should take to protect themselves from potential harm resulting from the breach;

(d) A brief description of what the City of Home!! Ambulance Service is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and

(e) Contact procedures for individuals to ask questions or learn additional information, which shall include a phone number (preferably toll-free), an e-mail address, Web Site, or postal address.

B. MEDIA NOTICE. For a breach of unsecured PHI involving more than 500 residents of a State or jurisdiction, the City of Hornell Ambulance Service shall notify prominent media outlets serving the State or jurisdiction without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notification to the media shall include all information that must be included in individual notice.

C. NOTICE TO HHS. The City of Hornell Ambulance Service will also provide notice of all breaches of unsecured PHI to HHS in accordance with the following procedure.

1. **Breaches Involving 500 or More Individuals** For breaches of unsecured PHI involving PHI involving 500 or more individuals, the City of Hornell Ambulance Service shall provide notice to HHS contemporaneously with the individual notice in the manner specified on the HHS website.

2. **Breaches Involving Less Than 500 Individuals** For breaches of unsecured PHI involving less than 500 individuals, a covered entity shall maintain a log or other documentation of such breaches. The City of Hornell Ambulance Service shall provide that documentation or log for breaches occurring during the preceding calendar year to HHS no later than 60 days after the end of the calendar year.

D. DOCUMENTATION OF NOTICE. The City of Hornell Ambulance Service shall record and maintain a record of all activities related to breach notification so that the organization is able to demonstrate that all notifications were made as required by Federal Law.