

Sharing COVID-19 Information Under HIPAA

NOTE: Whenever possible, try not to identify the patient (using names and other identifiers) when communicating COVID-19 information and always be sensitive to your surroundings. Safety is priority number one. But, patient privacy should be protected to the greatest extent possible.

Sharing Within Our Agency

- **Within Your Agency.** You can share necessary information with others who might respond to an address where a patient is a suspected or confirmed COVID-19 patient. For example, your agency could communicate to staff members that:
 - *123 Main Street is associated with a suspected COVID-19 case. Anyone who responded to the address recently should see a supervisor. Anyone who responds to the address should follow proper COVID-19 precautions until further notice.*
- **Using COVID-19 Information for QA/QI.** HIPAA permits your agency to conduct quality assessment and improvement activities and to use necessary information about patients to perform QA/QI type activities for suspected or confirmed COVID-19 patients. **Patient identifiers should be removed to the extent possible when performing QA/QI.**



Sharing With Other Responders and Health Care Providers

- **Other First Responders.** You may share necessary COVID-19 information with other first responders on scene who might need to know the patient's suspected or confirmed COVID-19 status because they may help treat or handle the patient. This includes individuals from other EMS agencies, fire departments and police departments.
- **Receiving Facilities.** You may share information about the patient's suspected or confirmed COVID-19 status with any receiving facility that will treat or handle the patient. This includes giving a verbal report to providers who will treat the patient at the facility, conveying information they would need to know about the patient's condition.



To Prevent Threat to Health and Safety

HIPAA permits an ambulance service to disclose necessary COVID-19 information if the agency believes, in good faith, that disclosure of that information is necessary to prevent or lessen a ***serious and imminent threat to the health or safety***. The disclosure of the COVID-19 information must be made to someone reasonably able to prevent or lessen the threat.

Anyone in Immediate Danger. If there is a good faith belief of COVID-19 exposure that the ambulance service knows about, HIPAA permits the ambulance service to disseminate necessary information to inform ***any*** individual that about potential exposure. For example, providers could inform individuals who came into immediate contact with the patient at the scene (such as those in the household) that the patient is a suspected COVID-19 patient if the providers had a good faith belief that those individuals were in danger of being infected.

NOTE: It is generally the responsibility of the appropriate state, county or local health department to notify individuals (or the public) about COVID-19 exposure. Ambulance services should generally not be alerting every neighbor or the general public about a COVID-19 call. They should report that case to the appropriate health department and generally only convey COVID-19 information to other individuals who are at imminent risk.

Dispatch Communications

- **Screening at Call Intake.** Wherever a call is received, and no matter what the complaint, **ALL** calls be screened for potential COVID-19. Dispatchers may ask if the patient or anyone in the home has symptoms of COVID-19 or if anyone has had potential exposure to COVID-19 recently. Dispatchers should always reassure the caller that they are sending assistance, but they just need to know if the responders should be prepared.
- **Communicating COVID-19 Status.** Dispatch centers may also communicate necessary COVID-19 patient information to first responders. Dispatch center personnel should be always be sensitive to the public nature of their communications.
 - **Flag Addresses With Generic Code.** Dispatch centers may coordinate with PD, Fire and EMS within their jurisdiction and, whenever they have a suspicion of a COVID-19 case at a location, flag the address in the system. We recommend flagging with a **generic** code that is only disseminated to first responders in that jurisdiction (e.g., CODE 2344).
 - **Generic Code Over Public Airwaves.** Dispatchers may also use a generic code over the airwaves so that all responders – including fire and police - know to either keep back or use proper PPE.
 - **Consider Cell Phones for COVID-19 Cases** – You may use cell phones to communicate more securely so the COVID-19 information is not broadcast over public airwaves. Cell phones should be owned by the ambulance service, not personal cell phones.



Sharing for Public Health Activities

- **Public Health Authorities.** Your agency may, and should, share COVID-19 information with public health authorities such as the CDC or a state or local health department. For example, your agency may disclose information on an ongoing basis to report all prior and prospective cases of patients exposed to or suspected or confirmed to have COVID-19 to the appropriate health authority. A “public health authority” can be an agency of the Federal, State or local government including a person or entity acting under a grant of authority from, or under a contract with, a public health agency.¹ Check with your legal counsel if you are unsure of whether or not you can share with a public health authority.

¹ See 45 CFR §§ 164.501 and 164.512(b)(1)(i).