

Patient Privacy & Data Handling Policy

Legacy Medical Transports & Concierge Nursing Services

This policy establishes standards for the protection, use, and disclosure of patient information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Florida state law. All staff must comply with these requirements to ensure patient confidentiality and data security.

1. Patient Privacy Principles

- Patient information will only be used or disclosed for treatment, payment, or healthcare operations.
- Staff must only access patient records necessary to perform their specific job duties (minimum necessary rule).
- Patient information may not be shared with unauthorized individuals, including family or friends, without written consent.
- Patients have the right to request copies of their medical records and to request corrections if needed.
- Conversations about patient care must occur in private areas and never in public spaces.

2. Data Handling & Security

- Electronic records must be stored in secure, password-protected systems.
- Paper records must be kept in locked cabinets when not in use.
- PHI (Protected Health Information) transmitted electronically must be encrypted when possible.
- Staff must log off computers and secure mobile devices when not in use.
- Medical records must be retained and destroyed according to Florida retention guidelines (typically 5 years minimum).

3. Breach & Incident Reporting

Any suspected or actual breach of patient privacy must be reported immediately to the compliance officer. This includes lost/stolen devices, misdirected emails, or unauthorized disclosures. Reports must be made within 24 hours, and patients will be notified in accordance with HIPAA breach notification rules.

4. Staff Responsibilities & Training

- All staff must complete HIPAA and privacy training upon hire and annually thereafter.
- Employees must sign a confidentiality agreement as a condition of employment.
- Failure to comply with this policy may result in disciplinary action up to and including termination.

5. Acknowledgment

I acknowledge that I have read, understand, and agree to comply with the Patient Privacy & Data Handling Policy established by Legacy Medical Transports & Concierge Nursing Services.

Employee Signature:	
Date:	
Supervisor Signature:	
Date:	

HIPAA Intake & Consent Form

Legacy Medical Transports & Concierge Nursing Services

Patient Information

Full Name:	
Date of Birth:	
Phone Number:	
Address:	
Emergency Contact Name & Phone:	

Medical Information

Primary Care Provider:	
Allergies:	
Current Medications:	
Medical Conditions:	

Consent for Concierge Nursing Services

I hereby consent to receive concierge nursing services from Legacy Medical Transports & Concierge Nursing Services. These services may include health assessments, vital sign monitoring, wound care, medication administration, and other non-physician dependent nursing services as permitted by Florida law. I understand that these services are provided by licensed nursing staff and are not a substitute for emergency care. In case of a medical emergency, I agree that emergency services (911) will be contacted immediately.

HIPAA Acknowledgment

I acknowledge that I have been informed of my rights under HIPAA (Health Insurance Portability and Accountability Act). My personal health information (PHI) will be kept confidential and used only for treatment, payment, and healthcare operations. I understand that I may request a copy of the HIPAA Privacy Practices Notice at any time.

Signatures

Patient/Representative Signature:	
Date:	
Nurse Signature:	
Date:	

Concierge Nursing Services Menu

Services legally provided without physician supervision (check Florida BON regulations)

Wellness & Preventive Care

- Vital signs monitoring (blood pressure, temperature, pulse, respirations)
- Wellness check-ins and home visits
- Medication reminders and compliance support
- Chronic disease education and management (e.g., diabetes, hypertension)
- Dietary education and wellness coaching
- Fall risk assessments and safety checks

Post-Operative & Recovery Support

- Incision and wound checks (non-invasive monitoring)
- Dressing changes (non-complex)
- Post-surgical wellness monitoring (within nursing scope)
- Mobility and activity assistance
- Postpartum non-medical recovery support

In-Home Support & Assistance

- Assistance with ADLs (activities of daily living)
- Bathing, grooming, hygiene monitoring
- Light meal prep and hydration reminders
- Transportation coordination and accompaniment to appointments (non-driving if not licensed to transport)

Care Coordination & Advocacy

- Care plan creation (non-diagnostic) and patient goal setting
- Medical appointment prep and note-taking (non-advisory)
- Family education and liaison support
- Telehealth session coordination and support (non-diagnostic assistance)
- Patient resource referral and benefit navigation (Medicaid, community services)

Wellness Add-Ons (if properly certified)

- Basic wound care (within RN scope, no debridement)

Concierge Nursing Services Menu

Services legally provided without physician supervision (check Florida BON regulations)

- Foot care (non-podiatric, non-invasive)
- Blood glucose checks (non-diagnostic)
- Administering vitamins orally or topically (not IV or IM without MD order)
- IV hydration and IM injections **ONLY** if delegated under protocol or standing order