



# A Public Service Column for Members: The Doctor Is In Service

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**QUESTION: Doc, as a police officer my patrol car is my office. As such, I spend a good deal of time on my cell phone. What's the low-down on the danger of using a cell phone too much?**

Unfortunately, the jury may still be out on this issue. While there are many studies that do demonstrate the safety of cell phones, according to a study that appeared in the February 23 issue of the Journal of the American Medical Association, (*JAMA*. 2011;305:808-814, 828-829) use of a cell phone for as little as 50 minutes at a time may affect brain glucose metabolism in the region closest to the phone's antenna. So what does this mean? Well, we really don't know yet. While this study tells us that the human brain is sensitive to this type of electromagnetic radiation, it doesn't tell us whether this has any adverse consequences. However, in an editorial accompanying the publication, authors write that "The results...add to the concern about possible acute and long-term health effects of radiofrequency emissions from wireless phones, including both mobile and cordless desktop phones." So, until more studies give us definitive answers, a prudent approach might be to minimize exposure to electromagnetic radiation by using your cell phone's built in speakerphone, an external speakerphone, or a wired headset.

**QUESTION: I recently had a prisoner who experienced diarrhea that went through his pants, while being transported in my patrol car. I am worried about it being infectious. Is there anything beyond routine cleaning that I should do to my car?**

The Centers for Disease Control estimates that over 21 million cases of acute gastroenteritis occur every year and are caused by norovirus. The most common symptoms of acute gastroenteritis are watery, nonbloody diarrhea with or without vomiting, and stomach pain. Noroviruses spread from person to person through contaminated food or water, and by touching contaminated surfaces. People with norovirus are contagious from the moment they begin feeling ill to at least three days and perhaps for as long as two weeks after recovery, making control of this disease even more difficult. As a first-responder, gloves, eye

protection, gowns and other such resources should be used in avoiding exposure to vomitus and diarrhea. Soap and water should be used for washing hands after having contact with people suspected of or confirmed being infected with norovirus. CDC recommends *ethanol*-based rather than alcohol-based hand sanitizers as the preferred product for hand hygiene when dealing with norovirus. Since norovirus can live on surfaces for quite some time, it is important to clean and disinfect areas that have been in contact with vomitus or diarrhea. Using disposable gloves, masks, eye protection/face shields and protective gown the CDC recommends immediately cleaning and disinfecting contaminated surfaces by using a bleach-based household cleaner as directed on the product label or a solution made by adding 5–25 tablespoons of household bleach to one gallon of water.

As for your clothes, immediately remove and wash clothing or linens that may be contaminated with vomit or fecal matter. Handle soiled items carefully, and launder with detergent at the maximum available cycle length and then machine dry.

Since noroviruses are highly contagious (as few as 10 viral particles may be sufficient to infect an individual), viral shedding may occur prior to onset of symptoms, and may continue for two or more weeks after recovery, it is wise to *always* maintain good hygiene practices, and keep your patrol car a clean working environment.

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## **THE LAW ENFORCEMENT EXCEPTION TO THE HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

**Dr. Bradley S. Feuer, Esq. and Jeana M. Singleton, Esq.**

The Health Information Privacy and Accountability Act of 1996, commonly referred to as HIPAA, prohibits a healthcare provider from releasing patient health information to a third party unless the patient consents to the disclosure or an exception to the law is met. One of the exceptions to HIPAA is the "law enforcement exception," which provides six instances when a healthcare provider may disclose patient information to a law enforcement officer. The following is a brief summary of these six instances.

1. **Disclosures Required by Law and Court Orders:** A healthcare provider may disclose information if it is required by law (i.e. gunshot wounds, life-threatening injuries indicating violence, etc.). Additionally, healthcare providers are permitted to release information in order to comply with a court order, a court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena.

2. **Limited Information for Identification and Location Purposes:** A healthcare provider may disclose information in response to a law enforcement officer's request in order to identify or locate a suspect, fugitive, material witness, or missing person. However, release information is limited to the following: (a) name and address, (b) date and place of

birth, (c) social security number, (d) ABO blood type and rh factor, (e) type of injury, (f) date and time of treatment, (g) date and time of death, and (h) a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, facial hair, scars, and tattoos. DNA information, dental records, or typing, samples or analysis of body fluids or tissue may not be released.

3. **Victims of Crime:** Information may be disclosed about suspected crime victims if one of the following conditions is met: (a) the suspected victim agrees to the disclosure or (b) the suspected victim is unable to provide consent due to incapacity or other emergency circumstances. However, if the suspected victim is unable to provide consent, then the following additional requirements must be met: (a) the officer represents that the information is needed to determine whether a crime occurred and such information is not intended to be used against the victim, (b) the officer represents that immediate law enforcement activity would be materially and adversely affected by waiting for the patient's consent, and (c) the healthcare provider determines that the disclosure is in the best interests of the individual.

*Continued on page 29*

### **Do you have a question for the Doctor?**

Send them to: Florida PBA Roll Call, Attn: Bob Peterson, 300 E. Brevard St., Tallahassee, FL 32301 or e-mail to: bobpeterson@flpba.org and we will print the questions with answers in future Roll Calls.

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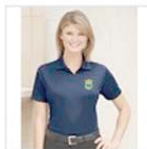
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**HIPAA**  
*Continued from page 26*

4. Decedents: If a health-care provider suspects that a death may have resulted from criminal conduct, then information may be disclosed to law enforcement.

5. Crime on Premises: Patient information may be disclosed by a healthcare provider to a law enforcement officer if the provider has a good faith belief the information constitutes evidence of criminal conduct that occurred on the provider's premises.

6. Reporting Crime in Emergencies: In the event that a provider is providing emergency care in response to an off-site medical emergency, the provider may disclose information to law enforcement officers if it appears necessary to alert law enforcement to (a) the commission and nature of a crime, (b) the location of a crime or victim(s) of the crime, and (c) the identity, description, and location of the perpetrator of the crime.

A special note on reporting abuse, neglect or domestic violence: Crimes of abuse, neglect, or domestic violence are governed by special rules that require any provider reporting to be done to a government authority, which includes applicable social service or protective services agencies that are authorized by law to receive such reports. For these special crimes, either (a) the victim must consent to the disclosure or (b) the disclosure must be expressly authorized by law or regulation. Additionally, the healthcare provider must believe in its professional judgment that the disclosure is necessary to prevent harm to the patient or other potential victims. If a patient is incapacitated, then a law enforcement official who is authorized to receive the report must represent that the disclosure is not intended to be used against the individual and that immediate enforcement activity would be materially and adversely affected by waiting until the patient is able to consent to the disclosure.

In light of the increasing speed in technology, the ever increasing accessibility to information, and heightened penalties surrounding HIPAA enforcement, healthcare providers find themselves with increased responsibilities with regard to protecting the privacy and security of patient information. The exceptions enumerated herein provide some relief to law enforcement officers who may have a "need to know" in carrying certain responsibilities of their position. ■



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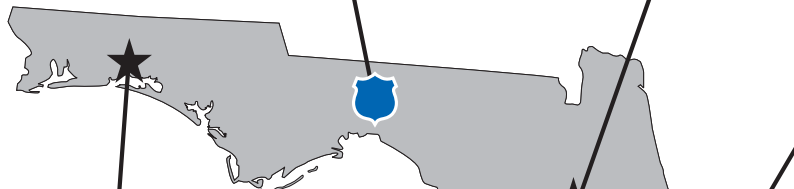


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