



# Hudson Valley Regional Emergency Medical Services Council

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## ELECTRONIC EMS MEDICAL RECORD AND QUALITY ASSURANCE MEMORANDUM OF UNDERSTANDING

### Overview

Each agency operating within Dutchess, Orange, Putnam, Rockland, Ulster, and Sullivan counties and the Hudson Valley EMS Region must work together to ensure quality patient care. The Hudson Valley REMAC and REMSCO are required to comply with New York State Department of Health (DOH) laws, regulations and policies regarding state reporting of EMS activities. In order to assist the regional agencies in meeting the demands of collecting and managing electronic patient care data, the following Memorandum of Understanding has been developed.

### **Agreement between the Hudson Valley Region Program Agency and AGENCY NAME**

The Hudson Valley Region Program Agency and the AGENCY NAME agrees to abide by the following terms regarding the use and transfer of electronic medical records (ePCR).

#### **Both Parties agree to:**

1. Maintain strict confidentiality of ePCR data as required by state or federal laws and regulations. Follow DOH Policy Statement 12-03 or its successors.
2. Develop and implement records retention policies which must include, but not be limited to: Any and all original records must be secured and available for retrieval within 24 hours of request. Patient records may be stored electronically, however a hardcopy of the like image must be readily available upon appropriate request. Medical records must be retained for Six Years. If the call involves the treatment of persons under age 18, the PCR must be retained for three years after the child reaches age 18 pursuant to DOH Policy 08-03 or its successors.
3. The maintenance of patient records in a readable format upon request by patient or designee.
4. Understand and adhere to the applicable HIPAA regulations.
5. Have an appropriate secure method of transmission.
6. Have the necessary technical staff support to the electronic program. Any third party support must be bound in written agreement to applicable HIPAA standards.
7. Have appropriate infrastructure and backup for the system.
8. Renew this document every 2 years, however for reasons including but not limited to: if either signer leaves their position within the 2-year period, vendor change, or NEMSIS compliance standards change, either party can review the Memorandum sooner.

#### **The Hudson Valley Region Program Agency agrees to:**

1. Provide the EMS agency support regarding the proper format of the ePCR system and collection of relevant data points.
2. Only access the ePCR system for specific cause such as to run regional reports or to obtain copies of individual medical records for relevant needs such as quality assurance.
3. Provide the agency with written request for records pursuant to PHL Article 30 3004-A and its successors for actions instituted by the Medical Advisory Committee.

#### **AGENCY NAME agrees to:**

1. Provide the Regional EMS Medical Director, Executive Director, and Quality Assurance Coordinator, reasonable access to their ePCR system for quality assurance, such a regional reports and studies, and system management concerns.
2. Follow regional standards and policies that have been established regarding collecting and verifying required data points.
3. As part of transferring the patient to the Emergency Department Staff the agency should not leave the hospital until a completed ePCR is provided to the appropriate staff.
4. Follow appropriate DOH regulations and policies including Policy statement 08-01 or its successors.
5. Provide the HVREMSCO Program Agency access for limited research study data or for local disease surveillance studies.
6. Annually provide the Hudson Valley Region Program Agency current contact information for each individual responsible for operations management of the Agency's ePCR system.
7. Include a current listing of all agency providers and administrators and NYS certification numbers in the New York State Bridge under Staff.

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William Hughes, Executive Director     Date  
Hudson Valley Regional Council Inc. Program Agency

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Director of Operations (please print)

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Director of Operations (Signature) Date