



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your protected health information (“PHI”) and to provide you this notice outlining our legal duties.

Uses and Disclosures of Your PHI We Can Make Without Your Authorization

We may use or disclose your PHI without your authorization, for the following purposes:

We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at www.crisphealth.org.

Treatment:

This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing

the hospital with a copy of the written records we create in the course of providing you with treatment and transport.

Payment:

This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews and collecting outstanding accounts.

Healthcare Operations:

This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes.

Other Uses and Disclosures of Your PHI We Can Make Without Authorization

We are also permitted to use or disclose your PHI without your written authorization in situations including:

- ◆ For treatment activities of another healthcare provider;
- ◆ To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company)
- ◆ To another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or had had a relationship with you and the PHI pertains to that relationship;

- ◆ For healthcare fraud and abuse detection or activities related to compliance with the law;
- ◆ To a family member, other relative, or close personal friend or other individual involved in your administered by our ambulance crew;
- ◆ To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- ◆ For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- ◆ For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- ◆ For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- ◆ For military, national defense and security and other special government functions;
- ◆ To avert a serious threat to the health and safety of a person or the public at large;
- ◆ For workers’ compensation purposes and in compliance with workers’ compensation laws;
- ◆ To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- ◆ If you are an organ donor, we may release health information to organizations that

handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation transplantation.

Uses and Disclosures of Your PHI That Require Your Written Consent

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carryout our own treatment, payment or healthcare operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

Your Rights Regarding Your PHI

As a patient, you have a number of rights with respect to your PHI, including:

Right to access, copy or inspect your PHI

You have the right to inspect and obtain an electronic or paper copy of most of the PHI that we collect and maintain about you. Requests for access to your PHI should be made in writing to the HIPAA Compliance Officer, and/or by completing an access request form.

Right to request an amendment of your PHI

You have the right to ask us to amend PHI that we maintain about you. Request for amendments to your PHI should be made in writing and you should contact the HIPAA Compliance Officer if you wish to make a request for amendment and fill out an amendment request form.

Right to request an accounting of disclosures of your PHI

You may request an accounting form us of disclosures of your PHI. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact the HIPAA Compliance Officer and make a request in writing.

Right to request restrictions on uses and disclosures of your PHI

You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact the HIPAA Compliance Officer and make a request in writing.

Right to notice of a breach of unsecured protected health information

If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file.

Right to request confidential communications

You have the right to request that we send your PHI to an alternative location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact the HIPAA Compliance Officer and make a request in writing.

Internet, Email, and the Right to Obtain Copy of Paper Notice

We maintain a web site; we will prominently post a copy of this Notice on our web site located at [Howard County HIPAA](#). We will make the Notice available electronically through the web site. If you prefer, we will forward you this Notice by electronic mail instead of a paper copy, however you may always request a paper copy of the Notice.

Revisions to the Notice

We are required to abide by the terms of the version of this Notice currently in effect. However, we reserves the right to change the terms of this Notice at any time, and the change will be effective immediately and will apply to all PHI that we maintain. Any material change to the Notice will be promptly posted in our facilities and on our web site. You can get a copy of the latest versions of this Notice by contacting the HIPAA Compliance Officer.

Your Legal Rights and Complaints

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this notice, please contact:

Mrs. Tawanda Bailey

Sr. Admin. Analyst/HIPAA Compliance Officer
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