

Delaware County Emergency Medical Services

Notice of Privacy Practices

Important

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.

Purpose of This Notice

This notice describes your legal rights, advises you of our privacy practices, and lets you know how Delaware County EMS is permitted to use and disclose your protected health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs and detail what information may have been compromised.
- We must follow the duties and privacy practices that are outlined in this notice.
- We must provide you with a copy of this form, in electronic form, paper form, or both. If a website is maintained, a copy of this notice will be posted there.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Please let us know in writing that you have changed your mind.

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

Delaware County EMS may use or disclose your PHI without your authorization or without providing you with an opportunity to object, for the following purposes.

Treatment:

- ❖ 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 professionals.
- ❖ Verbal and written information that we give to other healthcare personnel to whom we transfer your care and treatment, this includes transfer of PHI via, radio or telephone reports to the hospital or dispatch center. As well as written records that we create during your treatment and transport.

Payment:

- ❖ Includes any activities we must undertake 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 determination and reviews.
 - Performing utilization reviews.
 - Collecting outstanding accounts.

Healthcare Operations:

- ❖ This Includes
 - Quality Assurance activities.
 - Licensing.
 - Training programs.
 - Obtaining legal and financial services.
 - Conducting business planning.
 - Processing grievances and complaints.
 - Creating reports that do not individually identify you for data collection purposes.
 - Review for accreditation or reaccreditation processes.

Fundraising:

- ❖ Delaware County EMS may contact you for fundraising. You have the right to refuse and request that we do not contact you again for fundraising efforts.

Information on Other Services:

- ❖ Delaware County EMS may contact you regarding other healthcare services, including Source Point Referrals, transport services, healthcare-related benefits, and other related services.

Other Uses and Disclosures:

- ❖ For the 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.
- ❖ For healthcare fraud and abuse detection or activities related to compliance with the law.
- ❖ To a public health authority:
 - Such as reporting a birth, death, or disease, as required by law.
 - As part of a public health investigation.
 - To report abuse, neglect, or domestic violence.
 - To report a product defect.
 - To notify a person about an exposure to a communicable disease.
- ❖ For healthcare oversight activities including:
 - Audits or government investigations
 - Government inspections
 - Disciplinary proceedings
 - Other administrative or judicial actions undertaken by the government, by law to oversee the healthcare system.
- ❖ For military, national defense, security, and other specialized government functions.
- ❖ To avert a serious threat to the health and safety of a person or 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 the cause of death, or carrying out their duties as authorized by law.
- ❖ For law enforcement:
 - Law enforcement has a warrant for the information
 - Trying to locate or identify a suspect, fugitive, missing person, or witness.
 - A crime occurs during the response.
 - Treating the victim of a crime and law enforcement will not use the information against the patient.
 - Required by state law to release the PHI to law enforcement, such as gunshot wounds, stabbings, neglect, or abuse.
 - Releasing PHI would prevent harm to someone.
 - Releasing information about the patient's destination.
- ❖ For judicial and administrative proceedings:
 - Court orders
 - Administrative orders
 - Response to a subpoena
 - Other legal processes
- ❖ To a family member, other relative, close personal friend, or other individual involved in your care:

- If we obtain your verbal agreement to do so.
- If allowed to object to such a disclosure and you do not object.
- We may disclose information to your family, relatives, or friends if we infer from the circumstances that you would not object.
- In situations where you are incapable of objecting, we may in our professional judgment determine that a disclosure is in your best interest. We will only disclose health information relevant to that person's involvement in your care.

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. The authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it. We must obtain your written authorization before disclosing your:

- A. Psychotherapy notes, other than for the purpose of carrying out our own treatment, payment, or healthcare operations.
- B. PHI for marketing, when we receive payment to make a marketing communication.
- C. PHI when engaging in the 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 your information in reliance on that authorization.

PHI – Your Rights

PHI, Access, copy, or inspect – You have the right to inspect and copy most medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to the DCEMS HIPAA Compliance Officer. In limited circumstances, we may deny access to your information. We will provide you in writing with the reasoning for the denial of access. You have the right to appeal and we will provide you with your appeal rights. All forms are available from the DCEMS HIPAA Compliance Officer.

We will provide you with access to your information within 30 days of your written request. If the information is maintained in an electronic format, you have the right to obtain the information in an electronic format. If you request that we transmit your PHI directly to another person, we will do so, provided your request is in writing, the request is signed by you or your representative, you clearly identify the designated person, and where to send the copy of the PHI.

*** We may also charge you a reasonable cost-based for providing you access to your PHI, subject to the limits of applicable state law***

PHI Amendment – You have the right to ask DCEMS to amend the information that we maintain about you. Requests for amendment should be made in writing and you should contact the DCEMS Compliance Officer to obtain the amendment request form.

When required by law to do so, your information will be amended within 60 days of your written request. We will notify you once your information is amended.

In certain circumstances, permitted by law we can deny your amendment request. Such as, when we believe that the information you have requested to be amended is already correct. We will notify you why your request is denied and your rights to appeal the denial.

Accounting of uses and disclosures – You have the right to request an accounting of the uses and disclosures of your PHI made within 6 years of your written request. Please contact the DCEMS HIPAA Compliance Officer for an Accounting Request form.

We are not required to provide you with the accounting of PHI for the following:

- a) For the purpose of treatment, payment, and healthcare operations.
- b) For disclosures that you expressly authorized.
- c) Disclosures made to you, your family, or friends.
- d) Disclosures made for law enforcement or certain other government purposes.

Restrictions on uses and disclosures of PHI – You have the right to request that we restrict how we use and disclose your PHI for the purposes of treatment, payment, or healthcare operations or restrict the information that is provided to family, friends, and other individuals involved in your healthcare. However, it's generally our policy that we will not agree to any restrictions unless required by law to do so. Please contact the DCEMS HIPAA Compliance Officer for a PHI Restriction Form.

DCEMS is required to abide by a requested restriction when you ask that we not release your PHI to your health plan about a provided service for which you or your representative have paid DCEMS in full. We are required to abide by agreed-upon restrictions unless the PHI disclosure is to another healthcare provider and is required to continue emergency treatment. The restrictions can be terminated at any time at if you agree to or request the termination. Most current restrictions may be terminated by DCEMS, as long as we notify you. Any PHI created or received after the termination of the restrictions by DCEMS is not subject to the prior agreed-upon restrictions. Any restrictions prior to DCEMS terminating the restrictions are still to be treated as restricted PHI.

Unsecured PHI breach notice – If we discover that there was been a breach of your unsecured PHI, we will notify you within 60 days of the breach, by first-class mail, dispatched to the most current address we have on file. If you prefer to have breach notifications sent to you via email, please contact the DCEMS HIPAA Compliance Officer to make this preference known and to provide a valid email address to send the electronic notice.

Confidential Communications – You have the right to request that we send your PHI to an alternative location or in a specific format. We will only comply with reasonable requests when required by law to do so. Please make this request to the DCEMS HIPAA Compliance Officer, in writing, please include the specific location and/or the specific format.

Notice of Privacy Practices, Right to Obtain

If we maintain a website, the current version of our Notice of Privacy Practices will be posted there. You also have the right to request an electronic version or a paper version of this form.

Notice Revisions

Delaware County Emergency Medical Services is required to follow the terms of the current Notice of Privacy Practices. Delaware County Emergency Medical Services has the right to edit, amend, or change the terms of the Notice of Privacy Practices at any time. The changes will take effect immediately and will apply to all PHI that we maintain. The changed notice will be posted on our website, if maintained, and will be posted in DCEMS facilities. You have the right to request a copy of the current notice from the DCEMS HIPAA Compliance Officer.

Your Legal Rights and Rights to Make Complaints

If you feel that your privacy rights have been violated, you can contact the Delaware County EMS HIPAA Compliance Officer to file a complaint or you can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights.

***** You will not be retaliated against in any way for filing a complaint with us or with the government. *****

U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Ave. S.W.
Washington, D.C. 20201

1-877-696-6775

<https://www.hhs.gov/ocr/complaints/index.html>

Delaware County Emergency Medical Services HIPAA Compliance Officer

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