

FITCH-RONA EMS DISTRICT 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: Fitch-Rona EMS is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Fitch-Rona EMS is permitted to use and disclose PHI about you.

Uses and Disclosures of PHI: Fitch-Rona EMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases *without* your written permission. Examples of our use of your PHI:

For 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. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we and other healthcare providers must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, management of billed claims for services rendered, and collection of outstanding accounts.

For health care 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, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

Other use and disclosure of PHI without your authorization includes, but is not limited to:

- Disclosure required by law, in such cases as law enforcement activities in limited situations, such as in response to a subpoena or other legal requests; for workers' compensation purposes; to coroners, medical examiners in determining cause of death, or carrying on their duties; in cases of national security; to a public health authority in certain situations (such as reporting a birth, death or disease, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease).
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, 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. **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.**

Patient Rights: As a patient, you have of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and request a copy of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. We have available forms to request amendment to your PHI and we will provide a written response if we deny your request.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are **not required** to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our contracted business associates.

We are also **not required** to give you an accounting of our uses of PHI for which you have already given us written authorization. We have available forms to request an accounting of your PHI that is not exempted from the accounting requirement.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to assist you with emergency treatment. Fitch-Rona EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Fitch-Rona EMS are binding.

Revisions to the Notice: Fitch-Rona EMS reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain.

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 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, wish to file a complaint, or exercise any rights listed in this Notice, please contact:

Fitch-Rona EMS District
5415 King James Way
Fitchburg, WI 53719
608-275-7148