



## Russell County Ambulance Service

### 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. RUSSELL COUNTY AMBULANCE SERVICE will be known in this document as RUSSELL COUNTY EMS.**

As an essential part of our commitment to you, Russell County EMS maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices. We respect your privacy and our staff is committed to keeping your health care information confidential at all times.

**Purpose of this Notice:** This notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how Russell County EMS is permitted to use and disclose your PHI, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Russell County EMS is required to abide by the terms of the current version of the Notice of Privacy Practices. We may, in limited instances, use your information as described in this Notice of Privacy Practices without your permission. There are certain situations where we may use it only with your written authorization as required by law.

**Use and Disclosure of PHI:** Russell County EMS may use PHI for the purposes of treatment, payment and health care operations in most cases without your written permission. Examples are:

**Treatment:** This includes written or verbal information we receive from or about you and your medical condition during treatment by Russell County EMS or any other medical personnel, including doctors or nurses who may give orders to us during prehospital treatment. 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 or dispatch center, as well as providing the hospital with a copy of the written record we create in the course of providing treatment and transport.

**Payment:** This includes any activities we must undertake in order to be reimbursed for the services provided such as organizing your PHI, billing insurance companies (either directly or

through third party agencies), management of billed claims, medical necessity reviews and determinations, utilization review, and collection of outstanding accounts.

Health Care Operations: This includes quality assurance activities, licensing and certification to ensure our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances, creating reports that do not individually identify you for data collection purposes, fund raising, and marketing.

Use and Disclosure of PHI Without Your Authorization: Russell County EMS is permitted to use PHI without your written authorization or opportunity to object in the following situations:

- For use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider who takes over your care;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, friend or other individual involved in your care if we obtain your verbal agreement, or if we give you the opportunity to object and you do not do so. For example, we may assume you agree to our disclosure of your PHI to your spouse when he/she was the one who called us. If you are not capable of objecting (if you are incapacitated) we may, in our professional judgment, determine to disclose relevant PHI to a family member or friend if it is in your best interest;
- To a Public Health authority in certain situations as required by law;
- Birth or Death
- Disease listed as required by law to be reported
- Child Abuse
- Elderly Abuse
- Neglect
- Domestic Violence
- Product Defects
- For health oversight activities including audits or governmental investigations, disciplinary proceedings, or any other administrative or judicial actions undertaken by the government by law to oversee the health care system;
- For judicial or administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process;
- For military, national defense and security, and other special government functions;
- Threat to health & safety of a person or the public at large;
- For Workers Compensation purposes, as required by law;
- For coroners, medical examiners or funeral directors, for identifying a deceased person, determining a cause of death, or carrying out their duties as authorized by law;
- If you are an organ donor we may release your PHI to organizations that handle organ procurement, as necessary to facilitate the transplantation;
- For research projects, subject to strict oversight and approvals, PHI is released only when there is minimal risk to your privacy, and adequate safeguards are in place in accordance with the law;

- We may use or disclose health information about you that does not personally identify you.

Any use or disclosure of your PHI, other than those listed above, will be made only with your written authorization. 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 a number of rights with respect to the protection of your PHI.

**The Right to Access, Copy or Inspect Your PHI:** This means you can inspect and copy most of your medical information we maintain. We will provide you with access to this information within 30 days of your written request. We have forms available to request access to your information. We may charge a reasonable fee for copies provided. In limited circumstances we may deny your right to access your information. We will provide a written denial which you may appeal. If you wish to access your information, contact the Privacy Officer listed at the end of this notice.

**The Right to Amend Your PHI:** You have the right to ask us to amend your written medical information that we maintain. Forms are available from the Privacy Officer. Your information will be amended within 30 days of receipt of your request. We are permitted to deny your request if we feel the amendment is incorrect. Our denial will be in writing and may be appealed.

**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 medical information we have made in the last six (6) 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 operations, or when we share your health information with Business Associates, such as a billing company or a medical facility you have been transported to.

**The Right to Request that We Restrict the Use and Disclosure of Your PHI:** You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or other health care operations, or to restrict information given to family, friends or other individuals involved in your health care. In an emergency situation we may use or disclose medical information you have requested to be restricted. Russell County EMS is not bound to any restrictions you request, but any restrictions Russell County EMS agrees to are binding.

**Internet, Electronic Mail and the Right to Obtain a Copy of Paper Notice on Request:** If we maintain a website we will prominently post a copy of this Notice on our website and make the Notice available electronically through the web. If you request it we will forward a paper copy of this Notice to you.

**Revision of this Notice:** Russell County EMS reserves the right to change the terms of this Notice at any time. The changes will be effective immediately and will apply to all PHI we

maintain. Any material changes to this Notice will be posted in our facilities and on our website. You can obtain a current copy of this Notice any time by contacting the Privacy Officer.

**Your Legal Rights and Complaints:** You have the right to complain to us or to the Secretary of the 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 the government. A formal complaint form may be obtained from the Privacy Officer.

If you have any comments or questions, wish to exercise any of your rights, or obtain any form, please contact:

Russell County EMS  
Privacy Officer  
108 Ferco Way  
Jamestown, Ky 42629  
270-343-6464