

## **NOTICE OF PRIVACY POLICIES**

### **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.**

The **Lexington-Fayette Urban County Government Division of Fire and Emergency Services** provides emergency medical care and transportation, fire protection and related services (Emergency Medical Services or EMS). Due to the nature of these services, we are required by law to maintain the privacy of health information that identifies you, known as Protected Health Information (PHI), and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of the version of this Notice currently in effect.

**Uses and Disclosures of PHI:** We may use and disclose your 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:** We may use your PHI to provide you with medical treatment and services. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may disclose your PHI to other health care providers involved in your treatment and may make the disclosure of your PHI by radio or telephone to the hospital or communication center.

**For Payment:** We may use and disclose your PHI so that the treatment and services you receive may be billed to, and payment collected from, you, an insurance company or a third party. This includes any activities we must undertake in order to obtain payment for the services we provide to you, including disclosing PHI to insurance companies to allow them to make medical necessity determinations OR disclosing PHI to our billing service.

**For Health Care Operations:** We may use and disclose your PHI for EMS operations. This includes quality assurance activities we perform to evaluate the performance of our staff, licensing and training programs to ensure that our personnel meet our standards of care and follow policies and procedures, and other management functions.

**Use and Disclosure of PHI Without Your Authorization:** We are permitted to use and disclose your PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For treatment, payment or health care operations

activities of another health care provider who treats you;

- For health care and legal compliance activities as required by federal, state or local law;
- 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 or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest;
- To an entity such as the Salvation Army or Red Cross assisting in a disaster effort so that your family may be notified about your condition, status and location;
- To a public health authority or law enforcement personnel in certain situations as required by law (such as to report child or elder abuse, neglect or domestic violence; to report births and deaths; or to prevent or control disease, injury or disability);
- 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 health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena, discovery request, or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant, summons, court order or similar legal process, or law enforcement officials ask that we disclose PHI regarding a crime victim, concerning a death that we believe might have resulted from criminal conduct, to locate or identify a suspect, material witness, fugitive or missing person, or, in an emergency, to report a crime (including the location or victim of the crime or the description, identity or location of the perpetrator);
- For military, national defense and security and other special government functions;
- To someone able to prevent or reduce a serious threat to your health and safety or the health and safety of another person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws, or for other similar workplace safety laws and standards (such as OSHA or KOSH), in compliance with those applicable laws and standards;
- To coroners, medical examiners, and funeral directors to identify a deceased person, determine cause of death, or carry out 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 and transplantation;

- For research projects, subject to strict oversight and approvals;
- Use of disclosed health information about you in a way that does not personally identify you or reveal who you are;
- If you are an inmate or in law enforcement custody, we may disclose your PHI to corrections or law enforcement officers if necessary for the institution or officers to provide health care services to you, for the safety and security of the institution, or to protect your health and safety or the health and safety of others.

Any other use or disclosure of PHI will only be made 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.

**Your Rights:** You have a number of rights with respect to your PHI, including:

***Right to Access, Copy or Inspect PHI:*** You have the right to inspect and obtain a copy of most of the medical information about you that we maintain. Usually this includes medical and billing records, but does not include psychotherapy notes. We will normally notify you that we are granting or denying your request for access to this information within 30 days of receiving your written request. We may also charge you a reasonable fee for the cost of copying, mailing, labor and supplies associated with your request. In limited circumstances, we may deny you access to your medical information, however in most cases you have the right to request a review of our denial. We will provide a written response if we deny you access, in whole or in part, informing you of your review rights and the complaint process. In certain circumstances, a designated health care provider (a Reviewing Officer) who was not directly involved in the decision to deny your request may perform the review. If you wish to inspect or obtain a copy of your medical information, you must submit a written request to our Privacy Officer.

***Right to Amend PHI:*** If you feel that medical information we have about you is incorrect or incomplete, you have the right to ask us to amend the information by submitting a written request to our Privacy Officer. We will normally notify you that we are granting or denying your request for amendment within 60 days of receiving your written request. We are permitted by law to deny your request to amend your medical information only in certain circumstances, including if the request is not in writing, does not include a reason to support the request or is not submitted to our Privacy Officer, if we believe the information is accurate or complete, if the information was not created by us, is not part of the information we maintain, or is not part of the information that you are permitted to inspect and copy.

***Right to an Accounting:*** You may request an accounting

from us of certain disclosures of your medical information we have made in the six years prior to the date of your request. However, your request for an accounting of disclosures cannot precede the April 14, 2003 HIPAA implementation date. 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 business associates, such as our billing company or a medical facility from which or to which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, your request must be made in writing, must specify the time period covered by the request and, must be submitted to our Privacy Officer.

***Right to Request That We Restrict the Uses and Disclosures of PHI:*** You have the right to request that we restrict how we use and disclose medical information we have about you. We are not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding on us.

***Right to Obtain a Paper Copy of the Notice.*** We will always provide you a paper copy of the Notice upon request.

***Right to Receive Confidential Communications of PHI:*** You have the right to request that you receive PHI from us by alternate means or at alternate locations. We will normally accommodate any reasonable request if it is in writing, clearly states that disclosure of all or part of your PHI could endanger you, and you provide us with certain satisfactory information about the alternate contact address or method that you are requesting.

**Your Legal Rights and Complaints:** If you believe your privacy rights have been violated, you have the right to complain to us by filing a written complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for filing a complaint. Should you have any questions or need further information you may contact our Privacy Officer. All complaints must be submitted in writing.

**Revisions to the Notice:** We reserve 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 we maintain. Any material changes to the Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

**Privacy Official Contact Information:** Our Privacy Officer is the EMS Battalion Chief. His address and telephone number is 219 East Third Street Lexington, Kentucky 40508, (859) 231-5600.

**Effective Date:** This Notice is effective April 14, 2003.

RECEIPT ACKNOWLEDGMENT

BY YOUR SIGNATURE BELOW YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT DIVISION OF FIRE AND EMERGENCY SERVICES NOTICE OF PRIVACY POLICIES.

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SIGNATURE

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_