

Grant County Fire District No. 8 Ambulance Service

Protected Health Information _____ PHI

This notice describes how Medical Information about you may be used and disclosed and how you can get access to this information. **PLEASE READ IT CAREFULLY.** We are 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 practiced with respect to your PHI. GCFD8 Ambulance is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: GCFD8 Ambulance 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 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 give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center. For payment, this included any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting 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, as well as certain other management functions.

Uses and Disclosure of PHI Without your authorization. GCFD8 Ambulance Service is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by more stringent stare law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care of 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 interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect, or domestic violence);
- 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 or other legal processes;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- 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;
- If you are an organ donor, we may release health information to the organization that handle organ procurement or organ;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or caring on duties as authorized by law;
- For research projects, but this will be subject to strict oversight and approvals;
- 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, other than those listed above 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.

Patient Rights: As a patient, you have a number of rights with respect to your PHI.

- The right to access a copy or inspect your PHI. We normally provide you with access to this information within 30 days.
- The right to amend you PHI. You have a right to ask us to amend written medical information that we may have about you. We generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request if we believe the information you have asked us to amend is correct.
- The right to request an accounting of disclosures of your medical information that we have made in the six year prior to the date of your request.
- The right to request that we restrict the uses and disclosures of you PHI. GCFD8 Ambulance is not required to agree to any restrictions you request, but any restrictions agreed to by GCFD8 in writing are binding.
- The legal rights and complaints; you also have the right to complain to us, or the SECRETARY OF US 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.