

NOTICE OF PUTNAM COUNTY RESCUE'S PRIVACY PRACTICES

Putnam County Rescue is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI). This notice describes your legal rights, advises you of our privacy practices and informs you of how we are permitted to use and disclose your PHI. Please read it carefully.

Although your patient record is the property of Putnam County Rescue, the information belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of this notice of privacy practices
- Inspect and request a copy of your health information as provided for in 45 CFR 164.524
- Request amendment of your health information as provided for in 45 CFR 164.528
- Request communication of your health information by alternative means or locations

Putnam County Rescue's Responsibilities:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. The current Notice of Privacy Practices can be reviewed by calling and requesting that a revised copy be sent to you in the mail. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem:

If you have a question and would like additional information, you may contact our Privacy Officer at 386-329-0892. If you believe your privacy rights have been violated, you can file a complaint with the EMS Billing Office at 386-329-0240, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment. It may be released to other healthcare professionals for the purpose of providing you with quality healthcare. We will also provide a subsequent healthcare provider, such as the hospital emergency department to which you are transported, with copies of your patient care record to assist in treating you.

We will use your health information for payment. For example, a bill may be sent to you or to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your care, procedures and equipment used.

We will use your health information for regular health operations. For example, members of our quality improvement team may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the care and service we provide.

Use and Disclosure of PHI Without Your Authorization

Putnam County Rescue is permitted to use PHI without your written permission, or opportunity to object in certain situations, including:

- For use in treating you or in obtaining payment for services provided to you, or in other healthcare operations
- For the treatment activities of another healthcare provider
- To another healthcare provider or entity for payment activities of the provider or entity that receives the information, such as your hospital or insurance company
- To another healthcare provider to which you are transported (hospital) for healthcare operations activities of the entity that receives the information as long as they have or have had a relationship with you and the PHI pertains to that relationship
- For healthcare fraud and abuse detection or for activities related to compliance with the law
- 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 do so. We may also disclose PHI to your family, relatives, or friends if we infer from the circumstances that you would not object. In situations where you are not capable of objecting because of 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 relative to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that

you have certain signs and symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew

- To a public health authority in certain situations such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or elder 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 as required by law
- For health oversight activities including audits or governmental investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government or their contractors, by law to oversee the healthcare 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 process
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime
- 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
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining the cause of death, or carrying on 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, but this will be subject to strict oversight and approvals and health information will be released only when there is a 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 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, which 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.**