

# Dighton Fire Department EMS Policy

## \*\*\*Privacy Notice\*\*\*

### Health Insurance Information Portability & Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### Purpose:

The Dighton Fire Department is required by law to protect the privacy of certain confidential healthcare information, known as the **Protected Health Information** or **PHI**, and to provide the patient with a copy of our policy / procedure which describes the health information privacy practices of our ambulance service.

#### Scope:

This policy applies to all members of the Dighton Fire Department (DFD) and its employees.

#### Policy:

##### **Protected Health Information (PHI)**

All members of the Dighton Fire Department are required by law to protect the privacy and security of the patient's health information including (but not limited to) demographic information that may identify the patient and that relates to the patient's past, present, or future physical, mental health and related health services, or information in the medical record or designated record set that can be used to identify an individual and that was created, used or disclosed in the course of providing a healthcare service such as diagnosis or treatment.

##### **Uses and Disclosures of the Patient's Health Information**

The Dighton Fire Department obtains the patient's written authorization before using their health information or sharing it with others outside of our service. The patient may revoke the written authorization at any time by submitting written notification to our business office. Most uses and disclosures of the patient's **PHI** are for the purpose of carrying out treatment, payment, health care operations, or other purposes permitted/required by law and therefore do not need the patient's written authorization such as:

- **Treatment of the patient:**

This includes such things 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 others health care providers involved in your treatment and may transfer your **PHI** via radio or telephone to hospital or dispatch center.

- **Payment:**

This includes any activities we must undertake in order to obtain reimbursement for services the Dighton Fire Department has provided, including such things as insurance eligibility, submitting invoice to insurance companies, making medical necessity determinations and collecting on outstanding accounts.

- **Health care operations:**

This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet out standards of care and follow established policies and procedures, as well as certain administrative departments/functions such as Accounting, Legal associated, and Health Government Agencies conducting audits, inspections and investigations of our services as well as compliance with government regulatory programs and civil rights laws.

The Dighton Fire Department is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state of law, including:

- To a public health authority in certain situations as required by law
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or other 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 process
- To federal officials who conduct national security and intelligence activities
- To law enforcement officials for reasons such as complying with court orders, or locating a missing person or fugitives
- To military command authorities (if the patient is in the armed forces)
- For workers compensation purpose, and in compliance with workers compensation laws
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying duties as authorized by law

**While the Dighton Fire Department and its members take reasonable steps to safeguard the privacy of the patient's health information, certain health information during treatment maybe overheard by other patients in the treatment area.**

### **The Patient's Right to Access and Control Health Information**

- **Patient Rights**

As a patient, you have a number of rights with respect to your PHI, including

**The right to access,** copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. A written request is required to be submitted to our business office for a copy of your medical information. Upon request approval, 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 a copy any medical information that you have the right to access. We are not required to agree to your request. In limited circumstances, we may deny a request for a copy of your medical information.

**The right to amend** your PHI. You have the right to request an amendment to your medical information if you believe that the medical information we have is inaccurate or incomplete. A written request should be submitted to our business office and should include the reasons you believe that your information is inaccurate or incomplete. We will generally amend your information within 60 days of your request and will notify you when we have amended the requested information. We are not required to change any information, but if we do not agree to change your information, we will notify you of the reason for our decision.

**The right to request an accounting.** 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 business associates, like our billing services, or a medical facility from/to which we have transported you to. We are also not required to give an accounting of our uses of protected health information for which you have already given to us written authorization. If you wish to request an accounting, a written request submitted to our business office is required.

**The right to request additional privacy protection.** You have the right to request that we restrict how we use and disclose your medical information, such as how we disclose your medical information to family or friends involved in the patient's care, naming a personal representative who may act on the patient's behalf to control the privacy of their medical information, also request confidential communications such as mailing information to an alternate address. A written request should be submitted to our business office. We are not required to agree to any restrictions you request, we will notify you of the reason for our decision.

#### **NOTIFICATION IN THE EVENT OF AN UNAUTHORIZED USE OR DISCLOSURE**

The law may require us to notify you in the event of an unauthorized use or disclosure of your unsecured PHI. To the extent we are required to notify you, we must do so no later than 60 days following our discovery of such unauthorized use or disclosure.

- **Revisions to the Notice:**

The Dighton Fire Department 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 protected health information that we maintain. Any material changes to the Notice will be promptly posted on our website. You may also request a mailed copy of the Notice by contacting our business office.

- **Your Legal Rights and Complaints:**

If you feel that your privacy rights have been violated, you may file a complaint with the Dighton Fire Department or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint with us, submit your complaint in writing to Dighton Fire Department P.O. Box 603 Dighton Ma, 02715 Attn: NPP. To file a complaint with the DHHS, you must submit your complaint in writing to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be retaliated against or denied any health services if you elect to file a complaint.