

# Spearfish Emergency Ambulance Service, Inc.

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As an essential part of our commitment to you, Spearfish Ambulance Service 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.

The notice outlines our legal duties and privacy practices in the respect to your PHI. This notice describes our privacy practices, your Protected Health Information legal rights, and how Spearfish Ambulance Service is permitted to use and disclose PHI about you. This notice also shows you how you can access and copy information, how you may request amendments of that information, and how you may request restrictions on our use and disclosure of your PHI.

Spearfish Ambulance Service is required to abide by the terms of the current version of this Notice. In most situations we may use this information as described herein without your permission, however, there are some situations where we may use your PHI only after we receive your written authorization, if we are required by law to do so. We respect your privacy and treat **ALL** health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THIS DETAILED NOTICE.

**Purpose of Notice:** Spearfish Ambulance Service is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI. This notice describes our privacy practices, your PHI legal rights, and how Spearfish Ambulance Service is permitted to use and disclose PHI about you.

**Uses and Disclosures of PHI:** Spearfish Ambulance Service 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 verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by other medical personnel (including doctors, nurses, and other health care providers who give orders to allow us to provide treatment to you). This also includes information we give to other health care personnel to whom we transfer your care and treatment to. This transfer of PHI is done by face-to-face contact, or telephone and/or radio communication with the hospital or dispatch center. Most of the time, we provide the hospital with a copy of the written record we create in the course of providing you with treatment and transportation.

**For Payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization reviews, and collection of 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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, state reporting requirements, fundraising, and certain marketing activities.

### Use and Disclosure of Personal Health Information Without Your Authorization:

Spearfish Ambulance Service is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For Spearfish Ambulance Service to 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;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as a hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that information;
- For health care 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 disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you would agree to our disclosure of your PHI to your spouse when your spouse has called the

ambulance for you. In situations where you are not capable of objecting (because you are not present, you are incapacitated, or in a 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 such health information relevant 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 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 and adult abuse or neglect, domestic violence, 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 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 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 cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ bank, as necessary to facilitate organ donation and transplantation;
- For research projects, however this will be subject to strict oversight and approvals and PHI 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 PHI about you in a way that does not personally identify you or reveal who you are. For example, all of the required information reported to the SD Department of Public Safety/EMS office complies with HIPAA Regulations.

Any other use or disclosure of PHI, other than those listed in this document, will only be made with your written authorization. This authorization 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.

**Patient Rights:** As a patient, you have a number of rights with respect to the protection of your Protected Health Information, including: The right to access copies or inspect your PHI: This means you may come to our office and inspect and copy most of the medical information about you that we maintain. 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 you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access we will let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Executive Director.

**The Right to Amend Your PHI:** You have the right to ask us to amend written medical information that we may have about you (this does **NOT** include physical findings or treatments performed that are documented on a *Patient Care Report or narrative extension form*). We will generally amend such information as; billing information, insurance carriers, or other logistical information. These changes will be done within 60 days of your request. We are permitted by law to deny any request to amend your medical information in certain circumstances if we believe that such information is correct.

**Your Legal Rights and Complaints:** You have the right to complain to the Director of Spearfish Ambulance Service if you believe your privacy rights have been violated. You should call the matter to our attention by sending a letter describing the cause of your concern to the following address. You will not be penalized or otherwise retaliated against for filing a complaint. If you have questions please contact:

Executive Director  
Spearfish Emergency Ambulance Service, Inc.  
715 E Colorado Blvd Spearfish, SD 57783 605-642-8810

**Revisions to this Notice:** As permitted by law, Spearfish Emergency Ambulance Service, Inc. reserves the right to amend or modify our privacy policies and practices at any time. These changes in our policies and practices may be required by changes in federal and/or state laws and regulations. Such changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to this Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice by contacting the Executive Director or Bookkeeper.

This Notice is effective on or after: September 20, 2005