

## **Coweta County EMS**

### **Notice of Privacy Practices & Legal Rights**

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.

#### **Purpose of this Notice**

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 practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how we are permitted to use and disclose PHI about you. We are also required to abide by the terms of the version of this Notice currently in effect.

#### **Uses and Disclosures of PHI**

We will not use or disclose your PHI for any purpose other than treatment, payment, and healthcare operations unless you have signed a form authorizing the use or disclosure with the exceptions of the situations outlined below. Authorization is also required for sale of PHI, disclosures of psychotherapy notes, marketing uses and disclosures when you receive payment from a third party. Examples of our use of 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 us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital or dispatch centers well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.
- **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 review, and collection of outstanding accounts.
- **For Healthcare 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.

## **SUD Treatment Information**

We may receive or maintain substance use disorder (“SUD”) treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 (“Part 2 Program”).

If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections.

If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

## **Use & Disclosure of PHI Without Your Authorization**

We are permitted to use PHI without your written authorization, or opportunity to object in certain situations, including: For our use in treating you or in obtaining payment for services provided to you or in other healthcare operations and for the treatment activities of another healthcare provider;

To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company), or to another healthcare provider (such as the hospital to which you are transported) for the healthcare 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 relationship;

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 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 agree to our disclosure of your personal health information to your spouse when your spouse has called 911 or help for you.

In situations where you are not capable of objecting (because you are not present or due to your 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 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 EMS 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 adult 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 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 healthcare fraud and abuse detection or for activities related to compliance with the law;

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 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, other than those listed above will only be made with your written authorization, (the 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.

### **Access to Your Protected Health Information**

As a patient, you have a right to receive a paper or electronic and/or inspect much of the PHI we retain on your behalf, unless excluded by law. All requests for access must be submitted on a HIPAA compliant records release form and signed by you or your legal representative, or a subpoena. We may 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.

### **The Right to Amend Your PHI**

You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the record. We are permitted by law to deny your request to amend your medical information only in certain circumstances like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

### **The Right to Request an Accounting of Our Use & Disclosure of PHI**

You may request an accounting from us of certain disclosures of your medical information that we have made in the last 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 company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization on. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

### **The Right to Request That We Restrict the Uses & Disclosures of Your PHI**

You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. You have the right to pay out of pocket in full and request that we not disclose your PHI to a

health plan for payment or healthcare operations purposes. We are required to comply with your request for this type of restriction. But if you request a restriction of your health information and this information is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a healthcare provider to afford you with emergency treatment. We are not required to agree to any restrictions you request, but any restrictions agreed to by us are binding.

### **Right to Obtain Copy of Notice**

You may obtain a copy of this Notice at our website: <https://www.coweta.ga.us/departments-services/departments-f-q/coweta-county-fire-rescue> or obtain a paper copy through the privacy officer listed below.

### **Breach Notification**

In the event of a Breach of Unsecured PHI, we shall comply with the HIPAA/HITECH breach notification requirements, which will include notification and actions we took to minimize the impact that breach may or could have had on you and/or your family member(s).

### **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 protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

### **Your Legal Rights and Complaints**

You also have the right to complain to us, or to the Secretary of the United States 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 with us or to the government. Comments or complaints may be directed to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

To request access to your PHI, if you have any questions, or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

**Privacy Officer, Coweta EMS 770-254-3900  
483 Turkey Creek Road, Newnan, Ga 30263**