

Barry-Lawrence County Ambulance District

Notice of Privacy Practices

Important: This notice describes how patient medical information may be used and disclosed and how to get access to this information. Please review this document carefully.

As an essential part of our commitment to you, the Barry-Lawrence County Ambulance District (BLCAD) maintains the privacy of certain confidential health care information about you, known as Protected Health Information (PHI). State and federal laws require BLCAD to protect your health care information and to provide you with this Notice of Privacy Practices.

This notice outlines our legal duties and privacy practices with respect to your PHI. This document not only describes the BLCAD privacy practices and your legal rights, but also lets you know, among other things, how BLCAD is permitted to use and disclose your PHI, how you can access and copy that information, how you may request amendment of that information and how you may request restrictions on our use and disclosure of your PHI.

BLCAD is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this notice without your permission, but there are some situations where information may be used only after obtaining your written authorization, if required by law to do so.

BLCAD respects your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff is committed to follow at all times.

PLEASE READ THIS NOTICE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE CONTACT BLCAD.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO OBTAIN ACCESS TO THE INFORMATION. PLEASE REVIEW CAREFULLY.

Purpose of This Notice: BLCAD is required by state and federal law to maintain the privacy of certain confidential health care information, known as Protected Health Information (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 BLCAD is permitted to use and disclose your PHI.

BLCAD is also required to abide by the terms of the version of this notice currently in effect. In most situations, we may use the information as described in this notice without your permission, but there are some situations where we may use it only after obtaining written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: BLCAD may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written authorization. Examples of our use of your PHI may include:

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 BLCAD and other medical personnel (including doctors and nurses who give orders to allow BLCAD to provide treatment to you). It also includes the information BLCAD gives to other health care personnel to whom we transfer care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center, as well as providing the hospital with a copy of the written record created in the course of providing treatment and transport.

For payment. This includes any activities BLCAD must undertake in order to be reimbursed for the services provided to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or via 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 Health Care Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet BLCAD 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, fundraising, and certain marketing activities.

Use and Disclosure of PHI without Authorization: BLCAD is permitted to use PHI *without* written authorization, or opportunity to object in certain situations, including:

- For BLCAD's 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 hospitals or insurance companies).
- To another health care provider (such as a 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 relationship.
- For health care fraud and abuse detection or for activities related to compliance with the law.
- To a family member, or 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 circumstance that you would not object. For example, we may assume you agree to 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 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, BLCAD will disclose only 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 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