

City of Melrose Ambulance Department Notice of Privacy Practices

IMPORTANT: 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: The City of Melrose Ambulance Department (City) is required by 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 the City's legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of the City's privacy practices, and lets you know how the City is permitted to use and disclose PHI about you.

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

Use and Disclosures of PHI: The City may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of City use of your PHI:

- For treatment. This includes such things as verbal and written information that the City obtains about you and use pertaining to your medical condition and treatment provided to you by the City and other medical personnel (including doctors and nurses who give orders to allow the City to provide treatment to you). It also includes information the City gives to other health care personnel to whom the City transfers your 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 the City creates in the course of providing you with treatment and transport.
- For payment. This includes any activities the City must undertake in order to get reimbursed for the services the City provides 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 health care operations. This includes quality assurance activities, licensing, and training programs to ensure that City personnel meet City 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.
- Fundraising. The City may contact you when it is in the process of raising funds for the City.
- Reminders for Scheduled Transports and Information on Other Services. The City may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services the City provides or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI without Your Authorization: The City is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For City'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 your 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 relationship;
- 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 the City obtains your verbal agreement to do so or if the City gives you an opportunity to object to such a disclosure and you do not raise an objection. The City may also disclose health information to your family, relatives, or friends if the City infers from the circumstances that you would not object. For example, the City may assume you agree to disclosure of your personal health information 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), the City may, in its professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, the City will disclose only health information relevant to that person's involvement in your care. For example, the City may inform the person who accompanied you in the ambulance that you have certain symptoms and the City may give that person an update on your vital signs and treatment that is being administered by the Ambulance Department;
- 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 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, the City 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;
- The City 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 the City seeks to use or disclose, as well as when and how it seeks to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that the City has 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 PHI, including:

The right to access, copy or inspect your PHI. This means you may come to the City's Administration Office and inspect and copy most of the medical information about you that the City maintains. The City will normally provide you with access to this information within 30 days of your request. The City may also charge you a reasonable fee for a copy of any medical information that you have the right to access. In limited circumstances, the City may deny you access to your medical information, and you may appeal certain types of denials. The City has available forms to request access to your PHI and will provide a written response if you are denied access and will let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Privacy Officer listed below.

The right to amend your PHI. You have the right to ask the City to amend written medical information that the City may have about you. The City will generally amend your information within 60 days of your request and will notify you when the information is amended. The City is permitted by law to deny your request to amend your medical information only in certain circumstances, like when the City believes the information you have asked it to amend is correct. If you wish to request that the City amend the medical information that it has about you, you should contact the Privacy Officer listed below.

The right to request an accounting of City use and disclosure of your PHI. You may request an accounting of certain disclosures of your medical information that the City has made in the last six years prior to the date of your request. We are not required to give you an accounting of information the City used or disclosed for purposes of treatment, payment or health care operations, or when the City shares your health information with our business associates, like our billing company or a medical facility from/to which you were transported. The City is also not required to give you an accounting of uses of PHI for which you have already given written authorization. If you wish to request an accounting of the medical information about you that the City has used or disclosed that is not exempted from the accounting requirement, you should contact the Privacy Officer listed below.

The right to request that the City restrict the uses and disclosures of your PHI. You have the right to request that the City restrict how it uses and discloses your medical information that it has 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. But if you request a restriction and the information you asked to restrict is needed to provide you with emergency treatment, then the City may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. The City is not required to agree to any restrictions you request, but any restrictions agreed to by the City are binding on the City.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice of Request. If the City maintains a website, it will prominently post a copy of this Notice on the web site and make the Notice available electronically through the web site. If you allow it, the City will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice. The City 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 it maintains. Any material changes to the Notice will be promptly posted in the City Administration Office and posted to the web site, if one is maintained. You can get a copy of the latest version of this Notice by contacting the Privacy Officer listed below.

Your Legal Rights and Complaints. You also have the right to complain to the City 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 the City or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer listed below. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Jennifer Kuechle, Privacy Officer
 City of Melrose Ambulance Department
 225 East First Street North
 PO Box 216
 Melrose, MN 56352
 320-256-4278

Effective Date of this Notice: April 14, 2003