



Newton Fire/EMS Notice of Patient Rights and Privacy Practices

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.

Newton Fire/EMS is 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 Newton Fire/EMS is permitted to use and disclose PHI about you.

Newton Fire/EMS 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 we may use it only after we obtain your written authorization, if required by law to do so.

PATIENT RIGHTS

As a patient, you have certain rights with respect to the protection of your PHI.

- You may inspect and copy your PHI. You may request a paper or electronic copy of your medical record. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee for reproduction of medical records. In limited circumstances, we may deny your request to access medical records, and you may appeal certain types of denials.
- You may request that we amend written health information about you that you think is incorrect or incomplete. We will generally amend your information within 60 days and notify you in writing when we have amended the information. 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.
- 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 the 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 may charge you a reasonable, cost-based fee for this accounting.
- You may request that we restrict how we use and disclose your PHI that we have about you for treatment, payment or healthcare operations, or to restrict the information that is provided to family, friends or other individuals involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Newton Fire/EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Newton Fire/EMS are binding on Newton Fire/EMS. If you pay for a service out-of-pocket in full, you may request that we do not share that information for the purpose of payment or our operations with your health insurer. We will agree to your request unless a law requires us to share that information.
- You may request that we contact you in a specific way (for example, home, cell or office phone) or to send mail to a different address. We will agree to all reasonable requests for confidential communication.
- You may choose someone to act for you. If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will confirm this person has this authority and can act for you before we take any action.
- You may request that we share information with your family, close friends, or others involved in your care.
- You may request a paper copy of this notice at any time, even if you have previously agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You may file a complaint with us or with the Secretary of the United States 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 with the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed in this notice. If you wish to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, you may send a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

To make a request regarding any of these rights, please contact our privacy officer at 316-284-6060.

USE AND DISCLOSURE OF PHI

Newton Fire/EMS is permitted to use PHI without your written authorization, or opportunity to object in certain situations:

- For our use in treating you or in obtaining payment for services provided to you or for use in other health care operations. For example, we use health information about you to manage your treatment and services, and we give information about you to your health insurer so it will pay for your services.
- For the treatment activities of another health care provider. For example, we share health information about you with the hospital from/to which you are transported for further treatment or care.
- 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 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.
- 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 a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives or close friends if we infer from the circumstances that you would not object. For example, we may assume you 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 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 the 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 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) as authorized by 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 or 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.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

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.

Revisions to the Notice

Newton Fire/EMS 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website. This revision to the Notice is in effect as of February 01, 2017. You can obtain a copy of the latest version of this Notice by contacting our privacy officer.

City of Newton Fire/EMS
200 E. 3rd St.
Newton, KS 67114
316-284-6199
emsbilling@newtonfireems.com
Steve Roberson, Privacy Officer
316-284-6060

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints