

Notice of Privacy Practices (NPP)

LEON COUNTY EMERGENCY MEDICAL SERVICES DIVISION NOTICE OF PRIVACY PRACTICES

This Notice is effective September 23, 2013

This notice will describe how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this Notice, or you would like to make a request concerning your rights, please contact the Compliance Officer through the Deputy Chief of Administration, EMS Division. This Notice applies to all records about your health care that we complete or have access to and relate to your eligibility or method of payment for such care.

OUR RESPONSIBILITIES

This privacy notice will tell you about the lawful ways in which we may use and disclose your **Protected Health Information (PHI)**. It also describes your rights and the responsibilities we have regarding the use and disclosure of your PHI. PHI is information that may identify you (including your name, address, and social security number), that relates to your past, present, or future physical or mental health condition, your health care services, and payment for your health care services.

Leon County EMS Division is required by law to maintain the security and privacy of your PHI and to provide you with this Notice of our Privacy Practices and legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this notice, we will provide you with a revised notice upon request. We will also make any revised Notice available in our reception area and on our website at www.LeonCountyFL.gov. You can get a copy of the latest version of this Notice by contacting the Compliance Officer.

USES and DISCLOSURES of PHI

To comply with the law only the individual's "Minimum and Necessary" PHI will be used or disclosed to accomplish the intended purpose of the use, disclosure, or request. It is the Leon County EMS Division policy to limit the use or disclosure of an individual's PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI.

Payment:

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and pay your bill for health care services, when your health care provider requests information regarding your eligibility for coverage under your health plan, or in reviewing the medical necessity of the treatment you received, or in coordinating payment with other insurance carriers or facilities. This includes any activity we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies either directly or through a third party billing company, managing billed claims, performing utilization reviews, and collecting outstanding accounts.

Treatment:

We may use and disclose your PHI so that you can receive medical treatment and other related services. 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.

Health Care Operations:

We may use or disclose your PHI for our business activities and health care operations. The activities include, but are not limited to: quality assurance and improvement activities, licensing, training and monitoring provider performance to ensure our personnel meet our standards of care and follow established policies and procedures, using or disclosing your PHI to obtain insurance payment, obtain financial and legal services, conduct business planning, processing complaints, creating reports that do not individually identify you for data collection purposes and to auditors to make sure claims have been paid correctly.

Business Associates:

We may disclose your PHI to third party "business associates" that perform various services for us. For example, we may disclose your PHI to a Hospital or to a collections company for payment related purposes. We require our business associates to appropriately secure and safeguard your PHI.

Individuals Involved in Your Care:

We may use and disclose your PHI to a family member or other person's you identify involved in your care. We will disclose only PHI relevant to that person's involvement in your care or payment for your care. We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

State of Florida Monitors and Other Auditors:

We may disclose your PHI to State of Florida monitors and other auditors determining our compliance with the law, other state and federal regulations, and Generally Accepted Accounting Procedures.

Organ Donation:

If you are an organ donor we may disclose your PHI 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.

Research:

We may use and disclose your PHI for research purposes in certain limited circumstances.

Required By Law: We will disclose your PHI as required by federal or state law including:

- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities who have appropriate authorization in writing citing the relevant Law, U.S. Code, Code of Federal Regulations, Florida Statute, and / or Florida Administrative Code. We may also be required to disclose your PHI to authorized members of the Armed Forces for activities deemed necessary, and described and justified in writing by appropriate military authorities.
- **Public Health.** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to you or others health and safety. Public health activities

generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.
- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you or your attorney representative about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement, including: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct that occurs on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determine cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.
- **Inmates.** If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody in order for: (1) the institution to provide you with health care; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

USE OF YOUR SOCIAL SECURITY NUMBER

Leon County Emergency Medical Services collects and utilizes your Social Security Number for the following purposes:

- To file insurance claims for services provided to you.
- To identify you in case someone has the same name as you. This use of your social security number assists in preventing release of protected health information to unauthorized persons or parties.

OTHER USES and DISCLOSURE OF YOUR PHI

Other disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only 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. We must obtain your written authorization before using or disclosing your: (1) psychotherapy notes, other than for the purposes of carrying out your own treatment, payment or health care operations purposes, (2) PHI for marketing when we receive payment to make a marketing communication; or (3) PHI when engaging in a sale of your PHI. **You may revoke your authorization, in writing, at anytime.** If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your

written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this notice.

YOUR RIGHTS

The following is a description of your rights with respect to your Protected Health Information.

- **Right to a Request A Restriction.** You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. Leon County EMS Division will give serious consideration to your request but is not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed under exceptional circumstances. If we are unable to notify you of these exceptional circumstances prior to the fact, we will notify you of those circumstances as soon as reasonably possible. To request a restriction please contact the Privacy Officer. Your request must specify (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. We are required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you or someone on your behalf has paid in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment. A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by Leon County EMS as long as we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.
- **Right to Access, Inspect, And Copy.** You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your health care benefits. This includes your medical and billing records, but may not include information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care provider chosen by us will review your request and denial. The person performing this request will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact the Compliance Officer. We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you or your authorized representative and you clearly identify the designated person and where to send the copy of your PHI. A reasonable fee may be charged for the cost of copying, mailing, or other supplies associated with your request, subject to the limits of applicable state law.
- **Right to Amend** – If you believe any of your information in our possession is inaccurate you may request, in writing, that we amend or correct the information that you believe to be erroneous. To request an amendment, contact the Compliance Officer. You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the Protected Health Information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. If we deny your request you may submit a short statement of dispute, which will be included in any future disclosure of your information.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. This is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made: (1) for treatment, payment and any other healthcare operations; (2) to you; (3) that are incidental

disclosures; (4) in accordance with an authorization; (5) for national security or intelligence purposes; and (6) to correctional institutions or law enforcement officials for the provision of health care, safety of individual, other inmates, and officers and employees. To request an accounting contact the Privacy Officer. You may request an accounting for disclosure made up to 6 years before the date of your request but not for disclosures made before December 29, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you the cost of providing the list. We will notify you of the fee before any costs are incurred.

- **Right to Confidential Communications.** You have the right to request that you receive communication of your Protected Health Information in a certain time or manner (for example, by e-mail rather than by regular mail, or never by telephone). For example, you may ask that we only contact you at work or by U.S. Mail. We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Compliance Officer. Your request must specify how or where you wish to be contacted.
- **Right to notice of a breach of unsecured protected health information.** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact the Compliance Officer in writing and provide your preference and a valid email address to send the electronic notice to. You may withdraw your agreement to receive notice by email at any time by submitting a written request to the Compliance Officer.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy by contacting the Privacy Officer. In addition, you may obtain a copy of this notice on the Leon County website: www.LeonCountyFL.gov. If you prefer we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

COMPLAINTS

If you believe your privacy rights have been violated, please send your complaint, in writing, to the Compliance Officer. All complaints will be resolved in a timely manner. If we cannot resolve your concern, you have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please feel free to contact the Privacy Officer. For additional information please visit the Leon County website at: www.LeonCountyFL.gov or the Emergency Medical Services Division at:

Leon County

Emergency Medical Services Division

911 Easterwood Drive Tallahassee, Florida 32311

850-606-2100