

## City of Converse EMS

### **This Notice is to Describe How Medical Info. May Be Used And Disclosed And How You Can Get Access To This Information Please Review It Carefully.**

Converse 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. Converse EMS is also required to abide by the terms of the version of the Notice currently in effect.

Uses and Disclosures of PHI: Converse EMS may use PHI for the purposes of treatment, payment, and health care operation, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For Payment: This includes any activities we must undertake in order to get reimbursed for the service we provide you, including such things as submitting bills to the insurance companies, making medical necessity determinations and collecting outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our standards of care follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without your authorization.

Converse EMS is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law include:

- For the treatment, payment or health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative or close personal friend or other individual involved in your care if we obtain a 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, and in certain other circumstances where we are unable to obtain your agreement and believe this disclosure is not to your best interest.
- To public authorities in certain situations as required by law (such as to report abuse, neglect, or domestic violence).
- For health oversight activities including audits, government investigations, inspections, disciplinary proceedings, and other administrative judicial actions undertaken by government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative orders, or in some cases in response to subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and other special governmental functions;
- To avert a serious threat to the health and safety of a person or the public at large.
- For workers compensation purposes;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying their duties as authorized by law;
- If you are an organ donor, we may release health care information to organizations that handle organ procurement, or organ and tissue transplantation;
- For research projects, but this will be subject to strict oversight and approvals,
- We may also disclose health information about you in a way that does not personally identify you;

Any other use of disclosure of PHI, other than those listed above will only be made with your authorization. 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 the authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The Right to Access, Copy or Inspect your PHI.

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for us 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. We have available forms to request access to your PHI and we will provide a written response if we deny you access and advise you of your rights to appeal. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

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 information. We are permitted by law to deny your request for medical information only in certain circumstances, when we believe the information you have asked us to amend is correct. If you wish to amend medical information that we have, you should contact our privacy officer.

The Right to Request an Accounting.

You may request an accounting from us of certain disclosures of your medical information that we have made in the 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 purpose of treatment, payment of your health care operations, or when we share your health information with our business associates. i.e. billing companies or medical facility we have transported you to. 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. If you wish to request an accounting, contact our privacy officer.

The Right to Request That We Restrict the Use and Disclosures of your PHI.

You have the right to request that we restrict how we use and disclose your information that we maintain. Converse EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Converse EMS in writing are binding on Converse EMS.

Right to Obtain Copy of Paper Notice on Request.

If you allow us, we will also forward you this Notice by mail, or fax, and you may also request an additional copy in our office.

Revision to the Notice.

Converse 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 protected health information that we maintain. Any material changes to the Notice will be posted in our facility. You can get a copy to the latest version of this Notice by contacting our privacy officer.

Your Legal Right to Complain.

You have the right to complain to us, or to the Secretary of the Texas Department of Health Services (TDHS) 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 TDHS. Should you have any questions, comments or complaints you may direct all inquires to our privacy officer.

**Privacy Officer Contact Information:**

Privacy Officer: Jana Mire

Converse EMS

107 Station Street

Converse, Texas 78109

Phone#: 210-658-8900

Fax#: 210-658-2222

Effective Date of this Notice: April 14, 2003