

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This is a summary of a notice that describes how medical information about you that is maintained by **Effingham County EMS** may be used and disclosed.

Our Privacy Obligations: We must by law maintain the privacy of your *protected health information* (PHI). When we disclose your PHI we must comply with the full terms of our Notice of Privacy Practices (“NPP”). In all cases where we may share your PHI with others, we will provide only the *minimum necessary* data to meet the need or request.

PHI Uses Without Your Written Authorization: There are times when we may use and disclose your PHI without your written authorization. This may include treatment, payment, and our health care operations (which may involve administrative, quality and cost studies or activities to improve the care we give to all patients).

PHI Uses With Your Authorization: For any purpose other than those listed above, your PHI may only be used with your written consent. For example, we would need your written authorization in order to send your records to your life insurance company. We also need your written authorization to use or disclose your PHI for marketing purposes; and/or information about HIV/AIDS; sexually transmitted diseases; tuberculosis; and/or psychotherapy notes. We will NOT sell or use your PHI for marketing purposes without your expressed authorization.

Your Rights about Your Protected Health Information:

* **The Right to Inspect and Copy your Information:** You may review and copy your medical records and information, to the extent allowed by State law, and where your rights are not limited by Federal law. You should make such a request to us at 601 North Laurel St. Springfield, GA. This request must be made in writing. You may also request an electronic copy of any information that we maintain in electronic format. We have the right to charge a reasonable fee for all copying and mailing expenses.

* **The Right to Amend:** You may ask that we amend your health information if you believe that your information is incomplete or incorrect. A request for an amendment should be made in writing and should be sent to us at the above address. Your request must be accompanied by a statement from you regarding why you feel the amendment is proper. We may deny your request if it is not written or if you fail to state a reason for the proposed amendment. We may also deny your request if you ask us to amend information that is not part of the information we keep, was not created by us (unless the entity responsible is no longer available), is not part of the information available for you to inspect and copy, or is accurate and complete.

* **The Right to Know about Disclosures:** You have the right to request an accounting of who we have disclosed your health information to. The request should be made in writing and sent to us as the above address. You must state a time period for your request, which cannot be longer than 6 years. Your first request every 12 months is free. After that we may charge you for additional requests made within 12 months of your last request. Please contact us for the exact cost. If you wish to amend your request to reduce the quoted cost, you may do so, or you may withdraw the request.

* Right to Request Restrictions: You may request a restriction or limitation on how and what health information we disclose regarding you for treatment, payment of health operations or to your family or care-givers. We do not have to agree to your request. Requests for restrictions must be made in writing and sent to us at the address on the other side. Your request must include a statement of what information you want to limit, whether you want to limit its use, disclosure, or both, and to whom you want the limits to apply.

*Right to Confidential Communications: You may request that we communicate with you about medical matters in a certain format or at a specific location. You must request such a confidential communication or specific type or place of communication in writing submitted to us at the address on the reverse side. No reason for this request is necessary and we will honor all reasonable requests.

*Right to Receive Notice of any Breach: In the event any of your PHI is improperly disclosed to or accessed by any unauthorized party, you will be given notice of this Breach by us.

*Right to Restrict Disclosure to Insurance: In the event you pay your bill in-full personally (in cash or other acceptable payment), you have the right to request that we not disclose treatment or PHI to your health insurance company.

* Right to Receive a Copy of this Notice: You may request and receive a written copy of this notice (or our current notice) at any time by contacting us at the address on the reverse side and requesting a copy of our “Privacy Policy Notice”.

Our Right to Change Terms of This Notice: We may change this notice (NPP) at any time. If we do, we may make the new notice apply to all PHI we maintain. We will post it in a place at each of our offices where all people seeking service from us will be able to read the notice and on our Internet site at www.effinghamcounty.org. However, it would be unreasonable to post the NPP in our ambulances, due to space constraints, and so we won't post it there. You may obtain any new notice by calling the Privacy Office. In an emergency, we will provide the NPP to you as soon as possible afterwards (normally, by U.S. Mail).

For Further Information; Complaints: If you want more information, believe your privacy rights have been violated or disagree with a finding we have made about your access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services.

We will not retaliate against you if you file a complaint with us or the Office of Civil Rights. Please Note –

1. This is a summary of our Notice of Privacy Practices (NPP).
2. You may obtain a complete copy of the Notice of Privacy Practices (NPP) at our Web site at www.effinghamcounty.org.
3. To obtain a paper copy of the Notice of Privacy Practices (NPP), contact our Privacy Officer Wanda McDuffie at (912) 754-2149, or e-mail us at: wmcduffie@effinghamcounty.org.