

**EFFINGHAM COUNTY, GEORGIA
EMERGENCY MEDICAL SERVICES
NOTICE OF PRIVACY POLICY AND PROCEDURES**

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.

Effingham County, Georgia ("County") maintains an emergency medical services department ("EMS") that is required by law to maintain the privacy of individually identifiable information about your past, present, or future health condition and care. The provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). EMS is required to extend certain **protections** to your PHI, and to give you this Notice about its privacy practices that explains how, when and why EMS may use or disclose your PHI. Except in specified circumstances, EMS may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

EMS is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will be presented with a new version of the Notice the next time you are treated by EMS, and will be asked to sign a new Acknowledgement form. This Notice, and any material revisions of it, will also be provided to you in writing upon your request, and will be posted on any website maintained by EMS or Effingham County.

Uses and Disclosures of PHI

EMS may use PHI for the purpose of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- **For treatment:** 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 health care personnel to whom we transfer 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 we create in the course of providing you with the treatment and transport.

- **For payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide 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 the 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 our personnel meet our 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, fund raising, and certain marketing activities.
- **Reminders for scheduled transports and information on other services:** We 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 we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI Without Your Authorization

EMS is permitted to use your PHI without your written authorization or opportunity for you to object in certain situations, including:

- For the treatment, payment, or health care operations activities of another health care provider that treats you;
- As required by law, including reporting for public health purposes;
- 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, and in

certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;

- To report abuse, neglect or domestic violence;
- 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, discovery request, or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- 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;
- We may also 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 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.

Patient Rights

As a patient of EMS, 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 in to our office and 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 you 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 your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy official listed at the end of this Notice.

- ***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 the request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is incorrect. If you wish to request that we amend the medical information that we have about you, you should contact the privacy official listed at the end of this Notice.
- ***The right to request an accounting of our use and disclosure of your PHI:*** 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 (but not prior to April 14, 2003). We are not required to give you an accounting of information we have used or disclosed for 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.

EMS is 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 of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy official listed at the end of this Notice.

- ***The right to request that we restrict the uses and disclosures of your PHI:*** You have the right to request that we restrict how we use and disclose your medical information that we have 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 us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. EMS is not required to agree to any restrictions you request, but any restrictions agreed to by EMS are binding on EMS.

- **Request Confidential Communications:** You have the right to request that EMS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that EMS only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Official listed below. EMS will not ask you the reason for your request. EMS may ask you for clarification so we can understand your request. You are not required to give an explanation. EMS will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

A Paper Copy of This Notice

You have the right to a paper copy of this Notice. To obtain a paper copy of this Notice you may contact the Privacy Official listed below. You may also obtain a copy of this Notice at any website maintained by EMS.

Your Legal Rights and Complaints

If you believe your privacy rights have been violated, you may file a complaint with EMS or with the Secretary of the Department of Health and Human Services (DHHS.) To file a complaint with EMS or to receive additional information about how to file a complaint with the DHHS, contact the Privacy Official listed below. All complaints must be submitted in writing. We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from EMS.

Contact Person for Information, or to Submit a Complaint

If you have questions about this Notice please contact the Compliance Official (who is the "Privacy Official" under the HIPAA privacy rules) or Deputy Compliance Official(s) (see below). If you have any complaints about EMS's privacy practices or handling of your PHI, please contact the Compliance Official (see below).

Compliance Official

The Compliance Official, the person responsible for ensuring compliance with this Notice, is:

Rebecca Space
601 North Laurel Street
Springfield, GA 31329
Telephone: (912) 754-2148
Fax: (912) 754-4157

Deputy Compliance Official

The Plan's Deputy Compliance Official(s) is/are:

Wanda McDuffie
601 North Laurel Street
Springfield, GA 31329
Telephone: (912) 754-2148
Fax: (912) 754-4157

Effective Date of the Notice

April 14, 2003

**EFFINGHAM COUNTY, GEORGIA
EMERGENCY MEDICAL SERVICES**

**FORM TO REQUEST ADDITIONAL RESTRICTIONS ON
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

*This Form is used by individuals to request additional restrictions on their protected health information ("PHI") in the possession of Effingham County, Georgia Emergency Medical Services ("EMS") and any of its affiliates, or business associates. This Form is also used to request that certain disclosures of PHI by EMS or its business associates be made via reasonable, alternative means. **Submit this Form to Effingham County, Georgia Emergency Medical Services.***

REQUESTER:

(Print name, address, telephone number and date)

Name:

Address:

Telephone number:

Date:

**REQUEST FOR
ADDITIONAL
RESTRICTION ON
USE OR DISCLOSURE OF PHI:**

*Please describe the circumstances or contexts in which you would like disclosures of your PHI restricted. **NOTE:** You may only request that your PHI be restricted for purposes of treatment, payment and health care operations, and/or when disclosure would otherwise be made to family members and close friends involved in your care, or for purposes of notification of your condition or location. We are not required to agree to your request.*

**REQUEST TO
RECEIVE CERTAIN
DISCLOSURES OF
PHI BY ALTERNATIVE MEANS:**

*Please describe why you desire to receive communications of PHI from EMS via alternative methods, and the methods by which you would like to receive the communications. Your statement should clearly indicate that the alternative method is required to avoid endangering you. We are required to agree to your request but **ONLY** if it is reasonable, and **ONLY** if failure to do so would endanger you.*

**ACTION ON
REQUEST:**

Request is: Approved Disapproved

Privacy Official/Deputy Privacy Official certification: Initial here: _____ Date: _____

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/ Deputy: _____

Approval/disapproval:

If request is **disapproved**: Notify the requester by returning a copy of this Form. Form returned on (insert date): _____

Implementation:

If request is **approved**, implement the agreed upon restriction or confidential communication method.

Termination of Restriction:

Restrictions may be terminated in writing or orally by requester, or by Effingham County, Georgia Emergency Medical Services (after providing notice of the termination). If the restriction is terminated, complete the following:

Restriction is terminated by: Requester via written notice (attach notice) Requester orally EMS
Privacy Official/Deputy Privacy Official certification: Initial here: _____ Date: _____

Documentation: Keep a copy of this Form

**EFFINGHAM COUNTY, GEORGIA
EMERGENCY MEDICAL SERVICES**

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Part 1: Name of person whose health information will be disclosed: *[please print]*

Part 2: Person or Entity that has the health information to be released:
Effingham County, Georgia Emergency Medical Services ("EMS")

Part 3: Description of the health information to be released:

Are the records to be released limited to records created during a **specific period of time**: No Yes
If "Yes" indicate specific time period: From _____ *[insert date]* to _____ *[insert date]*

Part 4: Person or Entity that will receive the health information:
[please print the name of the entity that will receive the record]:

Part 5: Description of the purpose for the release of the health information:

At the request of the person whose name appears in Box 1
 Other *[insert description of the purpose]:*

Part 6: Duration of Authorization: This Authorization will remain effective *[choose an expiration period or event]:*

Expiration period: 30 days 60 days 90 days 180 days

Expiration event: *[insert description of an event upon which the Authorization will expire].*

Part 7: Certification and Acknowledgement: I certify that I am the person (or the personal representative of the person) designated in Part 1. I agree that my individually identifiable health information described in Part 3, and held by EMS, may be disclosed to the person or entity listed in Part 4 for the purpose(s) designated in Part 5. I understand that I have the right to revoke this Authorization, in writing, at any time, by sending the revocation to EMS, and that the revocation will be effective except to the extent that EMS has already taken action in reliance on my Authorization. I understand that, once disclosed, it is possible that the health information may be further disclosed by the recipient and no longer subject to protection under federal privacy rules. ***I have received a copy of my signed Authorization.***

Signature: _____ **Date:** _____

[If signing as the personal representative of the person in Box 1, print your name and describe your authority to sign for the person]:
Name: _____ Authority: _____

For office use:

Authorization fully completed and signed
 Copy of Authorization provided to Individual or Personal Representative

**EFFINGHAM COUNTY, GEORGIA
EMERGENCY MEDICAL SERVICES**

**FORM TO DESCRIBE COMPLAINT REGARDING HANDLING
OF PROTECTED HEALTH INFORMATION**

This Form is used by individuals to register complaints concerning the handling of their protected health information ("PHI") in the possession of Effingham County, Georgia Emergency Medical Services ("EMS") and any of its affiliates, or its business associates. Submit this Form to EMS. Federal law prohibits EMS, its affiliates, and business associates from retaliating against you for filing this complaint.

COMPLAINANT:
*(Print name, address,
telephone number and
date)*

Name:
Address:

Telephone number:

Date:

**NATURE OF
COMPLAINT:**

Please describe your complaint. Please be as specific as you can with respect to the details, including names of persons involved (if known), dates, locations, and specific actions or omissions. Write on the back of this sheet, or attach additional sheets, if necessary.

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/ Deputy: _____

Investigation:

The Privacy Official or his or her designee must investigate this complaint. The investigation should be documented, and its conclusions reduced to writing. Where warranted, the Privacy Official should direct appropriate remedial action, and impose appropriate sanctions.

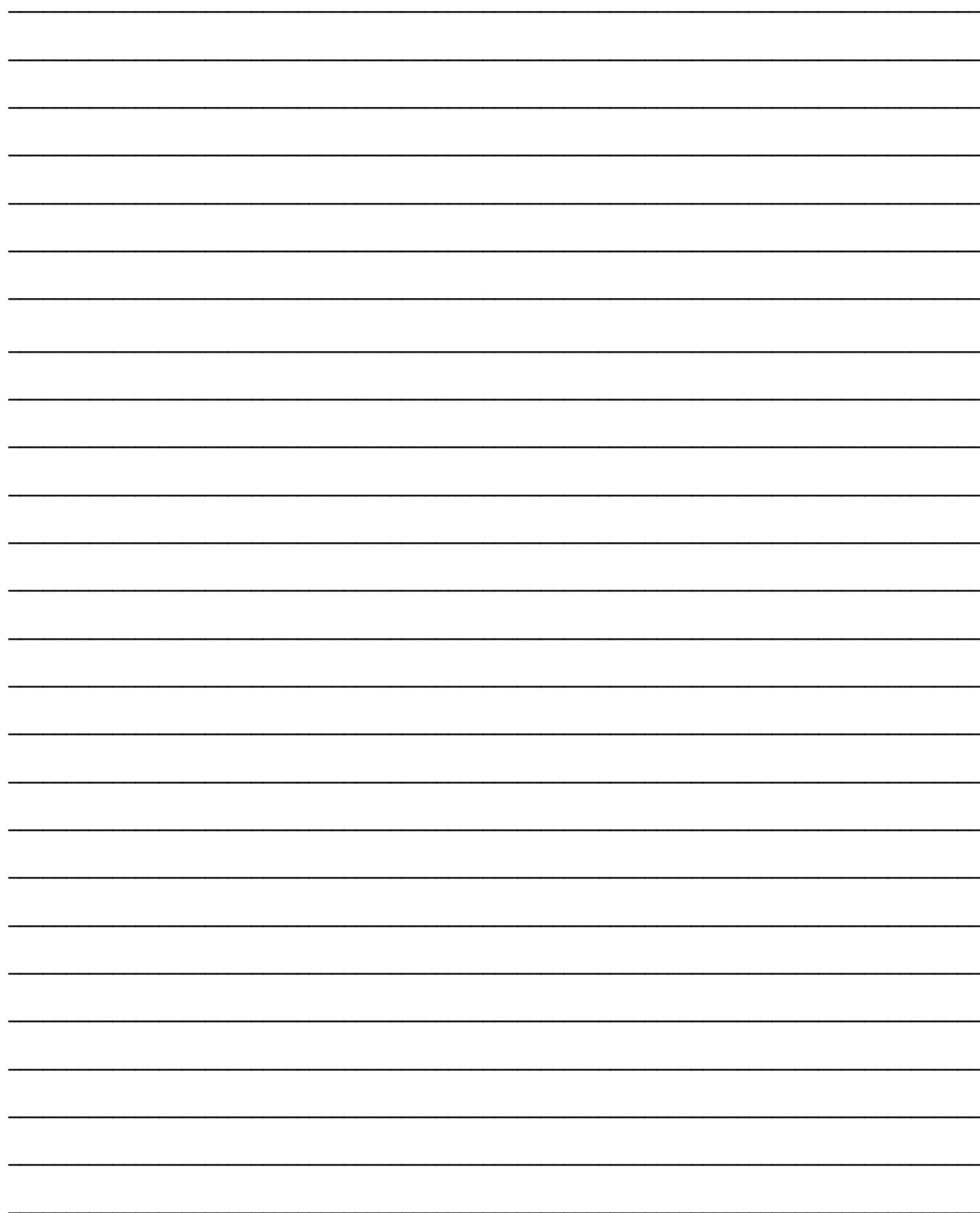
Report to Complainant:

The results of the investigation (whether the complaint should prove unfounded or accurate) should be communicated to the complainant (sanctions against persons or other entities need not be revealed).

Complainant notified: *(insert date):* _____

Privacy Official/Deputy Privacy Official certification: *Initial here:* _____ *Date:* _____

Keep a copy of this Form



Hybrid Entity Designation

Hybrid Entity

Effingham County, Georgia, hereby designates its Emergency Medical Services Department as a Hybrid Entity for purposes of this Policy and the HIPAA Privacy Rules.

This designation is effective April 14, 2003, and will remain effective until modified or rescinded.

By: _____

Title: _____

Date: _____

Designation of Compliance Official and Contact Persons

Compliance Official

Effective April 14, 2003, the "Privacy Official," as defined by the HIPAA Privacy Rules, is Rebecca Space, who will be known as the "Compliance Official."

Deputy Compliance Official

Effective April 14, 2003, the Plan's Deputy Compliance Official(s) is/are:

Wanda McDuffie

Contact Person to Receive Complaints

Effective April 14, 2003, the contact person to receive complaints under this Policy and the HIPAA privacy rules is the Compliance Official.

Contact Person to Provide Additional Information about the Privacy Notice

Effective April 14, 2003, the contact person to provide additional information about the matters described in the Privacy Policy is the Compliance Official.

The appointments and designations described above are effective upon the signature of the authorized Individual below.

By _____

Title _____

***for and on behalf of Effingham County, Georgia
and Effingham County, Georgia
Emergency Medical Services***

**EFFINGHAM COUNTY, GEORGIA
EMERGENCY MEDICAL SERVICES**

**FORM TO REQUEST ACCESS TO AND AMENDMENT OF
PROTECTED HEALTH INFORMATION MAINTAINED IN A
DESIGNATED RECORD SET**

*This Form is used by individuals to request access to, and amendment of, their protected health information ("PHI") in a Designated Record Set in the possession of Effingham County, Georgia Emergency Medical Services ("EMS") and any of its affiliates, or business associates. Use **Part 1** to request access to PHI, use **Part 2** to request amendments of PHI. **Submit this Form to EMS.***

REQUESTER:

(Print name, address, telephone number and date)

Name: _____	
Address: _____	
Telephone number: _____	Date: _____

PART 1 - REQUEST FOR ACCESS

REQUEST FOR ACCESS TO PHI:

Please describe the protected health information ("PHI") to which you would like access. We will not provide access to PHI that is not maintained in a Designated Record Set, nor to psychotherapy notes or information compiled in reasonable anticipation of civil, criminal or administrative proceeding. If we grant your request we will arrange with you a mutually convenient time to review your records. We may make a reasonable charge for copying (including labor) and postage.

ACTION ON REQUEST:

The request is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ _____ _____
You <input type="checkbox"/> have <input type="checkbox"/> do not have a right to appeal this denial.
If you have a right to appeal, the initial denial will be reviewed by a licensed health care professional who is designated by the Privacy Official or his or her designee. You may also file a complaint with the Deputy Privacy Official by submitting the complaint to EMS (complaint forms are available from EMS). The Deputy Privacy Official may be reached at _____. You may also file a complaint with the Secretary of the federal Department of Health and Human Services.
Privacy Official/Deputy Privacy Official certification: <i>Initial here:</i> _____ <i>Date:</i> _____

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/ Deputy: _____

Transmittal to Business Associate (if appropriate): Date: _____ Name of Business Associate: _____

Response deadline: Records on site - 30 days from filing: _____ Records off site - 60 days from filing: _____*

Approval/disapproval:

Notify the requester of action on this request by returning a copy of this Form. Form returned on (insert date): _____. If request is approved, coordinate with the person making this request to arrange a time and place to review the requested records.

Documentation: Keep a copy of this Form.

* See Privacy Policy and Procedure Manual for information about extensions, and about procedures for handling consideration of these requests, and appeals.

PART 2 - REQUEST FOR AMENDMENT OF PHI

**REQUEST FOR
AMENDMENT OF
PHI:**

Please describe the protected health information ("PHI") you desire to amend, and the nature of the amendment you would like to make.

**ACTION ON
REQUEST:**

The request is: Approved Disapproved due to _____

You have a right to appeal this denial by submitting a letter of disagreement or appeal to the Privacy Official or Deputy Privacy Official. If you do not wish to submit a letter of disagreement or an appeal, you may request in writing that this Form, showing your request for amendment, be attached to the records you wish to amend, so that when the records are disclosed in the future your request for amendment is also made available to the person who receives the records.

You may also file a complaint with the Privacy Official by submitting the complaint to EMS (complaint forms are available from EMS). The Deputy Privacy Official may be reached at _____. You may also file a complaint with the Secretary of the federal Department of Health and Human Services.

Privacy Official/Deputy Privacy Official certification: *Initial here:* _____ *Date:* _____

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/ Deputy: _____

Transmittal to Business Associate (*if appropriate*): Date: _____ Name of Business Associate: _____

Response deadline: 60 days from filing: _____ *

Approval/disapproval:

Notify the requester of action on this request by returning a copy of this Form. Form returned on (*insert date*): _____.

If request is approved, implement the requested amendment in accordance with the procedures described in the Privacy Policy and Procedure Manual.

Documentation:

Keep a copy of this Form.

* See Privacy Policy and Procedure Manual for information about extensions, and about procedures for handling consideration of these requests, and appeals.