



## WASHINGTON COUNTY LIFE SAVING CREW

### NOTICE OF PRIVACY PRACTICES

**IMPORTANT: 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.**

As an essential part of our commitment to you, Washington County Life Saving Crew maintains the privacy of certain confidential health care information about you, known as Protected Health Information (PHI). We are required by law to protect your healthcare information and to provide you with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how Washington County Life Saving Crew is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Washington County Life Saving Crew 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 have obtained your written authorization, if we are required by law to do so.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that all of our staff is committed to following at all times.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MIKE MASON, OUR PRIVACY OFFICER, AT (276) 676-2401.

Purpose of this Notice: Washington County Lifesaving Crew is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (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 your privacy practices, and lets you know how Washington County Life Saving Crew is permitted to use and disclose PHI about you. Washington County Life Saving Crew is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use

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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 we are required by law to do so.

Uses and disclosures of PHI: Washington County Life Saving Crew may use PHI for the purposes of treatment, payment, and healthcare 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 by you to us and to other medical personnel (e.g., doctors and/or nurses who give orders allowing 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. This includes the 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 treatment and transport.

For Payment: This includes any activities we must undertake in order to be reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to the insurance companies (e.g., through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For healthcare 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, fundraising, and certain marketing activities.

Uses and disclosures of PHI without your authorization: Washington County Life Saving Crew is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

For Washington County Life Saving Crew's use treating you, obtaining payment for services provided to you, or in other healthcare operations.

For the treatment activities of another healthcare provider.

To another healthcare provider (e.g., the hospital to which you are transported) for 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 healthcare fraud and abuse detection or for activities related to compliance with the law.

To a family member, other relative, 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 disclosure and you do not raise an objection. We also may disclose PHI to your family, relatives, or 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 (e.g., 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

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friends in your best interest. In such a situation, we will disclose only health information relative to that 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 rendered by our staff.

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) by law to oversee the healthcare system.

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 processes.

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 a 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

To research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is minimal risk of your privacy and adequate safeguards are in place in accordance with the law.

We may use or disclose PHI 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.

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Patient Rights: As a patient, 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 to our office, 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 access to 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 Officer 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 your request to amend your medical information only in certain circumstances, e.g., when we believe the information you asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, contact the Privacy Officer 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 five 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 purposes of treatment, payment, healthcare operations, or when we share your health information with our business associates, e.g., our billing company or the medical facility which we have transported you to or from.

We are also not required to give you an accounting of our uses of PHI 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 Officer 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 healthcare operations, or to restrict the information that is provided to family, friends, or other individuals involved in your healthcare. 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 healthcare provider in order to provide you with emergency treatment. Washington County Life Saving Crew is not required to agree to any restrictions you request, but any restrictions agreed to by Washington County Life Saving Crew are binding on Washington County Life Saving Crew.

Internet, Electric Mail, and the Right to Obtain a Copy of Paper Notice on Request. If we maintain a website, we will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

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Revisions to the Notice: Washington County Life Saving Crew 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 HPI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer listed below.

Your legal rights and complaints: You also have the right to complain to us, or to the Secretary of the United States of 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 to the government. Should you have any questions, comments, or complaints you may direct all inquiries to the Privacy Officer listed at the end of this Notice.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Washington County Life Saving Crew  
Privacy Practices Representative  
PO Box 65  
Abingdon, Virginia 24212  
(276) 676-2401

Effective Date of the Notice: April 1, 2003  
Revised: January 15, 2020

### Authorization for release of Information and Assignment of Benefits

I request that payment of authorized insurance carrier (Medicare and Medicaid) benefits be made on my behalf to the Washington County Life Saving Crew for any services furnished to me by that supplier. I authorize any holder of hospital or medical information about me to be released to the healthcare financing administration and its agents and carriers, as well as to the Washington County Life Saving Crew, any information or documentation needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in place of the original. I understand that the supplier may also use this information in the future, until it is revoked in writing.

I have received a copy of Washington County Life Saving Crew's HIPPA Privacy notices. My signature will be on file at the office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_