



# ***Gates County Rescue & EMS***



016 US 158 East - Gatesville NC 27938 -- Phone# (252)357-0388 / Fax# (252)357-0141  
[www.gatesrescue.org](http://www.gatesrescue.org)

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## **HIPAA Privacy Policy Notice**

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Our company wishes to inform you of your rights regarding your private health care information. Gates County Rescue & 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. Gates County Rescue & EMS is also required to abide by the terms of the version of this notice currently in effect. You have the right to review our privacy policy. This notice describes how medical information about you may be used /disclosed and how you can get access to this information. Please review it carefully.

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**WE WILL KEEP AND RECORD INFORMATION ABOUT YOUR MEDICAL CONDITION. WE MAY USE THIS INFORMATION OR DISCLOSE THIS INFORMATION TO OTHERS AS FOLLOWS:**

- **PAYMENT AND HEALTH CARE OPERATIONS**

We have the right to use and disclose your protected health information for all activities that are included within the definitions of “treatment”, “payment”, and “health care operations” as set out in 45 C.F.R. § 164.501 (this provision is a part of the HIPAA Privacy Rule). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

- Treatment

We may use or disclose your health information in order to treat you. For example, we may advise the health care provider which we are transporting you to of your medical condition, including your vital signs and medications we have administered to you. We may also disclose your condition to family or care-givers who are involved in your medical care.

- Payment

We may use or disclose your health information in order to receive payment for you're the services we provide you. For example, we may disclose your condition in order for your insurance company to understand why you receive treatment so that they will pay your claim. We may also disclose your information to our billing department/billing company/collection agency/attorney in order to seek payment for the services we provide to you.

- Health Care Operations

We may use or disclose your health information for our operations. For example, we may review your information in order to evaluate your treatment and our services in order to insure that our care for you now and in the future is the best that it can be. We may use your health information to contact you in the future. We may also disclose your information as required by law.

- **OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following is a description of other possible ways in which Gates County Rescue & EMS may (and is permitted to) use and/or disclose your protected health information.

- Required by Law

We may use or disclose your protected health information to the extent that federal law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Rule. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

- Public Health Activities

We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

- Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the healthcare system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

- Abuse or Neglect

We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose to a governmental entity authorized to receive such information your information if we believe that you have been a victim of abuse, neglect, or domestic violence.

- Legal Proceedings

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule.

- Law Enforcement

Under certain conditions, we also may disclose your protected health information to law enforcement officials. Some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

- Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

- Research

We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

- To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- Military Activity and National Security, Protective Services

Under certain conditions, we may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

- Inmates

If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

- Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

- Others Involved in Your Health Care

We may make your protected health information known to a family member, other relative, close personal friend, or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. We may release information to parents or guardians, if allowed by law. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

• **REQUIRED DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following is a description of disclosures that we are required by law to make.

- Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

- Disclosures to You

We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your protected health information that are for reasons other than treatment, payment, and health care operations, and are not disclosed through a signed authorization.

- Personal Representatives

We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before we will disclose protected health information to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney). Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat the person as your personal representative if we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

- **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

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**PATIENTS 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 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 forms available to request access to your PHI available in our office and posted on our website. We will provide a written response if we deny you access and let you know your appeal rights. You 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 to amend your medical information only in certain circumstances, like when we believe the information you have asked used to amend is correct. If you wish to request that we amend the medical information that we have about you, 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 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 or health care operations, or when we share your health information with our business associates, like our billing department or a medical facility from/to which we have transported you. 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 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. Gates County Rescue & EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Gates County Rescue & EMS in writing are binding on the behalf of Gates County Rescue & EMS.
- The right to be notified of a breach.  
You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.
- Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.  
Gates County Rescue & EMS maintains a web site that prominently posts a copy of this notice. The web address is: [www.gatesrescue.org](http://www.gatesrescue.org) and is located under the Patient Records link. If you allow us, we can forward you this notice by electronic mail instead of on paper and you may also request a paper copy of the notice.

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**REVISIONS:**

Please note that we retain the right to alter, amend or change this notice at any time. Any such revision may be effective on any information we obtain about you in the future or any information that we already have regarding you. A copy of our most current Notice will be on display in our facility and on our website.

**COMPLAINTS:**

Any complaints regarding the use of your health information should be made to us at the address below and/or with the Department of Health and Human Services. All complaints must be submitted in writing. There is no cost or penalty to you for filing a complaint. 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 inquires to our privacy officer.

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**Contact Information**

Privacy Officer  
Gates County Rescue & EMS  
016 Hwy 158 East  
Gatesville, NC 27938  
Phone# (252)357-0388  
Fax# (252)357-0141  
Email – [admin@gatesrescue.org](mailto:admin@gatesrescue.org)

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**Date of this Notice**

Effective: September 1, 2008  
Revised: April 16, 2010