

July 5<sup>th</sup> 2019

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**Our Organizational Responsibilities**

Our organization, (including all employed individuals, any volunteers we may involve in your care, and members of our health care providers to whom we've extended privileges), is required to: as a requirement of law, maintain the privacy of your health information; provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you; abide by the terms of this notice; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests you may have to communicate health information by alternate means or at alternative locations.

We reserve the right or may be required by law to change our privacy practices, which may result in changes of this notice. We further reserve the right to make the revised or changed privacy practices notice effective for medical information we already have about you as well as any information we receive in the future. The revised notice will be available at our facility with the version number and implementation date included on the notice. Each time you visit our facility, the current version of this notice will be available to you.

**Do You Have Questions or Concerns?**

If you feel that your privacy rights have been violated in any way the Tipton Ambulance Service encourages you to file a complaint. You will not be retaliated in any way for filing such a complaint. Complaints can be lodged verbally or in writing by contacting:

**Brad Ratliff, Director of Emergency Medical Service 563-886-6502**

You may also make a complaint with the Secretary of the Department of Public Health and Human Services. If you have questions regarding any of the information in this notice or about how you can exercise any of rights attributed to you under the law, please feel free to contact our Privacy Officer listed above.

We will use your health information in other permitted ways:

- We may use or disclose information to notify or assist in notifying a family member or another person responsible for your care as to your location and general condition in cases of an emergency or disaster relief.
- Health professional, using their best judgment, may disclose to a family member, close personal friend or any other person you identify, health information relevant to your care.

There are disclosures of your protected health information we are required or permitted by law to make without your authorization. Included are:

- Disclosures required by law.
- Disclosures for public health activities including reporting of vital statistics such as births, death, injury and disease for the purpose of preventing or controlling disease or disability.
- Disclosures about victims of abuse, neglect or domestic violence. We will tell you if we make this disclosure.
- Disclosures for health oversight activities of the health care system, government benefit programs and compliance with programs standards.
- Disclosures for judicial or administrative proceedings in response to a court order or subpoena.

- Disclosures for law enforcement purposes including information to locate a suspect or missing person or related to injuries suspected to be the result of a crime.
- Disclosures about decedents to funeral directors, medical examiners and/or coroners to allow them to carry out the scope of their duties.
- Disclosures for cadaver organ, eye or tissue donation purposes.
- Disclosures to avert a serious threat to health and safety.
- Disclosures for specialized government functions including matter of national security, military and veteran issues, correctional institutions and protection of the President.
- Disclosures for workers' compensation to comply with state laws relating to provision of benefits for work-related injuries and/or illness.
- Disclosures for billing to private and governmental insurance companies, as well as, any bill collection communications and agencies used to retrieve payment collections.

## **PATIENT PRIVACY** **NOTICE**

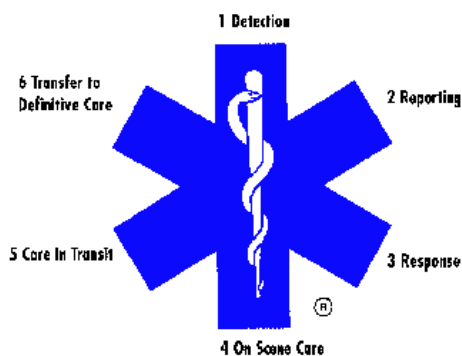
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Tipton Ambulance Service**

**407 Lynn ST, Tipton, Iowa 52772**

**563-886-6502**



Please SIGN the signature sheet. This notice describes how medical information about our may be used and disclosed and how you can get access to this information. This needs to be filled out only once. We are mandated by the Health Insurance Portability and Accountability Act to have a signed copy of these rules in our records. Your cooperation is greatly appreciated.

The Tipton Ambulance Service is committed to providing our regional community with the highest quality pre-hospital healthcare available.

We regard the confidentiality of care we provide to you as a sacred trust. Our patients have the right to expect that any information collected about them during their encounter with us may be maintained in a secure manner. This notice is to let you know how we safeguard that information; to which the information may be disclosed; and how you may access the information we currently have regarding your confidential medical care.

### **Understanding your Medical Record Information**

Each time an ambulance is called for you, a record of your trip is made. Typically, this record contains your symptoms, examination and treatments provided. The record also may include financial data and may be maintained in paper or electronic format. The information serves as documentation of the care you've received for communication between health care professionals, subsequent care, payment of care, legal purposes and as a tool to improve the quality of care and services we provide in the future. Understanding what is in your record and how it is used will help you to: make sure the information is accurate; better understand who, what, when, where and why others may access your health information; make a more informed decision when giving your permission for your health information to be sent or released to others.

### **Your rights regarding protected health information**

Although your medical record is the physical property of this facility, the information belongs to you. You have certain rights regarding the use and disclosure of this information. To further understand these rights, examples of uses and disclosures of your protected health information appear later in this document

### **Right to See and Obtain Copies Of Your Medical Information**

In most cases, you have the right to look at or obtain copies of your medical information that we have, but you must make the request in writing. If we don't have your information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed. If you request copies of your medical information, we may charge a fee for the copying, mailing, or other supplies associated with your request.

### **How to Amend or Update Your Medical Information**

If you believe that there is a mistake in your medical information, or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be made in writing and you provide a reason for the change. We will respond within 60 days of receiving your request. We may deny your request if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the medical information is: correct and complete; not created by us; legally not allowed to be looked at and copied for you; not part of our records. Our written denial will tell you the reasons for the denial and will tell you how to file a written statement of disagreement with the denial.

### **Right to Obtain an Accounting of Disclosures**

You have the right to obtain an accounting of any disclosures we have made regarding your medical record. This accounting will not include uses or disclosures, such as: those made for treatment, payment, health care operations; those made directly by you, authorized by you or to any person whom you have indicated as being involved in your care; those made in emergency or in a disaster relief situations for notification of your condition; those made for national security/intelligence purpose; law enforcement officials in custodial situations; incidental disclosures, i.e., overheard conversations, etc; those made prior to six years of your request or before April 14, 2003.

We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

**Right to Request Limits on Use and Disclosure of Information**

You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request but are not legally required to accept it. If we accept your request, we will abide by its content except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**Right to Choose How We Send Information to You**

You have the right to ask that we send information to you at alternate address or by alternate means. We must agree to your written request so long as we can easily provide it in the format you requested.

**Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.