

# North Crawford County Ambulance District

## Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed by the:  
North Crawford County Ambulance District  
and how you may get access to the information.  
Please review it carefully

If you have any questions about this notice, please contact the:  
North Crawford County Ambulance District offices at:  
573-885-3793

-or-

North Crawford County Ambulance District  
101 American Way  
P.O. Box 523  
Cuba, MO 65453  
Office: 573-885-3793  
Fax: 573-885-2077

### WHO WILL FOLLOW THIS NOTICE?

This notice describes our facility's practices and that of:

- ✓ Any health care professional authorized to enter information into your medical chart or other permanent medical record
- ✓ Any member of a volunteer group we allow to help you while you are in our care
- ✓ All employees, staff and other personnel
- ✓ All these entities follow the terms of this notice. In addition, these entities may share medical information with each other for treatment or payment purposes as described in this notice

### OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting information about you. We create a record of the care and services you receive with us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by North Crawford County Ambulance District. This policy may differ from that of a physician or hospital.

This notice will tell you about the way in which we may use and/or disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses, we will explain what we mean. Not every disclosure is a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of these categories:

- ✓ For treatment:
- ✓ We may use medical information about you to provide you with specific medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital/facility staff who are involved in taking care of you at the hospital or during transport to a facility.
- ✓ For payment:
- ✓ We may use and disclose medical and /or identifying information about you so that the treatment and services you receive in our care may be billed to and payment may be collected from you, and insurance company or a third party. For example, we may need to provide your health plan information about specific treatment you received after a motor vehicle accident so that your health plan will pay us or reimburse you for the treatment.
- ✓ For internal Quality Improvement Operations:
- ✓ We may use and disclose medical information about you for our own facility operations. These uses are necessary to and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services or to evaluate the performance of our staff in caring for you
- ✓ As required by law:
- ✓ We will disclose medical information about you when required to do so by federal, state or local law.

### SPECIAL SITUATIONS

- ✓ Military and Veterans:
- ✓ If you are a member of the armed services, we may release medical or identifying information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign authority.
- ✓ Worker's compensation:
- ✓ We may release medical or identifying information about you for worker's compensation or similar programs. These programs provide benefits for work-related injury or illness.
- ✓ Public health Risks:
- ✓ We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control infectious disease
  - To report births and deaths
  - To report child abuse or neglect
  - To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree OR when authorized to do so by law.
- ✓ Health oversight activities:
- ✓ We may disclose medical information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor various health care systems, government programs and compliance with civil rights laws.

### SPECIAL SITUATIONS (cont.)

- ✓ Lawsuits and disputes:
- ✓ If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court, attorney's office or administrative order, but ONLY with a signed authorization from you to release this information. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ✓ Law enforcement:
- ✓ We may release medical or identifying information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness or missing person.
  - About the victim of a crime if, under certain limited circumstances we are unable to obtain the person's agreement.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at our facility or at a hospital.
  - In emergency situations to report a crime, the locations of a crime or victims, or the identity, description or location of the person who committed the crime.
- ✓ Coroners, Medical Examiners and Funeral Directors:
- ✓ We may release medical or identifying information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release information about patients to funeral directors as necessary to carry out their duties
- ✓ National Security and Intelligence Activities:
- ✓ We may release medical information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- ✓ Inmates:
- ✓ If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others, or (3) for the safety of the correctional institution.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ✓ Right to inspect or copy:
- ✓ You have the right to inspect and/or copy medical information that may be used to make decisions about your care. This includes all medical and billing records. To inspect or copy medical information, you must submit your request in writing to:

North Crawford County Ambulance District  
P.O. Box 523  
Cuba, MO 65453

- ✓ Right to amend:
- ✓ If you feel that medical information about you is incorrect or inaccurate, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by North Crawford County Ambulance District. To request an amendment, your written request must be submitted to the above address. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by a present employee; that is if the person that created the information is no longer available to make the amendment
  - Is accurate and complete
- ✓ Right to accounting and disclosures:
- ✓ You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list of accounting disclosures, you must submit your request in writing to the above address.
- ✓ Right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice please call our office at: 573-885-3793 or mail a request to the address shown above.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our main ambulance base at 101 American Way, Cuba, MO. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you are transported and/or treated by our ambulance staff. We will offer you a copy of the current notice in effect.

### COMPLAINTS

If you believe our privacy rights have been violated, you may file a complaint with the Administrative Office of the North Crawford County Ambulance District or with the Secretary of the Department of Health and Human Services. To file a complaint with North Crawford County Ambulance District, contact Gregory Campbell, Administrator/Chief at: 573-885-3793. All complaints must be submitted in writing.

### YOU WILL NOT BE PENALIZED FOR A COMPLAINT

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical and identifying information not covered by this notice or the laws that apply to you will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your original written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.