

# Fredericksburg EMS

## Notice of Privacy Practices

As an essential part of our commitment to you, Fredericksburg EMS maintains the privacy of certain confidential health care information about you, known as Protected Healthcare Information (PHI). We are required by law to protect your healthcare information and to provide you with the attached Notice of Privacy. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

### Purpose of this Notice:

Fredericksburg 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. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Fredericksburg EMS is permitted to use and disclose PHI about you.

### Uses and Disclosures of PHI:

Fredericksburg EMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission.

**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. 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 treatment and transport.

**For Payment.** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies.

**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, fundraising, and certain marketing activities.

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, 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 offices and inspect and copy most of the medical information about you that we maintain. 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 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 us to amend is correct.

**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. We are not required to give you an accounting of our uses of protected health information for which you have already given us written authorization

**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.

**Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.** We maintain a web site and we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site.

**Revisions to the Notice:** Fredericksburg EMS 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 protected health information that we maintain.

**Your Legal Rights and Complaints:** You also have the right to complain to us, or to the Secretary of the United States Department 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 below. Individuals will not be retaliated against for filing a complaint.

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

David Jung - Fredericksburg EMS Administrator  
221 Friendship Lane  
Fredericksburg, Texas 78624 Phone: 830-997-8495