Patient Rights

- To access, copy, or inspect your PHI. Normally PHI will be provided within 30 days of request. We may also charge a reasonable fee for you to obtain a copy of any requested information. If denial of request occurs we will provide a written response to notify you why.
- To amend your PHI. You have the right to amend your PHI and generally will amend your information within 60 days of the request. We are permitted by law to deny a request in certain circumstances. One example would include if we believe the information you asked us to amend is incorrect.
- The right to request an accounting of our use and disclosure of your PHI. You can request an accounting of certain disclosures six years prior to request, however we are not required to provide you with disclosures including but not limited to disclosures associated with treatment, payment, or routine operations.

The right to request that we restrict the uses and disclosures of your PHI. You have a right to request to restrict how your PHI is used including for billing purposes if outstanding accounts are settled in full. However, if the information requested to restrict from disclosure is needed for emergency treatment, than your PHI may still be disclosed. Denial on restriction of PHI can occur for other care and operational issues.

Contact: You can request a specific manner in which we contact you, and if reasonable. we will honor your request.

Revisions of this notice: Gorham EMS reserves the right to change the terms of this notice at any point and the changes will be effective immediately.

Complaints: Any complaints can be addressed with our privacy officer listed below or the United States Department of Health and Human Services.

Privacy Officer: Cagney Hatch Gorham EMS Phone: 603-466-5611

Gorham EMS Privacy Practices



Gorham Emergency Medical Services 347 Main Street Gorham, NH 03581 603-466-5611 www.gorhamems.org Last updated 10/20/2014 Gorham Emergency Medical Services 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 how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and disclosures of PHI: Gorham EMS may use PHI for the purpose of treatment, payment, and health care operations in most cases without your written permission. Examples of our use of your PHI:

Treatment: May use or disclose your PHI in connection with your treatment or transportation in verbal or written form. For example we may disclose your information to doctors, nurses, technicians, or any medical personnel or staff involved in your care. We may communicate this information to the hospital and or dispatch via radio, telephone, and other electronic means.

<u>Payment:</u> We may use or obtain information from you or any necessary third party to receive reimbursement.

For health care operations: We may use and disclose your PHI for quality insurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures. PHI may also be used for certain management functions.

<u>Use and Disclosure of PHI without your</u> <u>authorization.</u>: Gorham EMS is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For the treatment and payment operations activates of another health care provider who treats you.
- For health care and legal compliance activities
- For workers' compensation purposes.
- Communication with organ donation procurement staff, medical examiners, coroners, and funeral home directors
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if given an opportunity to object to such a disclosure and you do not raise an objection.
- For research projects that are subject to strict oversight and health information will be released only when there is minimal risk to your privacy.

- We may disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object; and in certain circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest.
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence.)
- 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 health care 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 responding to a warrant, or when the information is needed to locate a suspect or stop a crime.

Any other use or disclosure of PHI, other than those listed above will only be made with your authorization. This includes sale of PHI, marketing efforts, and psychotherapy notes. You may revoke your authorization at any time, in writing, except to the content that has already been disclosed. In the event of a known breach of your PHI a good faith effort will be made to notify you.