
FAYETTE COUNTY HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 14 April, 2003

**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.**

If you are an employee of Fayette County and have questions about this notice, contact Human Resources, all others can contact Deputy Chief Allen McCullough.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

- We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive with Fayette County. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Fayette County, whether made by the Emergency Services or the associated facility you are carried to or from.

This notice will tell you about the ways in which we may use and 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; and
- 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 or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

&For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you with Fayette County. For example, a doctor treating you for a broke leg may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or other service providers that are part of your care.

&For Payment. We may use and disclose medical information about you so that the treatment and services you have received from Fayette County may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give health care information about treatment you received at the ambulance service so that your health plan will pay us or reimburse you for the care and transportation.

&For Health Care Operations. We may use and disclosed medical information about you for ambulance operations. These uses and disclosures are necessary to operate the emergency services and ensure that lal of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring fo you. We may also combine medical information about many ambulance patients to decide what additional services Fayette County should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other ambulance services to compare our performance to other emergency services and identify any areas where we can make improvements in the care and services we offer. We may remove information that specifically identifies you from this set of medical information so that others may use it to study health care and health care delivery while we protect your privacy.

&Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

&Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involved comparing the health and recovery of all patients who received one medication to those who received another medication, for the same condition. All research projects are subject to a special approval process. This process involves an evaluation of a proposed research project and the use made of medical information during the project. An attempt will be made to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project to help them look for patients with specific medical needs. This will be done only so long as the medical information they review does not leave Fayette County's possession. We will almost always ask you for your specified permission if the researcher will have access to your name, address or other information that reveals your identity, or will be involved in your care with the ambulance service.

&As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

&To Avert a Serious. Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure will be made only to an individual capable of preventing that threat.

SPECIAL SITUATIONS

&Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

&Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

&Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- prevention or control disease, injury or disability;
- reporting births and deaths;

- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notification of people that recalls of a product they may be using, has been recalled;
- notification of those persons who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notification of the appropriate government authority, when we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

&Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

&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 or administrative order. 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 after efforts have been made to inform you about the request or to obtain an order protecting the information requested.

&Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- In response to National Security and Intelligence activities;
- 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; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

&Coroner. Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the ambulance service to funeral directors as necessary to carry out their duties.

&Inmates. If you are an inmate of a correction 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 and security of the correction institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

&Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include separate incident related reports.

To inspect and copy medical information that may be used to make decision about you, you must submit your request in writing to the HIPAA Compliance Director. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, chosen by Fayette County, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

&Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, 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 or for Fayette County.

To request an amendment, your request must be made in writing and submitted to the HIPAA Compliance Director. 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 us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Fayette County;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

&Right to an Accounting of 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 of disclosures, you must submit your request in writing to the director. Your request must state a time period which may not be longer than six years and may not include dates before April 04, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

&Right to Request Restrictions. You have the right to request a restriction or limitation on our use and disclosure of medical information pertaining to your treatment, payment or health care operations. You also have the right to request that we limit the disclosure of medical information about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your transportation.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Compliance Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

&Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make a request in writing to the HIPAA Compliance Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

&Right to a Paper Copy of this Notice. You have the right to paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.admin.co.fayette.ga.us.

To obtain a paper copy of this notice, send a written request to:

Deputy Chief Allen McCullough
HIPAA Compliance Director
140 Stonewall Avenue, Suite 214
Fayetteville, GA 30214
770-461-1321

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 facilities and in our ambulances. The notice will contain the effective date. In addition, each time you are provided medical services by Fayette County, we will offer you a copy of the notice currently in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Fayette County or with the Secretary of the Department of Health and Human Services. To file a complaint with Fayette County, contact Deputy Chief Allen McCullough. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us 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 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.