

# Suburban Emergency Medical Services, Inc.

## Notice of Privacy Practices

**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.**

**Purpose of this Notice:** Suburban Emergency Medical Services (SEMS) 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 Suburban EMS is permitted to use and disclose PHI about you. Suburban EMS is also required to abide by the terms of the version of this Notice currently in effect.

**Use and Disclosures of PHI:** Suburban EMS may use PHI for the purpose of **Treatment, Payment, and other health care Operations**, in most cases without your written permission. Examples of our use of PHI:

**For Treatment** – Includes verbal and written information we obtain about you and use concerning your medical condition and treatment provided to you by Suburban EMS and other medical personnel (including medical command). It also includes information we give to other health care personnel to whom we transfer your care and treatment including the 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** – Includes any activities we must undertake in order to get reimbursed for the services we provide to you, including organizing your PHI and submitting bills to insurance companies, management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

**For Health Care Operations** – 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 for data collection purposes that do not individually identify you, fundraising, and certain marketing activities.

**Fundraising** – We may contact you when we are in the process of raising funds for SEMS, or to provide you with information about our annual subscription program.

**Reminders for Scheduled Transports and Other Services** – We may remind you of any scheduled appointments for non-emergency ambulance and medical transportation, or other information about alternative services we provide or other health related benefits and services.

**Use and Disclosure of PHI Without Your Consent** – Suburban EMS is permitted to use PHI *without* your written authorization or opportunity to object in certain situations, including:

- Suburban EMS's use in treatment, payment for services and health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as a hospital) for health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- 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 we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance your condition and treatment being administered by our ambulance personnel;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law), as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- 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 subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect of stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety to a person or the public at large;

- For workers' compensation purposes, in compliance with workers' compensation laws.
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

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. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and certain types of denials may be appealed.

We have available forms to request PHI and will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer 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 will generally amend your information within 30 days of your request and will notify you when we have amended the information. 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. If you wish to amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

**The right to request an accounting of our use and disclosures 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 information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are also ***not required*** to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempt from the accounting requirement, you should contact the privacy officer listed at the end of the Notice.

**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. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Suburban EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Suburban EMS are binding on Suburban EMS.

**Internet, Electronic Mail, and the Right to Obtain a Copy of Paper Notice on Request** – Suburban EMS has placed a copy of this Notice on our web site that is printable. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

**Revisions to the Notice** – Suburban Emergency Medical Services 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. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

**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 at the end of this Notice.

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

Donald A. DeReamus, Privacy Officer  
Suburban Emergency Medical Services, Inc.  
P.O. Box 3339  
Palmer, PA 18043-3339  
Phone: 610-253-0760

Effective Date of the Notice: April 16, 2019

***We will revise this Notice if we make material changes to it. You can get a copy of the latest version of this notice by contacting the Privacy Officer or any staff member.***