

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: Lincoln 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 Lincoln EMS is permitted to use and disclose PHI about you.

Lincoln EMS is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

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

Examples of our use of your PHI:

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 (including doctors and nurses who give orders to allow us to provide treatment to you). 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 (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

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 financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you or data collection purposes, fundraising, and certain marketing activities.

Reminders for Scheduled Transports and Information on Other Services: We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health related benefits and services that may be of interest to you.

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

- ◆ For Lincoln EMS's use in treating you or in obtaining payment for services provided to you or in other 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 the hospital to which you are transported) for the 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 families, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations whether you are not capable of objecting (because you are not present or due to incapacity of a medical emergency), we may, in our professional judgment, determine that a 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 that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- ◆ 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 a 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 or stop a crime;
- ◆ For military, national defense and security and other special government functions;
- ◆ To avert a serious threat to the health and safety of a person or the public at large;
- ◆ For workers' compensation purposes, and in compliance with workers' compensation laws;

To receive a copy of this notice, please contact Lincoln EMS at (304)8247871

Or obtain a copy from www.lincolnems.com