

Nashville Fire Department
Emergency Medical Services



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.

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE UPON REQUEST.

Run# _____ Date of Ambulance Transport: _____

This Notice describes the privacy practices of the Nashville Fire Department Emergency Medical Services (“EMS”).

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use and Disclose Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it. For example, we may use your health information to perform quality assessment and quality improvement activities or for education and learning purposes for physicians, nurses, technicians, and medical students.

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

- Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities, including other departments within the Metropolitan Nashville Health Department.
- Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena or court or administrative order.
- Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

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- Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- Serious Threat to Health and Safety Issues: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also use and disclose information for reporting suspected and abuse, neglect, or domestic violence.
- Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- Research: We may use or disclose information for approved health research.
- Individuals Involved in Your Care: We may provide information about you to a family member, friend, or other person involved in your health care or in payment for your health care. If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes you expressed to us during your life. We will ask you to complete a form to help clarify for us which of your family members and/or friends are likely to be involved with your health care and/or payment for your health care. If we disclose information to a family member, relative or close personal friend, we will disclose only information that we believe is relevant to that person's involvement with your health care or payment related to your health care.
- Notification and Disaster Relief: We may use or disclose your health information to notify or assist in notifying your family, a personal representative, or another person responsible for your care, of your location, condition, or death. We may disclose your health information to disaster relief authorities so that your family can be notified of your location and condition.
- Business Associates: We may contract with one or more third parties (our business associates) in the course of our business operations. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. We require that our business associates sign a business associate agreement and agree to the safeguard the privacy and security of your health information.
- Workers' Compensation: We may release information about you to workers' compensation agencies and your employer to provide benefits for work-related injuries or illness.

Authorizations for Other Uses and Disclosure

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we will obtain your written authorization. Except as otherwise provided in this Notice, we will not use or disclose your health information without your prior written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on the authorization and taken action.

In these cases we never share you information unless you give us written permission:

- Most sharing of psychotherapy notes (if recorded by a covered entity).
- Marketing purposes, including subsidized treatment communications.
- Sale of your health information.

In any other situation, not covered in this NPP, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You have the right to request restrictions on health information disclosures to your health plan for health services or items paid out-of-pocket in full, and we (the covered entity) must comply with such a request.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. We will provide you a copy or summary of your health information, usually within 30 days of your request. There may be a small charge for the copies.

All requests to inspect or copy your health information must be in writing. We can provide a form for you to use. In certain circumstances, we may deny your requests, but if we do, we will notify you in writing of the reason(s) for the denial within 60 days and explain your right to have the denial reviewed.

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If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form or format requested by you, if it is readily producible in the form or format (if it is not, then we will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request that identifies the person to whom you want the copy sent and where to send it. If you request copies, we may charge a reasonable cost-based for the labor involved in copying the information, the supplies for creating the paper copy or the cost of the portable media, postage, and providing a summary of your records, if you request a summary.

Correct or Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to submit a written request that we correct the existing information or add the missing information. We may deny your request and if we do, we will notify you in writing of the reason for the denial within 60 days and your right to submit a statement disagreeing with the denial.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations. Your request must be in writing and we can give you a form. The first disclosure list in a year is free; if you request additional lists in any year we may charge you a fee.

Fundraising: Although seriously unlikely, you may be contacted for fundraising purposes; however, you have the right to opt out of such fundraising communications with each solicitation.

Breach Notification: You will receive notification of any breach of your unsecured PHI

Privacy Notice Copy: You may obtain a paper copy of this Notice upon request. You may obtain a paper copy of this Notice by visiting EMS. The Notice is also available on our website.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to notify you if a breach occurs that compromised the privacy or security of your information, to provide this Notice about our legal duties and privacy practices regarding protected health information, to not use or share information other than as described here unless authorized in writing, and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. The persons listed below will provide you with the appropriate address upon request. We will not retaliate against you for filing a complaint.

You also may send a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by visiting <http://www.hhs.gov/hipaa/filing-a-complaint/>.

Contact Person

If you have any questions, requests, or complaints, please contact one of the following parties:

1. Ambulance Medical Billing:
1-800-588-3995
2. Chief Joaquin Toon, Assistant Chief:
63 Hermitage Ave., Nashville, TN 37210
615-862-5459

(Effective Date: 01/01/2015, 8/18/2016)