

Name: _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Patient# _____ Incident#: _____



CITY OF MADISON

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.

This Notice of Privacy Practices ("Notice") describes the legal duties of DEMO Department ("Provider," "we," "us," or "our") and your legal rights regarding your protected health information ("PHI") in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

Provider Responsibilities. The Provider is required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

Uses and Disclosures of PHI. The Provider may use or disclose PHI for the purposes of treatment, payment, and health care operations without your written permission, in most cases. Examples of our use or disclosure of your PHI include the following:

For Treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you, as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

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 submitting bills to insurance companies, making medical necessity determinations, and collecting 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, as well as certain other management functions.

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 to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization. The Provider is permitted to use or disclose PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment, or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To business associates that perform various functions on our behalf or to provide certain types of services;
- To a family member, other relative, 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, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- 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 its 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 responding to a warrant;
- 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 coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or as necessary to carry out their duties, as authorized by law;

- If you are an organ donor, to an organization that handles 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
- In a manner that does not personally identify you or reveal who you are.

Use and Disclosure of PHI With Your Authorization. Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any PHI that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Patient Rights. As a patient, you have a number of rights with respect to your PHI, including:

The Right to Access, Copy, or Inspect Your PHI. You have the right to inspect and copy certain types of your PHI. We will generally provide you with access to this PHI within 30 days of your request. If the PHI you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic format you request if the PHI can be readily produced in that format. If the PHI cannot be readily produced in that format, we will work with you to come to an agreement on format. If we cannot agree on an electronic format, we will provide you with a paper copy. To inspect and copy your PHI, please contact our Privacy Officer (as set forth below). If you request a copy of the PHI, we may charge a reasonable fee for you to copy any PHI that you have the right to access. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, we will provide a written denial, and you may request that the denial be reviewed by submitting a written request to our Privacy Officer.

The Right to Receive 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, please contact our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

The Right to Amend Your PHI. You have the right to ask us to amend PHI that we may have about you. We will generally amend your PHI within 60 days of your request and will notify you when we have amended the PHI. We are permitted by law to deny your request to amend your PHI only in certain circumstances, like when we believe the PHI you have asked us to amend is correct. If you wish to request that we amend the PHI that we have about you, please contact our Privacy Officer.

The Right to Request an Accounting. You may request an accounting from us of certain disclosures of your PHI that we have made in the six years prior to the date of your request. We are not required to give you an accounting of uses or disclosures for purposes of treatment, payment, or health care operations, or when we share your PHI with our business associates, such as 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 and disclosures of PHI for which you have given us written authorization. If you wish to request an accounting, please contact our Privacy Officer.

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 PHI. Except as provided below, the Provider is not required to agree to any restrictions you request. However, any restrictions agreed to by the Provider in writing are binding on the Provider. We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, please contact our Privacy Officer.

The Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured PHI.

Other Applicable Laws. HIPAA generally does not preempt other laws that give individuals greater privacy protections. Therefore, if any state or federal privacy law requires us to provide you with more privacy protections, then we will also follow that law in addition to HIPAA.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site. 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. The Provider 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

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 ("Secretary") 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 the Secretary. To file a complaint with the Provider, or if you have any questions or comments regarding this Notice, please contact our Privacy Officer. Please note that all complaints filed with the Provider must be submitted in writing.

Privacy Officer Contact Information:

City of Madison
 30 W. Mifflin St.- 9th Floor
 Madison, WI 53703
 Phone: 608-266-4420
 Fax: 608-267-1100

Effective Date of the Notice: September 10, 2013

 COMPLIANCE WITH SECTION 146.83(2), WISCONSIN STATUTES, REGARDING
 ACCESS TO PATIENT HEALTH CARE RECORDS
 Pursuant to requirements outlined in Section 146.83(2), Wisconsin Statutes, ACCESS TO PATIENT HEALTH CARE RECORDS, we are hereby advising you that, upon your request, you may access health care records pertaining to
 you, subject to the conditions specified in 146.83, Wisconsin Statutes.

NOTICE ACKNOWLEDGEMENT

Under federal privacy laws we are required to provide you with our Notice of Privacy Practices. This Notice provides information about how we may use and disclose your protected health information. You are not required to sign and return the attached acknowledgement. We are required to give you this Notice. If you would like to acknowledge receipt of this Notice, please sign below and return it to: Ambulance Conveyance Services, 30 W. Mifflin St., 9th Floor Madison, WI 53703. If you have any questions regarding this acknowledgement please contact the Privacy Officer listed above.

Signature: _____ Date: _____
 Print Name: _____