

## Detailed Notice of Privacy Practices

**Purpose of This Notice:** This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the City of Annapolis/Annapolis Fire Department (“AFD” or “we” or “us”) is permitted to use and disclose Protected Health Information (PHI) about you.

### **Uses and Disclosures of Your PHI We Can Make Without Your Authorization**

The City of Annapolis/Annapolis Fire Department may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

***Treatment.*** For treatment provided to you by us or other medical personnel, for transfer of PHI via radio or telephone to the hospital or dispatch center, and to provide the hospital with a copy of any AFD-generated written records related to your treatment and transport.

***Payment.*** For any activities we must undertake in order to be reimbursed for the services that we provide to you.

***Healthcare Operations.*** For quality assurance activities, licensing, and training programs for our personnel, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

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

### **Other Uses and Disclosure of Your PHI We Can Make Without Authorization.**

The City of Annapolis/Annapolis Fire Department is also permitted to use or disclose your PHI *without* your written authorization in the following situations:

- ❖ For treatment or healthcare operations activities of another healthcare provider, including a hospital, that has or had a relationship with you;
- ❖ To another healthcare provider or entity for the payment activities of the provider or entity that receives the information;
- ❖ For healthcare 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, if we, in our professional judgment, infer from the circumstances that you would not object, or in situations where you are incapable of objecting, we may, in our professional judgment, determine that a limited disclosure to your family member, relative, or friend is in your best interest;

- ❖ To a public health authority as required by law, as part of a public health investigation, to report child or adult abuse, 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 healthcare 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 ;
- ❖ 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 to perform their duties as authorized by law;
- ❖ If you are an organ donor, to organizations that handle or facilitate organ procurement or organ, eye or tissue transplantation;
- ❖ For research projects, subject to strict oversight, and where PHI will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law; and
- ❖ We have also chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

### **Uses and Disclosures of Your PHI That Require Your Written Consent**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization specifically identifying 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.**

### **Your Rights Regarding Your PHI**

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

- ❖ ***Right to access, copy or inspect your PHI.*** Requests for access to your PHI should be made in writing to the EMS Captain on our request access form. In limited circumstances, we may deny you access to your medical information. We will provide a written response if we deny you access and let you know your appeal rights. Otherwise, we will normally provide you with access to this information within 30 days of your written request, subject to payment of a reasonable cost-based fee as permitted by state law. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative), and you clearly identify the designated person and where to send the copy of your PHI.
- ❖ ***Right to request an amendment of your PHI.*** Requests for amendments to your PHI should be made in writing to the EMS Captain on our amendment request form. When required by law to do so, we will amend your information within 60 days of your request and will notify you when we have done so. We are permitted by law to deny your request in certain circumstances, such as when we believe that the information you have asked us to amend is correct.
- ❖ ***Right to request an accounting of uses and disclosures of your PHI.*** If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should make a written request to the EMS Captain. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends; or (d) for disclosures made for law enforcement or certain other governmental purposes.
- ❖ ***Right to request restrictions on uses and disclosures of your PHI.*** You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. We are only required to abide by a requested restriction under the limited circumstances specified below, or as otherwise required by law. If you wish to request a restriction on the use or disclosure of your PHI, you make a written request to the EMS Captain. We are required to abide by a requested restriction not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid us in full. We may also voluntarily agree in writing to any other restrictions that would not interfere with our ability to provide you with emergency treatment or to obtain emergency treatment for you through a healthcare provider . Unless prohibited by law, a restriction may be terminated by either you or us, at any time, in writing, and any PHI that is created or received after the restriction is terminated is no longer subject to the restriction.
- ❖ ***Right to notice of a breach of unsecured protected health information.*** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file.

- ❖ ***Right to request confidential communications.*** You have the right to request that we send your PHI to an alternate location (*e.g.*, somewhere other than your home address) or in a specific manner (*e.g.*, by email rather than regular mail). However, we will only comply with reasonable requests when required by law to do so. You should make a request in writing to the EMS Captain.

### **Internet, Email and the Right to Obtain Copy of Paper Notice**

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 or you may always request a paper copy of the Notice by contacting the EMS Captain.

### **Revisions to the Notice**

We reserve 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 on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the EMS Captain.

### **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 that 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.

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

EMS Captain, our HIPAA Compliance Officer  
Annapolis Fire Department  
1790 Forest Drive  
Annapolis, MD 21401  
410-263-7978  
[ems35@annapolis.gov](mailto:ems35@annapolis.gov)

**Effective Date of the Notice:** 11/1/2019