

GALENA AREA EMERGENCY MEDICAL SERVICE DISTRICT

217 Summit Street, Galena, Illinois 61036
815-777-3575 GalenaEMS@gmail.com



PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS AND RESPONSIBILITIES AND IS COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (1996). PLEASE REVIEW THIS DOCUMENT CAREFULLY.

Purpose of this Notice: The Galena Area Emergency Medical Service District 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 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 the Galena Area Emergency Medical Service District is permitted to use and disclose PHI about you.

The Galena Area Emergency Medical Service District is also required to abide by the terms of the version of this Notice currently in effect. In most situations we 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 Disclosure of PHI: The Galena Area Emergency Medical Service District may use PHI for treatment, payment and healthcare operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes 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 a copy of the written record we create while providing you with treatment and transport.

For Payment: This includes any activities we must undertake to get reimbursed for the services provided 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 determination 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 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.

Internet, Electronic Mail and The Right to Obtain a 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 and make the Notice available electronically through the web site. If you allow us, we will forward you a Notice by electronic mail instead of on paper and you may also request a paper copy of the Notice.

Use and Disclosure of PHI Without Your Authorization: The Galena Area Emergency Medical Service District is permitted to use PHI without your written authorization or opportunity to object in certain situations, including:

We are not required to give you an accounting of our uses of your PHI for which you have already given us written authorization. If you want an accounting of your personal medical information that we have used or disclosed, that is not exempt from the accounting requirements, you should contact the privacy official listed at the end of this 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. The Galena Area Emergency Medical Service District is not required to agree to any restrictions you request, but any restrictions agreed to by the Galena Area Emergency Medical Service District are binding on the Galena Area Emergency Medical Service District.

Revisions to the Notice: The Galena Area Emergency Medical Service District reserves the right to change the terms of this Notice at any time, and changes will be effective immediately and will apply to all PHI that we maintain. Any material changes in the notice will be promptly posted in our facility and posted to our web site, if we maintain one. You can get a copy of the latest version of this notice by contacting the Privacy Official listed below.

Your Legal Rights and Complaints: You have the right to complain if you feel your privacy rights have been violated to Galena EMS or to the Secretary of the United States Department of Health and Human Services via the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, Washington, DC 20201 by Phone 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against in any way for filing a complaint with us or to the government. We have an obligation to contact you in the event a breach occurs that may compromise the privacy or security of your information. Should you have any questions, comments or complaints, you may direct all inquires to the privacy officer listed below. Individuals will not be retaliated against for filing a complaint.

William L. Bingham, Interim EMS Coordinator
Galena Area Emergency Medical Service District
Contact information: 815.777.3575 Email: GalenaEMS@gmail.com
217 Summit Street
Galena, Illinois 61036

(Effective Date of This Notice: August 1, 2018.)