

Town of Stowe **Department of** **Emergency Medical Services**

Notice of Privacy Practices

**Important: 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.**

As part of our commitment to our patients the Town of Stowe, Department of Emergency Medical Services (EMS) has always treated any medical information obtained during the course of our duties as private and confidential. The Health Insurance Portability and Accountability Act (HIPAA), under the Privacy Rule, specifies our legal duties and privacy practices with regard to this medical information, which is now referred to as Protected Health Information (PHI).

This notice of Privacy Practices also describes how the Town of Stowe, Department of EMS may use and disclose PHI about you, and your legal rights and access to this information.

Please read the following detailed Notice. If you have any questions please contact us using the information provided at the end of this Notice.

Uses and Disclosures of Health Information

Town of Stowe, Department of EMS may use your PHI for purposes of treatment, payment and healthcare operations. For example:

Treatment: We may disclose your PHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your PHI to obtain payment for services provided to you.

Healthcare Operations: We may use and disclose your PHI in connection with our healthcare operations. These include quality assurance and improvement activities, conducting training programs, required accreditation, certification, licensing or credentialing

Law Enforcement and Fire Departments as Mutual Agency Responders: These agencies are not covered under HIPAA and can freely share PHI with the Town of Stowe, Department of EMS without your permission. The Town of Stowe, Department of EMS may disclose your PHI to these agencies, only as necessary, for treatment and safety purposes.

Family, Friends and Caregivers: We may disclose your PHI to a family member, other relative, close friend or designated caregiver, if we obtain your permission to do so, either orally or by other means of physical communication. In situations where you are not capable of giving your permission (due to absence or incapacity), we may determine that disclosure to a family member, relative or friend is in your best interest. In such a situation we will disclose only PHI relative to that persons involvement in your care.

Required by Law: We may disclose your PHI when we are required to do so by law.

Abuse or Neglect: We may disclose your PHI to the appropriate authorities if we have reason to believe that you are the victim of abuse or neglect.

Any other use or disclosure of your PHI that is not listed above will only be made with your written authorization.

This authorization may be revoked by you at any time, in writing, except for any PHI already used or disclosed since receipt of your original authorization.

Patient Rights: As a patient, you have a number of rights concerning the protection of your PHI. These are as follows:

Access: You have the right to look at or obtain copies of your PHI. Requests to obtain access to your health information must be made in writing and mailed to the address at the end of this Notice.

Amendment: You have the right to request that we amend your PHI. Requests to amend your health information must be made in writing and mailed to the address at the end of this Notice. It must contain an explanation why your PHI should be amended. We may deny your request under certain circumstances.

Restrictions: You have the right to request that we place additional restrictions on our use and disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

Disclosure Accounting: You have the right to receive a list of instances in which we disclose your PHI for purposes other than treatment, payment and healthcare operations. This applies to any disclosure occurring after April 14, 2003.

Electronic Notice: A copy of this Notice is available for download on our website at dps.stowevt.gov. You are entitled to receive this Notice in written form.

Revisions: The Town of Stowe, Department of EMS reserves the right to change the terms of this Notice at any time. Any change will be effective immediately and will apply to all PHI that we maintain. Any material changes to this Notice will be posted promptly on our website. You may obtain a copy of the latest version of this Notice by calling (802) 253-9060.

Questions and Complaints

You have the right to complain to us if:

You are concerned that we may have violated your privacy rights.

You disagree with a decision we made concerning access to your PHI.

You are dissatisfied with our response to a request you made to make amendments to or restrict the use or disclosure of your PHI.

Should you have any questions, comments or complaints you may direct inquiries to:

Town of Stowe, Dept. of EMS

ATTN: Cheif of EMS

P.O. Box 730

Stowe, VT 05672

Telephone: (802) 253-9060

Fax: (802) 253-2927

Should the Town of Stowe, Department of EMS fail to handle your complaint satisfactorily, you may submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint with us or with the appropriate government department.