



## YOUR HEALTH INFORMATION RIGHTS

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 following rights regarding the health information that HCDESEMS has about you:

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information within 21 working days after you request disclosure. This request may include your medical, billing or health care payment information. It does not include information compiled by HCDESEMS for legal proceedings or psychotherapy notes. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend:** If you feel that the health information HCDESEMS has created about you is incorrect or incomplete, you may ask us to amend that information. HCDESEMS may deny your request if you ask to amend information that: 1) was not created by HCDESEMS; 2) is not part of the health information kept by HCDESEMS; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate and complete.

**Right to Accounting of Health Information Releases:** You have the right to request a list of information releases that HCDESEMS has made of your health information during the 6 years before your request. This list will not include: 1) health information releases made for purposes of providing treatment to you, obtaining payment for services or fulfilling administrative or operational purposes; 2) health information releases made for national security; 3) health information releases made to correctional institutions and other law enforcement custodial situations; 4) health information releases HCDESEMS has made based on your written authorization; 5) health information releases to persons who are involved in your care; or 6) health information releases made prior to January 21, 2018.

**Right to Request Restrictions:** You have the right to request a restriction or limitation of the health care information HCDESEMS uses or releases for treatment, payment or operational purposes. HCDESEMS is not legally required to agree to the requested restriction or limitation.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by email. HCDESEMS will accommodate all reasonable requests. To request confidential communications, you must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to request a paper copy of this notice from us at any time.

All requests for inspecting, copying, amending, making restrictions or obtaining an accounting of your health information must be made in writing to HCDESEMS 2220 Ady Rd, Forest Hill, MD 21050 Attn: Custodian of Records

### HOW HCDESEMS USES AND RELEASES HEALTH CARE INFORMATION

Your health information may be used and released by HCDESEMS for the purposes of providing treatment to you, obtaining payment for services, for administrative and operational purposes and to evaluate the quality of the services that you receive. HCDESEMS provides a wide range and variety of pre-hospital health care to the people in Maryland. For this reason, not all types of uses and releases can be described in this document. We have listed some common examples of permitted uses and releases below.

**For Treatment:** Caregivers, such as Emergency Medical Services (EMS) providers, nurses, doctors, therapists and social workers, may use your health information, both oral and written, to determine your plan of care. EMS providers may transmit your health care information by radio or telephone or in writing in order to assist in your care.

**For Payment:** HCDESEMS may release information about you to your health plan or health insurance carrier to obtain payment for services. For example, we may need to give your health plan information about a transport that you or your child received so your health plan will pay us or reimburse you for treatment or services HCDESEMS provided. We may also share your information, when appropriate, with other Government programs such as Workers Compensation, Medicaid, or Medicare in order to coordinate your benefits and payments.

**For Health Care Operations:** HCDESEMS and other EMS units in the same jurisdiction may use and release information about you to ensure that the services and benefits provided to you are appropriate and are high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services of other EMS providers in our jurisdiction. We may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. We may share your health information with billing services who perform functions on behalf of HCDESEMS. We require that our billing services abide by the same level of confidentiality and security as we do when handling your health information.

**To Government Agencies Providing Benefits or Services:** HCDESEMS may release your health information to government agencies that are providing you benefits or services when the information is necessary for you to receive those benefits and services.

**To Keep You Informed:** HCDESEMS may contact you about reminders for transports and other services.

**For Public Health:** HCDESEMS may release your health information to public health agencies, subject to the provisions of applicable state and federal law, for the following kinds of activities: 1) to prevent or control disease, injury or disability or to keep vital statistics records such as births and deaths; 2) to notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence; 3) to report reactions to medications or problems with products to the Food and Drug Administration (FDA).

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**For Health Oversight Activities:** HCDESEMS may share your health information with State and local agencies for oversight activities as required by law. Examples of these oversight activities include audits, civil, administrative, or criminal investigations; inspections; licensure/certification or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of: 1) the emergency medical care system and the health care system; 2) government benefit programs for which health information is relevant to beneficiary eligibility; 3) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or 4) entities subject to civil rights laws for which health information is necessary for determining compliance. **The Law Enforcement:** HCDESEMS may release health information to a law enforcement official, subject to applicable federal and state law and regulations, for purposes that are required by law or in response to a court order or subpoena.

**For Research:** HCDESEMS may release your health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, HCDESEMS may release health information about you in response to a court or administrative order. We may also release health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**To Coroner, Medical Examiners and Funeral Directors:** HCDESEMS may release health information to a coroner, medical examiner or funeral director, as necessary to carry out duties as authorized by law.

**For Organ Donations:** If you are an organ donor, HCDESEMS may release your health information to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation.

**To Alert a Serious Threat to Health or Safety:** HCDESEMS may release your health information if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

**For National Security and Protection of the President:** HCDESEMS may release your health information to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

**To a Correctional Institution:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, HCDESEMS may release your health information to the correctional institution or law enforcement officer. The information released must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety or security of the correctional institution.

**To the Military:** If you are a veteran or a current member of the armed forces, HCDESEMS may release your health information as required by military command or veteran administration authorities.

**To Individuals Involved in your Care:** HCDESEMS may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care.

**To Family:** HCDESEMS may use your information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death.

**To Disaster Relief Agencies:** HCDESEMS may release your health information to an agency authorized by law to assist in disaster relief efforts.

**Fund Raising:** HCDESEMS may contact you in connection with fund raising.

#### HCDESEMS REQUIREMENTS

HCDESEMS is required by state and federal law to maintain the privacy of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that HCDESEMS collects and maintains about you. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or released. Release of your information outside of the boundaries of HCDESEMS- related treatment, payment or operations, or as otherwise permitted by State or Federal law, will be made *only* with your specific written authorization. You may revoke specific authorizations to release your information, in writing, at any time. If you revoke an authorization, we will no longer release your health information to the authorized recipient(s), except to the extent that HCDESEMS has already used or released that information in reliance of the original authorization.

HCDESEMS reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. We will provide a copy of our revised notice to you upon request. We will post a copy of the current notice at HCDES and on our website listed below. In addition, you may ask for a copy of our current notice of privacy practices anytime you visit our location.

#### FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below. There will be no penalty or retaliation for filing a complaint. To obtain more information about HCDESEMS's privacy practices, to receive additional copies of this notice or to receive request forms to access or amend health information please contact:

*Harford County Dept. of Emergency Services*  
*Custodian of Records*  
2220 Ady Rd  
Forest Hill, MD 21050  
410-638-4900  
[www.harfordcountymd.gov](http://www.harfordcountymd.gov)

*Office of Civil Rights*  
Phone: 866-OCR-PRIV (866-627-7748) or  
886-788-4989 TTY  
*Secretary of Health and Human Services*  
200 Independence Ave. S.W.  
Washington, D.C. 20201 Toll Free 877-696-6775