

The 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 or treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends, or other individuals involved in your healthcare. YCEMS is not required to agree to any restrictions you request, but any restrictions agreed to by YCEMS in writing are binding on YCEMS. Notwithstanding, if you request a restriction that we agree to, then we may disclose the PHI to a healthcare provider to provide emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment.

YCEMS is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) as long as YCEMS bill is paid in full.

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 the breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, contact our HIPAA Compliance/Privacy Officer to make YCEMS aware of this preference and to provide a valid email address. You may withdraw your agreement to receive notice by email at any time by contacting contact our HIPAA Compliance/Privacy Officer.

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. If you wish to request that we communicate PHI to a specific location or in a specific format, you should make a written request to our HIPAA Compliance/Privacy Officer.

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: YCEMS 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 protected health information 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 HIPAA Compliance/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 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 to the government. Should you have any questions, comments or complaints you may direct all inquiries to our HIPAA Compliance/Privacy Officer.

HIPAA Compliance/Privacy Officer Contact Information:
HIPAA Compliance/Privacy Officer
Yankton County EMS
805 Capitol Street
Yankton, SD 57078
Phone 605-668-9033

Effective Date of the Notice: April 14, 2003

Revised Date of the Notice: September 24, 2013

YANKTON COUNTY EMS 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.

Yankton County EMS (YCEMS) is committed to protecting your personal health information. We are required by law to maintain the privacy of health information that could reasonably be used to identify you, known as Protected Health Information or PHI. YCEMS respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

Purpose of This Notice: This notice describes your legal rights, advises you of your privacy practices, and lets you know how YCEMS is permitted to use and disclose PHI about you.

Uses and Disclosures of PHI: YCEMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

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.

Use and Disclosure of PHI Without Your Authorization. YCEMS is permitted to use or disclose your PHI *without* your written authorization, in certain situations, , 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;
- 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, 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 their 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 carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle 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;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

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

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. This means you may inspect and copy most of the medical information about you that we maintain.

We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our HIPAA Compliance/Privacy Officer.

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

Right to request an accounting of uses and disclosures of your PHI. You may request an accounting from us of disclosures of your medical information. You have the right to receive an account of certain disclosures of your PHI made within 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 health-care operations; b) for disclosures that you expressly authorized; c) disclosures made to you, your family or friends, or d) disclosures made for law enforcement or certain other governmental purposes. If you wish to request an accounting of disclosures of your PHI that are subject to the account requirements, contact our HIPAA Compliance/Privacy Officer.