

# Notice of Privacy Practices For the Emergency Medical Services System (EMS) of the State of Hawai'i

Effective: June 30, 2008

Revised: June 20, 2008

## **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.**

### **Understanding Your Health Information:**

Your health information is personal and EMS is committed to protecting it. Your **protected health information (PHI)** is very important to our ability to provide you with quality care and to comply with certain laws. This Notice applies to all records about your care that EMS creates. (Your physician or the hospital in which you receive care may have different policies and/or a different Notice regarding your health information.)

### **Your Health Information Rights:**

Your health information belongs to you. You have the right to:

- Access your PHI and authorize its disclosure;
- Ask that EMS limit the use and/or disclosure of your PHI; however, EMS is not required by law to agree to your request;
- Request communications of your health information with you in a different way or at a different location upon written request;
- Inspect and copy your PHI upon written request;
- Amend your PHI by changing, adding or deleting information upon written request. However, the original documentation maintained by EMS may not be changed;
- Obtain an accounting of permitted disclosures of your PHI so you know how your PHI was used or disclosed;
- Obtain a paper copy of this Notice upon request, even if you agreed to receive it electronically.

### **EMS Responsibilities:** EMS is required to:

- Ensure the privacy of your PHI;
- Notify you about our legal duties and privacy practices regarding information we collect and maintain about you;
- Honor the terms of this Notice;

EMS reserves the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will make the revised Notice available on or after the effective date of the revision.

If applicable, EMS may contact you to provide appointment reminders, information about treatment alternatives or other health-related services that may be of interest to you.

EMS will not use or disclose your PHI without your permission except as described in this Notice or required by law.

### **How EMS May Use/Disclose Your PHI: Examples of Treatment, Payment, and Health Care Operations:**

Your health information will only be used when it is necessary for EMS to carry out the functions of our tasks. If your PHI needs to be shared with other providers or agencies, EMS will require those providers or agencies to protect this health information. Only the *minimum necessary amount of PHI* will be released in order for that entity to carry out the functions of their tasks. EMS will use and share your health information for:

**Treatment:** EMS may disclose your PHI to physicians, nurses and other health care personnel who are involved in your care.

**Payment:** EMS may use or disclose your PHI: (1) to create the bills we submit to the insurance company, (2) to our business associates who bill and process claims for us; and/or (3) for other payment-related activities, such as getting paid for treatment provided to you or to process claims under your health insurance plan.

**Health Care Operations:** Your PHI may be used to evaluate the quality of care you received from EMS or to evaluate the performance of those involved with your care. Your PHI may also be given to our attorneys, accountants and consultants to ensure EMS is complying with all applicable laws. We may also disclose your PHI to third parties for limited purposes only, such as for them to conduct quality improvement activities review health care provider performance or for training purposes.

### **Uses and Disclosures that Require Giving You an Opportunity to Agree or Object:**

If you do not object, EMS may disclose relevant portions of your PHI to a family member, friend or other person you indicate is involved in your health care, including getting insurance coverage or providing payment. EMS may use or disclose your PHI to notify your family or personal representative of your location or condition. In an emergency or when you are not able to agree or object to these disclosures, EMS will disclose PHI as we determine is in your best interest, but will give you the opportunity to object to future disclosures, if possible. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

### **Other Times When EMS Does Not Need Your Authorization to Use or Disclose Your PHI:**

**Health Oversight Activities:** EMS may disclose your PHI to approved government agencies such as the U.S. Dept. of Health and Human Services and the Office of Civil Rights, who have the authority to audit or investigate our operations.

**When Required by Law:** EMS may disclose PHI when we are required to do so by federal, state or local law.

**Research:** EMS may disclose PHI to researchers when an Institutional Review Board (IRB) has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information.

**Public Health:** As required by law, EMS may disclose your PHI to public health authorities charged with preventing or controlling disease, injury, or disability.

**To Avert a Serious Threat to Health or Safety:** EMS may disclose your PHI to someone who can help prevent a serious threat to the health and safety of you, another individual or the public.

**Law Enforcement:** EMS may disclose health information for certain law enforcement purposes.

**Coroners, Medical Examiners, and Funeral Directors:** EMS may disclose your PHI to such authorized persons who need the information to administer their work.

**Organ Procurement:** EMS may disclose PHI to facilitate organ donation and transplantation.

**Correctional Institutions:** If you are an inmate or in custody of law enforcement, EMS may disclose to the institution or agents thereof, PHI necessary for your health, and the health and safety of other individuals.

**Victims of Abuse (including Child Abuse), Neglect or Domestic Violence:** Should EMS suspect abuse or neglect at the hands of a parent, foster parent, family member, guardian, or provider, we will report the suspected abuse or neglect to the necessary authorities, e.g. CPS, APS, or Police.

**Specialized Government Functions:** EMS may disclose your PHI for national security, intelligence, and/or protective services for the President and others as required by law.

**Judicial and Administrative Hearings:** EMS may disclose your PHI during a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (if such disclosure is expressly authorized), and in response to a valid subpoena, discovery request, or other lawful purposes.

**Other Government Agencies or organizations providing Benefits or Services:** EMS may disclose information with other government agencies and/or organizations for you to receive benefits and/or services offered (e.g., Workers Compensation).

**Other Uses and Disclosures of Your PHI:**

Any other uses and disclosures of your PHI, not covered by this Notice or applicable laws, can be made only with your written authorization. You may revoke your authorization at any time in writing. Once revoked, EMS will no longer use or disclose your PHI for the purposes specified in the written authorization, except when EMS is unable to take back disclosures already made before your revocation.

In addition, EMS can use or disclose your PHI after you have revoked your authorization for actions

already taken in reliance of your authorization. EMS is also required to retain certain records of the uses and disclosures made when the authorization was in effect.

*There are stricter requirements for use and disclosure for some types of PHI, for example, mental health, drug and alcohol abuse treatment, and HIV/AIDS patient information. However, there are still limited circumstances in which these types of information may be used or disclosed without your authorization.*

**For More Information or to File a Complaint:**

If you have questions and would like additional information, or if you wish to file a privacy complaint because you believe your privacy rights have been violated, please contact:

**Billing Supervisor, Emergency Medical Services**

3675 Kilauea Ave., Trotter Bldg. Basement  
Honolulu, HI 96816.  
Phone: (808) 733-9210.

You may also file a privacy complaint with:

**Secretary, U.S. Dept. of Health & Human Services**

Office of Civil Rights  
Medical Privacy, Complaint Division  
200 Independence Ave., S.W., HHH Bldg., Rm. 509H  
Washington, DC 20201

Phone: (866) 627-7748 TTY: (866) 788-4989

Website: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

**EMS will not retaliate against you for asking for additional information or filing a complaint.**

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My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices:

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Signature of Individual Client /Parent/Legal Representative

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Print Name

Date: \_\_\_\_\_

If signed by a Legal Representative, relationship to the individual: \_\_\_\_\_

Distribution: Original on file in individual's chart  
Copy to individual client