

PATIENT PRIVACY NOTICE
Eagle Grove EMS
210 E Broadway
515-448-4686

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- Please sign the signature sheet. We are mandated by HIPPA to have a signed copy of these rules in our records.
- EG EMS is required to:
 - a. Maintain privacy of your health information
 - b. Provide you with a notice to our legal duties and privacy practices with respect to the information we collect
 - c. Abide by the terms of this notice
 - d. Notify you if we are unable to agree to a requested restriction
 - e. Accommodate reasonable requests you may have to communicate healthy information by alternate means or locations
- We reserve the right or may be required by law to change our privacy practices, which may result in changes of this notice. We further reserve the right to make the revised or changed privacy practices notice effective for medical information we already have or will receive in the future. The revised notice will be available at our facility with the version number and implementation date included on the notice.

Questions or Concerns?

If you feel that your privacy rights have been violated in any way, Eagle Grove EMS encourages you to file a complaint.

You will not be retaliated in any way for filing such a complaint. File a complaint verbally or in writing.

You may also contact the Eagle Grove EMS Director and file a complaint.

We will also use your health information in other permitted ways:

- To notify a family member or another person responsible for your care in cases of an emergency or disaster relief.
- To disclose information relevant to your care to a family member, close personal friend, or any other person you identify.

There are disclosures of your information we are required to make without your authorization. Included are:

- Disclosures required by law
- Disclosures for public health activities, such as births, death, injury and disease for the purpose of preventing or controlling disease or disability.
- Disclosures about victims of abuse, neglect or domestic violence. We will tell you if we make this disclosure.
- Disclosures for health oversight activities of the health care system, government benefit programs and compliance with program standards.
- Disclosures for judicial or administrative proceedings in response to a court order or subpoena.
- Disclosures for law enforcement.
- Disclosures about decedents to funeral directors, medical examiners and/or coroners.
- Disclosures for organ donations.
- Disclosures to avert serious threat to health and safety.
- Disclosures for specialized government functions.
- Disclosures for workers' compensation to comply with state laws relating to provision of benefits for work-related injuries or illness.

- Disclosures for billing to private and government insurance companies.

Eagle Grove EMS is committed to providing our regional community with the highest quality pre-hospital healthcare available.

Understanding Your Medical Record Information

Each time an ambulance is called for you, a record of your trip is made. The information we gather serves as a documentation of the care you have received for communication between health care professionals, subsequent care, payment of care, legal purposes, and as a tool to improve the quality of care and services we provide in the future.

Your Rights Regarding Your Protected Health Information

Although your medical record is the physical property of this facility, the information belongs to you. You have certain rights regarding the use and disclosure of this information.

Right To See And Obtain Copies Of Your Medical Information

In most cases, you have the right to look at or obtain copies of your medical information that we have, but you must make the request in writing. If we don't have your information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed. If you request copies of your medical information, we may charge a fee for the copying, mailing, or other supplies associated with your request.

How To Amend Or Update Your Medical Information

If you believe that there is a mistake in your medical information or if information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be in writing and provide a reason for the change. We will respond within 60 days of receiving your request. We may deny your request. Our written denial will tell you the reasons for the denial and will tell you how to file a written statement of disagreement with the denial.

Right To Obtain An Accounting Of Disclosures

You have the right to obtain an accounting of any disclosures we have made regarding your medical record. We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

Right To Request Limits On Use And Disclosure Of Information

You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request but are not legally required to accept it. If we accept your request, we will abide by its content except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

Right To Choose How We Send Information To You

You have the right to ask that we send information to you at an alternate address or by alternate means. We must agree to your written request so long as we can easily provide it in the format you requested.

Right To A Paper Copy Of This Notice