



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 this carefully.

Lakeland Emergency Squad 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.” We are also required by law to provide you with the attached detailed Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your PHI.

We 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 our privacy practices, and lets you know how Lakeland Emergency Squad is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendments of that information, and how you may request restrictions on our use and disclosure of your PHI.

Lakeland Emergency Squad is also required to abide by the terms of this Notice that are currently in effect. In most situations, we may use the PHI as described in this notice without your permission, but there may be some situations in which we may use the PHI only after we obtain your or your legal representative’s written authorization, if we are required by law to do so.

Uses and Disclosures of Your PHI

We can make without your authorization, use or disclose your PHI without your authorization, or without providing you with an opportunity to object, including for the following purposes:

- **Treatment**
This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the record we create in the course of providing you with treatment and transport.
- **Payment**
This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.
- **Healthcare 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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

- **Other Uses and Disclosure of Your PHI We Can Make Without Authorization**

Lakeland Emergency Squad is also permitted to use or disclose your PHI without your written authorization in situations including: For the treatment activities of another healthcare provider; To another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI; To another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship; 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. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew; To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law; 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 healthcare 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 there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime; 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.

- **Uses and Disclosures of Your PHI That Require Your Written Consent**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. 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.

Your Rights Regarding Your PHI As A Patient

You have a number of rights with respect to your PHI, including:

- **Right to access, copy or inspect your PHI**

You have the right to inspect and copy most of the medical information that we collect and maintain about you. We may charge you a fee for copies of information that you request. In the event you wish to obtain a copy of your medical record please mail a photo copy of a valid photo

ID, date of the incident, location of the incident, your phone number, and the location to which we may send the report to:

Lakeland Emergency Squad, Attn: Chief, PO Box 311, Andover, NJ 07821

- **Right to Amend Your PHI**
You have the right to ask us to amend written PHI that we may have about you. We will attempt to amend your information within 60 days of your request and will attempt to notify you when the information has been amended. We are permitted by law to deny your request to amend PHI in certain circumstances, for example, when we believe the information you have asked us to amend is correct.
- **Right to Request an Accounting of Your PHI**
You have the right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your PHI that we have made in the last six (6) years prior to the date of your request. However, we are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your PHI with our business associates, such as our billing company or a medical facility from/to which we have transported you. In addition, we are not required to give an accounting of our uses of PHI for which you have already given us written authorization.
- **Right to Request that We Restrict Uses and Disclosures of Your PHI**
You have the right to request that we restrict how we use and disclose your PHI that we have about you for treatment, payment or health care operations, or to restrict the PHI that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Lakeland Emergency Squad is not required to agree to any restrictions you request, but any restrictions agreed to be Lakeland Emergency Squad are binding on it.
- **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 that breach by mail dispatched to the most recent address that we have on file.
- **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.

Revisions to the Notice

Lakeland Emergency Squad is required to abide by the terms of the version of this Notice currently in effect. However, Lakeland Emergency Squad 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one.

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 that 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:

president@lakelandems.org via email or via regular mail to Lakeland Emergency Squad, Attn: President, PO Box 311, Andover, NJ 07821