

**PATIENT PRIVACY NOTICE
CITY OF OREM EMERGENCY MEDICAL SERVICE (EMS)**

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.

Purpose of this Notice: The City of Orem (referred to as the City) is required by law to maintain the privacy of certain confidential health care information known as protected health information or PHI, and to provide you with a notice of the City's legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of the City's privacy practices, and lets you know how the City is permitted to use and disclose PHI about you. The City is also required to abide by the terms of the version of this notice currently in effect and it may use this PHI after obtaining your consent or in an emergency and other situations without your immediate consent.

Uses and Disclosures of PHI: The City may use your PHI for the purposes of treatment, payment, and other health care operations. Examples of the City's use of your PHI:

For treatment. This includes such things as verbal and written information that the City obtains about you and uses pertaining to your medical condition and treatment provided to you by the City and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information the City gives to other health care personnel to whom the City transfers your care and treatment, and includes transfer of PHI via electronic, radio or telephone to the hospital as well as providing the hospital with a copy of the written record the City creates in the course of providing you with treatment and transport.

For payment. This includes any activities the City must undertake in order to get reimbursed for the services the City provides to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that City personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

Use and Disclosure of PHI Without Your Consent. The City is authorized to use PHI without your consent, authorization, or written permission in certain situations, including:

- § Emergency situations (in these situations, in accordance with the law the City will attempt to get your written consent after the emergency service is provided and the City would appreciate your cooperation when it does so);
- § To a relative, friend or individual involved in your care;
- § 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 or 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 health care system;
- § For judicial and administrative proceedings that are 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, in compliance with workers compensation laws.

Consent and Right to Revoke. Any other use or disclosure of PHI, other than those listed above will only be made with your written consent or an authorization (an authorization specifically identifies the information the City seeks to use or disclose, as well as when and how the City seeks to use or disclose it). **You may revoke your consent or authorization at any time, in writing, except to the extent that the City has already used or disclosed medical information in reliance on that consent or authorization.** In the event that more than one provision of applicable law prohibits or materially limits the City's uses and disclosures of PHI as described above, the City will restrict its uses or disclosures of PHI in accordance with the more stringent standard.

Patient Rights. As a patient, you have a number of rights with respect to the protection of your PHI, including:

- § **The right to request that the City restrict the uses and disclosures of your PHI.** You have the right to request that the City restrict how it uses and discloses your medical information for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. The

City is not required to agree to any restrictions you request, but any restrictions agreed to by the City are binding on the City. However, even if the City agrees to restrict how it uses and discloses your medical information, the City may still use or disclose your PHI to a health care provider to provide you with emergency treatment.

- § **The right to request confidential communications.** You have the right to request that the City communicate with you about medical matters in a certain way or at a certain location. For example, you can request that the City only contact you at work or by mail. You must make this request in writing to the Privacy Officer of the City and must specify how or where you wish to be contacted. The City will accommodate all reasonable requests.
- § **The right to access copy or inspect your PHI.** This means you may come to the City's offices and inspect and copy most of the medical information about you that the City maintains. The City will normally provide you with access to this information within 30 days of your request. The City may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, the City may deny you access to your medical information, and certain types of denials may be appealed. The City has forms available to request PHI and will provide a written response if it denies you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Privacy Officer listed at the end of this Notice.
- § **The right to amend your PHI.** You have the right to ask the City to amend written medical information that the City may have about you. The City will generally amend your information within 60 days of your request and will notify you when it has amended the information. The City is permitted by law to deny your request to amend your medical information only in certain circumstances, like when the City believes the information you have asked the City to amend is correct. You can appeal our denial of your request to amend the information. If you wish to amend the medical information that we have about you, you should contact the Privacy Officer listed at the end of this Notice.
- § **The right to request an accounting of our use and disclosures of your PHI.** You may request an accounting from the City of certain disclosures of your medical information that the City has made in the last six years prior to the date of your request. The City is not required to give you an accounting of information it has used or disclosed for purposes of treatment, payment or health care operations. If you wish to request an accounting of the medical information about you that the City has used or disclosed, you should contact the Privacy Officer listed at the end of this Notice.
- § **Right to a paper copy of notice.** You have the right to receive a paper copy of this Notice. You may request that the City give you a copy of this notice at any time. Your request must be in writing to the Privacy Officer.
- § **Receive notification if there is a breach of your PHI.** The City will notify you in writing about a breach and provide detailed information and instructions.

Changes to Privacy Notice. The City reserves the right to change the terms of this Notice and to make the new notice effective for all PHI that it maintains. If the City changes the Notice, the revised notice will be posted on the City's website. The City will promptly revise this Notice whenever there is a material change to the uses or disclosures, your rights, its duties, or other practices stated in this Notice. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new notice in which the material change is reflected. You can get a copy of the latest version of this Notice at the City web page at www.orem.org/fire or by contacting the City's Privacy Officer.

Complaints. You have the right to complain to the City, or to the Secretary of the Federal 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.

Privacy Officer. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

The City of Orem
Privacy Officer
56 North State Street
Orem, Utah 84057
(801) 229-7097

Effective Date of the Notice 3/13/2018