Notice of Privacy Practices

City of Baton Rouge/Parish of East Baton Rouge
Department of Emergency Medical Services

Purpose of this Notice: The City of Baton Rouge, Parish of East Baton Rouge, Department of Emergency Medical Services (“Baton Rouge EMS”) is required by law to maintain the privacy and security of certain confidential health care information, known as protected health information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Baton Rouge EMS is permitted to use and disclose PHI about you. Baton Rouge EMS is also required to abide by the terms of the version of this Notice currently in effect. We may use this information after we obtain your consent, and in emergency and other situations without your immediate consent.

Uses and Disclosures of PHI: Baton Rouge EMS may use PHI for the purposes of treatment, payment, and other health care operations.

Examples of our use of your PHI:

For 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 health care personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

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 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 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, and certain marketing activities.

Use and Disclosure of PHI Without Your Consent: Baton Rouge EMS 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 we will attempt to get your written consent after the emergency service is provided and we would appreciate your cooperation when we do 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 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 to a person or the public at large;
• For workers’ compensation purposes, in compliance with workers’ compensation laws;
• For health care research;
• To respond to organ and tissue donation requests to organ procurement organizations;
• With a coroner, medical examiner, or funeral director when an individual dies.

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 we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your consent or authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that consent or authorization.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and offer you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Effective Date of the Notice: November 1, 2022

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.

Access to Your PHI:

You may request access to, or a copy of, your PHI at any time by sending your request in writing to: Baton Rouge EMS Privacy Officer, PO Box 1471, Baton Rouge, LA 70821. We will respond to your request in writing within 30 days of its receipt unless we can provide you with a more timely response without violating the law.

You may also request access to, or a copy of, PHI that we create or maintain for our business operations. However, we are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and offer you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

You may request a revision to your PHI that you believe is incorrect or incomplete. We will respond to your request in writing within 30 days of its receipt unless we can provide you with a more timely response without violating the law. If we agree with your request, we will revise your PHI as appropriate. If we disagree with your request, we will tell you why we disagree and provide you with a detailed explanation of your right to request a referral for an independent review of the request. You may then request that we send a copy of your request and our response to a person or entity of your choosing.

You may request that we restrict how we use or disclose your PHI. However, we are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and offer you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

This Notice describes our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, and tells you how to get additional information about your rights. We will also provide you with a copy of this Notice at the time we provide services to you and at any time upon request. If you want a copy of this Notice, you may obtain one by calling or writing to us at the address provided above.

City of Baton Rouge/Parish of East Baton Rouge Department of Emergency Medical Services

Post Office Box 1471
Baton Rouge, LA 70821
(225) 389-5155 ext. 7700
EMSPrivacyOfficer@brla.gov
Patient Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
  - Contact you for fundraising efforts
- In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
- In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- **The right to access copy or inspect your PHI.** This means you may come to our offices and 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 certain types of denials may be appealed. We have available forms to request PHI and will provide a written response if we deny 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 request that we amend written medical 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. 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 us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. 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 of uses or disclosures made prior to April 14, 2003. If you wish to request an accounting of the medical information about you that we have used or disclosed, you should contact the privacy officer listed at the end of this Notice.

- **The right to request that we restrict the uses and disclosures of your PHI.** You have the right to request that we restrict how we use and disclose your medical information that we have about you 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. 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. Baton Rouge EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Baton Rouge EMS are binding on Baton Rouge EMS. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer, unless required by law.

- **The right to get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **The right to choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- **The right to request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Legal Rights and Complaints: Notice of any changes in Baton Rouge EMS’s privacy policy may be shown directly on the consent form and this Notice will be updated when any significant changes in our privacy practices occur. Baton Rouge EMS reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately. We also reserve the right to make any changes effective for PHI that we have created or received prior to the effective date of the Notice provision that was changed.

You also have the right to complain to us, 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 federal government. Should you have any questions, comments, or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice.

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

Privacy Officer
Baton Rouge EMS
P.O. Box 1471
Baton Rouge, LA 70821
(225) 389-5155 ext. 7700
EMSPrivacyOfficer@brla.gov

We will revise this Notice if we make material changes to it. You can get a copy of the latest version of this notice by contacting the Privacy Officer or any staff member, or by visiting our website at https://www.brla.gov/183/Emergency-Medical-Services