

**Boyle County
Emergency Medical Services
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 IT
CAREFULLY.**

Boyle County Emergency Medical Services ("BCEMS") is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information ("PHI"). We are also required by law to provide you with this detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI. If you have a personal representative as defined by applicable law, such as a legal guardian, we will treat that person the same as you with respect to uses and disclosures of your PHI as well as your individual rights.

The following categories describe different ways that we are permitted to use and disclosure your PHI. These examples are not exhaustive.

Uses and Disclosures for Treatment, Payment or Healthcare Operations

BCEMS may use or disclose your PHI without your authorization, for the following purposes:

Treatment

We can use your PHI for treatment provided to you by us (including for referrals, follow-up care or interventions) and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center and provide the hospital with a copy of the

record we create in the course of providing you with treatment and transport, or with other providers assisting with your care as part of a crisis management response. We may also share your PHI with other healthcare providers for their treatment activities. This type of information sharing may occur through the use of an electronic health record or through our participation in an electronic health exchange with other health care providers.

Payment

We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes 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. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

Healthcare Operations

We may use or disclose your PHI for health care operations, such as quality assurance and improvement activities, case management and care coordination, 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 are de-identified or considered a limited data set for data collection purposes, certain marketing activities, and certain fundraising activities as described in the section of this Notice titled "Fundraising." We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for certain 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. These uses and disclosures may occur through the use of an electronic health record or through our participation in an electronic health exchange with other health care providers.

Reminders for Scheduled Transports and Information on Other Services

We may also use and disclose your PHI to provide you with: (a) a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, (b) information for follow-up care, interventions, or treatment alternatives, or (c) other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Fundraising

We may use or disclose your PHI for our fundraising purposes unless you have chosen not to receive such communications. You have the right to opt-out of fundraising communications by notifying our HIPAA Compliance Officer in writing using the contact information at the end of this Notice. If we intend to use or disclose certain substance use disorder treatment records about you that are subject to additional privacy protections for our fundraising purposes, we will first provide you the opportunity to opt-out of any fundraising communications.

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

BCEMS is also permitted to use or disclose your PHI without your written authorization in the following situations:

- To business associates providing services (such as billing or legal services) to us through contracts;
- For research under limited circumstances or when certain conditions are met;
- As required by law;
- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- Unless you object, to a family member, other relative, close personal friend or any other

- individual involved in your care or payment for your care, or to notify (or assist in notifying) those individuals of your location, general condition, or death;
- Unless you object, to a legally authorized organization or agency assisting in disaster relief efforts so that your family can be notified of your location, condition or death;
- For public health activities as permitted or required by law, such as: (a) preventing or controlling disease, injury or disability, (b) reporting births and deaths, (c) as part of a public health investigation, surveillance or intervention, (d) reporting child or adult abuse, neglect or domestic violence, (e) collecting and reporting adverse events, product defects, or product deviations, (f) tracking Food and Drug Administration regulated products, (g) enabling product recalls, repairs and replacements, or (h) notifying a person about exposure to a possible communicable diseases;
- For health oversight activities including audits, investigations, inspections, licensure, disciplinary actions or other actions undertaken by the government (or their contractors) authorized by law to oversee and monitor the healthcare system, government programs or compliance with civil laws;
- For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena, discovery request or other legal process when certain conditions are met;
- For law enforcement purposes in limited situations, such as when: (a) there is a court order, subpoena or warrant for the request, (b) the information is needed to locate a suspect, fugitive, material witness or missing person, (c) the information is about the commission of a crime, the location of a crime, the victim of a crime, or the identify, description and location of the perpetrator of a crime; or (d) the information is about a death or health condition that may be the result of a crime;
- To avert a serious threat to your health and safety or the health of another 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, to organizations that handle organ procurement and as necessary to facilitate organ donation and transplantation;
- If you are or were a member of the armed forces, to military command authorities to assure the proper execution of the military mission;
- In certain situations, to facilitate specified government functions relating to: (a) national security and intelligence activities, (b) protective services for the President and others, or (c) medical suitability determinations; and
- To a correctional institution or law enforcement official having custody of you if the disclosure is necessary to: (a) provide health care to you, (b) protect your health and safety or the health and safety of others; or (c) protect the safety and security of the correctional institution.

Uses and Disclosures of Your PHI That Require Your Written Authorization

Certain uses and disclosures of your PHI are only permitted with your written authorization. These include: (a) most uses and disclosures of psychotherapy notes, (b) PHI for marketing when we receive payment to make a marketing communication, and (c) PHI when engaging in a sale of your PHI.

Other uses or disclosures of PHI not covered by this Notice or the laws that apply to us will only be made with your written authorization. You may revoke that authorization at any time by notifying our HIPAA Compliance Officer in writing using the contact information at the end of this Notice, unless we have already acted upon your written permission.

Certain Substance Use Disorder Treatment Records

If we receive certain substance use disorder

treatment records about you from programs that are subject to additional privacy protections, we may further use or disclose such records as provided by applicable law. However, in a civil, criminal, administrative or legislative proceeding against you, we will not use or share information about your substance abuse treatment records unless a legally compliant court order requires us to do so or you give us your written permission.

Other State and Federal Laws

Special restrictions may apply under other state and federal laws for uses and disclosures of certain sensitive information, such as information pertaining to your mental health, substance abuse diagnosis or treatment, HIV/AIDS related testing and treatment, or sexually transmitted diseases. When special restrictions apply, we will use and disclose the information in compliance with the applicable law.

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 obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing by filling out an access request or authorization form. If available, you may also access your PHI through our patient portal. We may use and disclose your PHI to your patient portal should you choose to establish a portal account.

Right to request an amendment of your PHI

You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing.

Right to request an accounting of certain disclosures of your PHI

You may request an accounting of certain disclosures of your PHI. We will provide an

accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should make a request in writing.

Right to request restrictions on uses and disclosures of your PHI

You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your care or the payment for your care. In most cases, we are not required to agree to a requested restriction. However, we are required to agree when you ask us to refrain from disclosing your PHI to a health plan if the disclosure would be for the purpose of payment or health care operations and is not otherwise required by law, and if the PHI pertains solely to a health care item or service that you have paid for in full and out of pocket. If we agree to a restriction, we will comply with your request unless the PHI is needed to provide emergency treatment. If you wish to request a restriction on the use or disclosure of your PHI, you should make a request in writing.

Right to notice of a breach of unsecured PHI

You have the right to receive notifications from us if the privacy or security of your PHI is breached.

Right to request confidential communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at work or by mail. To request confidential communications, you must submit your request in writing.

Right to a Paper Copy of this Notice

You have the right to obtain a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may also visit our website for a copy of this Notice.

Potential for Re-disclosure

Your PHI disclosed under this Notice or other applicable law may be subject to re-disclosure by the recipient and no longer protected by HIPAA.

How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by mail at your home or workplace, telephone, email, or text, or, if available, through a patient portal notification. At any authorized location we may leave messages for you on the answering machine or voice mail. If you want to

request a restriction in the method or location in which we communicate to you, please see the section of this Notice titled "Right to Request Confidential Communications."

Revisions to the Notice

BCEMS is required to abide by the terms of the version of this Notice currently in effect. However, BCEMS 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 website.

Questions and Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. **If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:**

**BCEMS HIPAA Compliance Officer
1856 South Danville By-Pass
Danville, KY 40422
859-238-1133**

Effective Date of the Notice: 09/2025 version 4