

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Purpose: Clear Lake Emergency Medical Corps (CLEMC) is committed to protecting Health Information about you. CLEMC and its employees, and volunteers follow the privacy practices described in this Notice. CLEMC maintains your health information in records that are kept in a confidential manner, as required by law. CLEMC must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations:

Clear Lake Emergency Medical Corps has to use and release some of your health information to conduct its business.

We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. CLEMC may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment.

In addition, CLEMC may use and disclose your health information to improve the quality of care, and for education and training purposes of CLEMC staff.

How Will the Clear Lake Emergency Medical Corps Use and Disclose My Health Information?

Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Disaster relief agency if you are involved in a disaster relief effort. (*)
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Law enforcement, as required by federal, state or local law.
- Lawsuits and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

You Have Rights Regarding Your Health Information.

You have the following rights

regarding your medical information, if requested on the form(s) provided by CLEMC:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another independent licensed health care professional chosen by Clear Lake Emergency Medical Corps. Clear Lake Emergency Medical Corps will comply with the outcome of the review.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- **Right to restrict certain disclosures to a Health Plan.** You may request a restriction of certain disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any

time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our website,

<http://www.clemc.us>

- A more detailed Notice is also available at this website if you would like more information about these practices.

Requirements Regarding This Notice. Clear Lake Emergency Medical Corps is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Clear Lake Emergency Medical Corps may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you are transported or treated by Clear Lake Emergency Medical Corps, you may receive a copy of the Notice in effect at the time.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with:

Clear Lake Emergency Medical Corps
c/o Administration
104 Pennsylvania
Webster, TX 77598
(281) 488-3078

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Clear Lake Emergency Medical Corps or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.

Contact the Clear Lake Emergency Medical Corps' Privacy Officer at (281) 488-3078 if:

- **You have any questions about this Notice;**



NOTICE OF PRIVACY PRACTICE

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- **You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
- **You wish to obtain a form to exercise your individual rights.**