



## Cumberland Rescue Service Notice of Privacy Practices



**Important:** This notice describes how medical information about you may be used and discussed and how you can get access to this information. Please review it carefully.

As an essential part of our commitment to you, the Cumberland Rescue Service maintains the privacy of certain confidential health care information or PHI. We are required by law to protect your health care information and to provide you with the attached notice of privacy practices.

The notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and legal rights, but lets you know, among other things, how the Cumberland Rescue Service is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request an amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

The Cumberland Rescue Service is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff is committed to following at all times.

These notices describe 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 Cumberland Rescue Service 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 our legal duties and Privacy Practices with respect to your PHI... This notice describes your legal rights, advises you of our privacy practices and advises you how the Cumberland Rescue Service is permitted to use and disclose PHI about you.

**Uses and Disclosures of Protected Health Information:** The Cumberland Rescue Service may use PHI for the purpose of treatment, payment, and health care operations, in most cases without your written permission. 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 Physicians 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 written record (Patient Care Report) 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 State of Rhode Island, Department of Health, Division of Emergency Medical Services, Protocols and Standing Orders 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 Authorization:** The Cumberland Rescue Service is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For the Cumberland Rescue Service use in treating you or in obtaining payment for services provided to you or in other healthcare operations.
- 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 information (such as your hospital or insurance company)
- 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 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 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 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 not capable 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 and 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 a part of 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 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 of a person or the public at large
- For workers' compensation purpose and in compliance with workers' compensation
- 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
- For research projects, but his will be subject to strict oversight and approvals and health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are
- 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) 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

**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 office 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 you may appeal certain types of denials.

We have available forms to request access to your 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 ask us to amend written medical information that we may have about you. We will generally amend your information within sixty (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 medical information only in certain circumstances, such as when we believe the information you have asked us to amend is correct. If you wish to request that we 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 and accounting of our use and disclosure of you PHI:** You may request and 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 when we share your health information with our business associates like our billing company or medical facility to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, 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. The Cumberland Rescue Service is not required to agree to any restrictions you request, but any restrictions agreed to by the Cumberland Rescue Service are binding on the Cumberland Rescue Service

**Internet, Electronic Mail, and the right to obtain copy of paper notice or request:** If we maintain a website, we will prominently post a copy of this notice on our website and make the notice available electronically through the website. If you allow us, we will forward you this notice by electronic mail instead of on paper and you may always request a paper copy of this notice

**Revisions of this notice:** The Cumberland Rescue Service 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 protected health information that we maintain. Any material changes to the notice will be promptly posted in our facilities and posted to our website, if we maintain one. You can get a copy of the latest version of this notice by contacting the Privacy Officer listed at the end of this notice

**Your legal rights and complaints:** You also have the right to complain to us or to the Secretary of the United States Department of Human Services at 1-877-696-6775. 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. Should you have any questions, comments, or complaints, you may direct all inquiries to the Privacy Officer listed at the end of this notice Individuals will not be retaliated against 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 our Privacy Officer:

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