

## Questions/More Information?



For questions or more information about our Notice of Privacy Practices, please contact Medic's Facility Privacy Director:

**Deputy Director**  
Phone: 704.943.6086  
Email: SharonT@medic911.com

Or contact Medic's Risk and Safety Supervisor:

Phone: 704.943.6095  
Email: amyb@medic911.com

- **Address:** 4425 Wilkinson Boulevard  
Charlotte, NC 28208
- **Phone:** 704.943.6000
- **Fax:** 704.943.6001
- **Website:** www.medic911.com

## Mecklenburg EMS Agency

### Notice of Privacy Practices



**Your Information.  
Your Rights.  
Our Responsibility.**

**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.**

## Your Rights:

You have certain rights when it comes to your health information

### Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- How to see or get an electronic or paper copy of your medical record:  
Email Records@medic911.com  
Visit Medic911.com—under Patient Info Request  
Call 704-943-6000
- We will provide you with a copy or a summary of your health information, usually within 30 days of your

### Request confidential communications:

- You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share:

- You can ask us **not** to share certain health information for treatment, payment, or our operations.
  - We are not required to agree with your request, and we may say “no” if it would affect your care..
- If you pay for a service or a 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 care insurer.
- We will say “yes” unless a law requires us to share that information. .

## Your Rights (cont.):

You have certain rights when it comes to your health information

### Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six year prior to the date you ask, who we shared it with , and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we 'll tell you why in writing within 60 days.

### 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 this notice electronically. We will provide you with a paper copy.

### 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.

### File a complaint if you feel your rights are violated:

- You can file a complaint if you feel we have violated your rights by contacting us using the information on the front page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1.877.696.6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# Mecklenburg EMS Agency: Notice of Privacy Practices



## Your Choices:

For certain health information, tell us your choice on 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.
- If you are unable to tell us your preference (e.g., 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.

### In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Other uses & Disclosures:

How do we typically use or share your health information?

### Treat You:

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition*

### Run our organization:

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

### Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to our health insurance plan so it will pay for your services*

### How else can we use or share your information?

- We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### Help with public health and safety issues:

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Other Uses & Disclosures (cont.):

How do we typically use or share your health information?

### Do research:

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal law requires it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address worker's compensation, law enforcement, and other government requests:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

### Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

### Authorization:

*Other than the uses and disclosures described above, we will not use or disclose health information about you without the "authorization" or signed permission of you or your personal representative.*

## Our Responsibilities:

- 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 give you a copy of it.
- We will not use 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.
- For more information visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of This Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.