



HEALTH CARE PRIVACY PRACTICES NOTICE

Patient: *This notice describes how your personal medical information about you may be used or disclosed, and how you can get access to your personal medical information collected and held by us.*

Note: *By Law, STFPD#11 EMS is required to protect the privacy of your personal medical information. STFPD#11 EMS is required to provide you with a copy of this notice in order to inform you how we use and may give out your personal information held by us.*

STFPD#11 EMS may use and give out your personal information for the following:

- * Yourself or someone who has legal right to act for you such as your personal representative.
- * To the Secretary of Dept. of Health & Human Resources, if necessary, to make sure your privacy is protected and where required by Law.

STFPD#11 EMS may use and give out your personal info to collect for services rendered to you by us, and to operate this fire protection district. For example:

- * We might disclose your personal info to your health insurance company and/ or its affiliates for the purpose of processing claims or collection for services rendered to you by us.
- * STFPD#11 EMS may use your personal info to assure that patients we treat receive quality EMS health care (Quality Assurance), in order to provide excellent patient services to you, or to resolve any complaints or questions you may have concerning treatment or services rendered to you.

STFPD#11 EMS may use or give out your personal info for the following purposes:

- * To State or Federal agencies that have a legal right to receive this data (such as to assure that our service is properly billing for services rendered and the reporting of proper billing practices).
- * For public health issues such as the reporting of disease outbreaks.
- * For government health care oversight activities such as fraud and abuse issues or investigations.
- * For judicial and administrative proceedings such as in response to a court order.
- * For Law enforcement purposes such as to provide info to locate a missing person.
- * For research studies that reach all privacy law requirements such as research related to the prevention of disease outbreaks or disability issues.
- * To avoid a serious and immediate threat to public health and safety.
- * To create a collection of info that can no longer be traced back to you.

By Law, STFPD#11 EMS must have your written permission (signature) to use or give out your personal info for any purpose that is not sent out on this notice. You may take back (revoke) your written permission at any time unless STFPD#11 EMS has already disclosed your info based upon your permission. By law, you have the right to:

- * See and receive a copy of your personal info we obtained from you, held by us.
- * Have your personal info amended if you believe any info is incorrect or missing.
- * Obtain a listing of those obtaining or have obtained your personal info held by us.
- * Ask STFPD#11 EMS to communicate with you in a different manner or at a different place such as sending materials to a P.O. Box or another address at your request instead of your home address listed.
- * Receive a separate paper copy of this Privacy Practice Notice.

Complaints: *If you believe we have violated your privacy rights, you may file a complaint with STFPD#11 EMS or with the Secretary of the Federal Department of Health & Human Services. To file a complaint with DHHS, put your complaint in writing and address it to: U.S. Dept. of Health & Human Services, 200 Independence Ave S.W., Washington DC, 20201. You may also telephone them at 877-696-6775. To file a complaint with STFPD#11 EMS, put your complaint in writing and address it to our HIPAA Compliance Officer at P.O. Box 1210, Pearl River, LA 70452. You may also request to speak to our Privacy Compliance Officer at 985-863- 3132 at any time during normal business hours.*

*******Filing a complaint will not affect services provided to you by us! *******

By Law, we are required to follow the terms of this notice. STFPD#11 EMS has the right to change the way your personal info is used or given out and if so, STFPD#11 EMS must send you a new notice of change at the address listed on your personal medical info file within 60 days of change.

We ask that you sign an acknowledgment of receipt of this notice provided to you.