

*You have been cared for today by*



*employees of Richmond Lenox EMS*

*If you have comments, questions or suggestions  
on how to improve our service, please feel free to contact us at  
34505 32 Mile Road, Richmond, MI 48062 (586) 727-2184*

**Richmond Lenox E.M.S. - Notice of Privacy Practices**

**Provide a copy to each patient and their receipt must be documented in your run report/billing on Toughbooks.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. Contact our Privacy Officer to get a copy of our most recent Notice of Privacy Practices, exercise your rights, file a complaint, revoke an authorization, or to discuss privacy issues. Our Privacy Officer can be contacted at: Richmond Lenox E.M.S., Administrative Assistant, 34505 32 Mile Road, Richmond, Michigan, 48062, (586) 727-2184.

**Protected Health Information ("PHI")** – is any information that directly identifies you (or can reasonably be expected to be used to identify you) that we create or receive relating to your past, present or future physical or mental health or condition; the provision of health care to you; or, future payment for the provision of health care to you. The law requires that we prevent unlawful disclosure of your PHI and provide you with this Notice of Privacy Practices. We have a duty to abide by the terms of the Notice of Privacy Practices in effect at the time we use or disclose your PHI. This Notice describes your legal rights and the lawful uses and disclosures of your PHI that do not require your written authorization.

**Your Privacy Rights** – You have the right to access, copy or inspect your PHI – You may come to our business office to access, copy or inspect your PHI that we maintain. If you wish, you can contact our Privacy Officer so that you can formally ask us for a copy of your PHI (normally mailed to you within 30 days of receiving your request). We may charge you a reasonable fee for copies of your PHI. In limited circumstances we may deny you access to your PHI. If we deny access, we will provide you a written statement of our reason(s) for the denial, and we will provide you a statement of your appeal rights.

**You have the right to ask to have your PHI amended.** – You have the right to ask us to amend your PHI that we created and that we maintain. We can deny your request in certain circumstances, such as when we believe the information you ask us to amend is already correct. Any amendments we do make will usually be made within 60 days of receiving your request, and we will provide you with written notice of the amendment.

**You have the right to request an accounting of our use and disclosure of your PHI** – You may request that we account for certain uses and disclosures of your PHI we made during the six years prior to your request. We are not required to account for our use or disclosure of your PHI for treatment, payment or health care operations purposes, when we disclose your PHI to our business associates, or for uses or disclosures you authorized in writing.

**You have the right to ask us to restrict our use and disclosure of your PHI** – You have the right to ask us to restrict our use and disclosure of your PHI. We are not required to agree to your request but we are bound to any restrictions we do agree to. You will be advised, in writing, of any restrictions we agree to. If we agree to your request to restrict our use and disclosure of your PHI and your PHI is needed to provide emergency treatment to you, we may still use or disclose it to enable other health care providers or us to provide emergency treatment to you.

**You have the right to file complaints** – You have the right to file a complaint with us or with the Secretary of the United States Department of Health and Human services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

**Our lawful uses and/or disclosures of your PHI** - We may lawfully use and/or disclose your PHI for treatment purposes. We may use and disclose your PHI in connection with providing services to you. We may exchange information with medical personnel such as doctors, nurses, etc. who give us orders to provide treatment to you, and from or to whom we receive or transfer your care. Information may be exchanged in person, by radio, telephone, fax, or by way of written documents. We may lawfully use and/or disclose your PHI for payment purposes. We may use and disclose your PHI in connection with our attempts to get paid for services we provide to you. We may use and disclose your PHI in bills submitted to insurance companies or health care plans, for management of claims, for medical necessary and/or utilization reviews and hearings, for collection on your bill or other similar activities. We may lawfully use and/or disclose your PHI for health care operations. We may use and disclose your PHI for quality assurance activities, licensing, training programs to ensure our personnel follow applicable procedures, obtaining legal and financial services, conducting business planning and processing complaints. We may also use your PHI to compile reports that do not, and cannot reasonably be expected to be used to identify you and then use those reports for various purposes. We may use your PHI to contact you to remind you of scheduled services, to give you information about other services we provide, to request that you evaluate our services, or to provide you with information about other health-related benefits and services that may interest you. We may lawfully use and/or disclose your PHI for miscellaneous purposes. We may use your PHI for other health care providers' treating you, obtaining payment for services provided, and in their health care operations. We may use your PHI for health care fraud and abuse detection or other activities related to compliance with the law. To your family members and relatives, a close personal friend, or other non-health care providers who are involved in your care if you give verbal consent to do so, or if you do not object to disclosure after given an opportunity to object. We may disclose your PHI if we infer from the circumstances you would not object. For example, we may assume you agree to disclosure of your PHI to your spouse when your spouse called to have us provide services to you. When you are not capable of objecting to disclosure due to incapacity or a medical emergency, we may determine that disclosure to a family member, relative or friend is in your best interest. In that situation, we would only disclose information relevant to that person's involvement in your care. We may use your PHI to report births, deaths or disease to public authorities as required by law; as part of a public health investigation; to report adverse events such as product defects; to report abuse, neglect or domestic violence of a child, adult or handicapped person as required by law; or, to notify persons about possible exposure to a communicable disease. We may use your PHI for health oversight activities such as audits, inspections, disciplinary proceedings, and administrative or judicial actions undertaken by the government (or government contractors) or other regulatory bodies overseeing the health care system. We may use your PHI for judicial and administrative proceedings required by court or administrative order, or in response to subpoena or other legal process. We may use your PHI for law enforcement activities in limited situations such as in response to a warrant or subpoena for your PHI, or when your PHI is needed to prevent a crime. We may use your PHI for national military, defense, security and other special government functions or to avert a serious threat to the health and safety of a specific person or the public at large. We may use your PHI for workers' compensation or other insurance purposes and to comply with workers' compensation or other insurance laws. We may use your PHI so that coroners, medical examiners, and funeral directors can identify a deceased person, determine the cause of death, or otherwise carry out their duties authorized by law. We may use your PHI for research projects subject to strict oversight and approvals with your PHI released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law. We may use your PHI in a way that does not, and cannot be used to personally identify you.

We will not use or disclose your PHI other than outlined above or as provided for by federal regulation without your written authorization detailing the PHI to be used or disclosed and the terms of such use or disclosure. You may revoke your authorization, in writing, at any time, except to the extent we have already used or disclosed your PHI in reliance on your authorization.

This notice may be revised at any time. We reserve the right to revise this notice at any time without giving you notice of any revision. Revisions will be effective immediately and will apply to all your PHI that we maintain. Any material revisions to this notice will be posted in our business office.