

This notice outlines our legal duties and practices regarding the Federal Health Insurance Portability and Accountability Act, or HIPAA. It describes how medical information can be used, disclosed and how you can obtain access to this information.

SAFEGUARDING YOUR HEALTH INFORMATION HAS ALWAYS BEEN IMPORTANT TO US.

We have always strived to protect the privacy of your health information. This document is to specifically advise you of how we may use your health information. This requirement has come about with the implementation of HIPAA and it has standardized how **all** medical providers handle your health information.

**IN SUMMARY,
WHAT THIS MEANS TO YOU IS...**

We will continue to use and communicate your health information only for the purposes of providing you treatment, obtaining payment and conducting health care operations. However, in some situations we are required by law to obtain your written approval to use your health information. You have the right to restrict this approval or even revoke previous approvals. You have many other rights as well, such as being able to request a copy, or even amend your health information.

ANY QUESTIONS?

The remainder of this document goes into further detail regarding HIPAA. Please review it carefully. If you have any questions regarding this document please call our privacy officer at 360-428-3230, or write us at:

**Skagit County EMS Commission
Attention: Privacy Officer
2911 E College Way, Suite C
Mount Vernon, WA 98273-8909**

How your HEALTH INFORMATION may be used

To Provide Treatment

We will use your health information to help obtain the best care possible for you. This may include sharing your health information with other health care professionals, such as your physician, hospital staff or other health care personnel. We use many means of communicating your health information to these health care providers such as, but not limited to; written documentation, faxes, two-way radio or telephone conversations.

To Obtain Payment

This may include any activity we must undertake in order to collect payment for your care and/or transportation. We may contact other insurance companies, third party representatives, collection agencies, hospitals, or various other agencies and possibly share your health information to obtain payment.

To Conduct Health Care Operations

Your health information may be used for quality assurance activities, licensing or training programs. It may be used for obtaining legal and financial services, conducting business planning, process grievances and complaints or other business operation activities. In some of the above situations, we are required to de-identify your health information in order to protect your privacy.

To Contact You

We may contact you when we are in the process of raising funds for our business, or to provide you with information about our annual subscription. We may call to remind you of any scheduled appointments for non-emergency ambulance or medical transportation.

Relatives, Friends and Caregivers

We may share your health information with others who are helping you with your treatment or billing, we will ask your permission first, but we may infer your permission from the circumstances that you would not object. In emergency situations where you are unable to tell us your wishes, we will use our best judgment on what health information we should share and to whom.

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Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure when we are required or authorized by law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete any investigation related to public health or national security.

Law Enforcement

We may be required legally to disclose your health information to law enforcement officials or government officials for judiciary or administrative proceedings.

Other

Other personnel we may be required to release your records to are: workers compensation personnel, coroners, medical examiners, funeral directors, organ donation bank personnel, and legally required research project personnel.

**Your Patient Rights**

Under HIPAA you have the following rights related to your health information.

RESTRICTIONS

You have the right to request restrictions on certain uses and disclosures of your health information.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you in a certain way.

AMEND YOUR HEALTH INFORMATION

You have the right to ask us to amend your medical records. Please mail your request with reasons as to why you want to amend your record. We will do our best to accommodate your request, in certain circumstances we may, by law, deny your request.

GAIN ACCESS OR COPY YOUR INFORMATION

You have the right to come into the office and inspect your records. We are allowed to charge a copying and handling fee for any copies requested. In some circumstances, we may deny your request. We will notify you of your appeal rights in these situations.

ACCOUNTABILITY OF YOUR INFORMATION

You have the right to request how and when we have used your health information, except for reasons of providing treatment, obtaining payment or conducting health operations.

HOW TO OBTAIN A COPY OF THIS NOTICE

This notice is maintained on our website at www.skagitems.com. You may request a copy of this notice. We can submit it to you either by fax, e-mail or U.S mail.

REVISIONS TO THIS NOTICE

We reserve the right to make changes to this notice at any given time. You may obtain a copy of the latest version of this notice by visiting our website or contacting us directly.

LEGAL RIGHTS AND COMPLAINTS

If you believe your privacy rights have been violated you may contact our privacy officer or the Secretary of Health and Human Services. Individuals will not be retaliated against for filing a complaint.