

your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you. GEMS is not required to agree to any restrictions you request, but any restrictions agreed to by GEMS in writing are binding on GEMS.

Right to notice of a breach of unsecured PHI: If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer, to make GEMS aware of this preference and to provide a valid email address to send the electronic notice.

Right to request confidential communications: You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If we maintain a web site, we will prominently post a copy of this Notice on our web site. 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 the Notice.

Revisions to the Notice: GEMS 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 web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to 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 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 our privacy officer.

Privacy Officer Contact Information:

Attn. Privacy Officer
Gaston County Emergency Medical Services
PO Box 1475
615 N. Highland Street,
Gastonia, NC 28053
Office: (704) 866-3218
Fax: (704) 866-3203

Effective Date of Notice: April 14, 2003/ Updated: 07/27/2016

GEMS

Gaston County Emergency Medical Services

It has been our honor to serve you and your family today. We are proud of the job we do and the service we provide. We continuously work to improve our service through continuing education, innovation, and the use of technology. We want to provide you with the best “customer” service possible.

If you have any comments, commendations, or complaints, please tell us, either in person, by calling the number(s) below, or by emailing or writing us. Our names are written below for your information and reference.

Name / Level

Name / Level

Email: GEMS_CustomerCare@gastongov.com

Phone: 704-862-6237

EMS Captains:

Brandon L. Cherry
Christopher L. Hendricks
William A. Mitchell
Lisa M. Norris
Robert L. Sneed

EMS Major – Business Services:

Lisa Gunn 704-866-3271

EMS Major – Training

Jessica Ross 704-866-3213

EMS Major – Quality Improvement

Chris M. Ross 704-866-3218

Deputy Chief:

James McConnell 704-866-3204

Chief:

Mark A. Lamphiear 704-866-3202

GASTON COUNTY EMS NOTICE OF INFORMATION PRIVACY AND DISCLOSURES NOTICE

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.



GEMS

Gaston County Emergency Medical Services (GEMS) 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. GEMS is also required to abide by the terms of the version of this Notice currently in effect.

Effective Date of Notice: April 14, 2003/ Updated: 10/24/2019

Acknowledgement Receipt of Gaston County EMS Notice of Information and Privacy Disclosure

I hereby acknowledge that I have been provided with a copy of the Gaston County EMS Notice of Information Privacy and Disclosures Notice.

Signature

Date

Print Name of Patient

OCA#

Gaston County EMS Privacy Notices will be issued at every patient contact unless the patient is unable to receive this notice, or if there is no one available to receive this notice on the patient's behalf.

**** Stable Patient:** If the patient is stable and not experiencing life threatening conditions, and/or continuation of care at the destination permits additional patient / EMS provider interaction, issue this notice and obtain an acknowledgement signature from the patient, patient's family, or responsible party, after EMS care and transportation is completed. Detach the acknowledgement form from this notice and attach it to the ACR as part of the patient's permanent medical record. Issue the remainder of the Privacy Notice to the patient, or the patient's representative.

**** Unstable Patient:** If the patient is experiencing life threatening conditions and/or the continuation of medical care at the destination would not permit obtaining an acknowledgement signature, or doing so would be inappropriate, issue this notice to the patient's family, or responsible party, if they are present at the destination after EMS care and transportation is completed. If no signature is obtained, document the issuance of this notice without the acknowledgement signature, including a description of the circumstances why a signature could not be obtained from the patient. If no family, or responsible party, is present to receive this notice, document the ACR with the phrase: "No One Available to Receive HIPAA Notice."

Uses and Disclosures of PHI: GEMS may use or disclose your PHI without your authorization for the following purposes:

For treatment: We can use your PHI for treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we creating the course of providing you with treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

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 submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Reminders for Scheduled Transports and information on other services: We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provider information about other services we provide.

Use and Disclosure of PHI Without Your Authorization: GEMS is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, or other relative, or close personal friend or other individual involved in your care;
- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defect, or to notify a person about exposure to a possible communicable disease, as required by law;
- For health oversight activities including audits or other actions undertaken by the government (or their contractor) by law to oversee the healthcare 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 to stop a crime;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers compensation purposes, and in compliance

with workers' compensation laws;

- 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 and as necessary to facilitate organ donation and transplantation.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. 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 you PHI, including:

The right to access copy or inspect your PHI:

This means you may 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 we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

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 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 your medical information only in certain circumstances, like when we believe the information you have asked us to amend is incorrect. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information that we have made in the 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 a medical facility from/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, contact our privacy officer.

The right to request that we restrict the uses and disclosures of