



**HENNEPIN EMERGENCY MEDICAL SERVICES
HENNEPIN COUNTY MEDICAL CENTER**

NOTICE OF PRIVACY PRACTICES

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.

In this Notice, the words “Hennepin EMS”, “HCMC”, “we”, “us” and “our” mean any or all of the following:

- Hennepin Healthcare System, Inc. doing business as Hennepin County Medical Center (HCMC), a public subsidiary corporation of Hennepin County, Minnesota.
- Hennepin Emergency Medical Services (Hennepin EMS), a department of HCMC.
- Medical Staff of HCMC
- Hennepin County Medical Center Community clinics and their medical staff
- Other medical providers who receive patients from Hennepin EMS

“You” means anyone who receives health care services or products from us. “Health information” means any information that we create or receive relating to your health or health care payment, whether oral, written or recorded in any form. ‘Electronic Patient Care Record’ (ePCR) is a computer-based record containing your ‘Health Information’ that is shared with Hennepin EMS’s receiving medical providers.

Purpose of this Notice

This Notice describes our privacy practices and how we protect the confidentiality of your health information. We are required by law to maintain the privacy of your health information and to give you this Notice about our legal duties and privacy practices. We must follow our Notice that is currently in effect. We reserve the right to change the terms of this Notice. Any changed Notice will be effective for health information we already have about you, as well as for new information. The Notice will contain an effective date on the first page, in the top right-hand corner. We will post the current Notice on our Web site, www.hennepinems.org, and it is available on each of our ambulances.

Uses and Disclosures of Your Health Information

We may use and disclose your health information for the following purposes:

Treatment: We will use and disclose your health information to provide, coordinate or manage your health care and any related services or products. For example, we may disclose information about you to doctors, nurses, social workers, chaplains, other clinicians and professionals in training to coordinate and provide you with things such as prescriptions, lab work, x-rays, procedures or referrals. Your information may also be available on the electronic health record at HCMC or any other hospital in which we transport you.

Payment: We may use and disclose your health information to obtain payment for your health care services for emergency medical services provided. For example, we may tell your health plan or medical insurer about treatment you have received in order to obtain payment or determine whether your insurance plan will cover it.

Health Care Operations: We may use and disclose information about you to support and improve our health care services to you. These activities may include, but are not limited to; quality assessment activities, licensing, marketing and fundraising, business planning and management activities.

Some examples include:

- We may use or disclose your information to assess the care and outcomes of your care and others like it. These results will then be used to continually improve the quality of care for all the patients we serve.
- We may send you satisfaction surveys to assess your satisfaction with our services.
- We will disclose your health information to third-party “business associates” that perform various activities such as billing or accreditation on our behalf. Our business associates’ access to your health information will be limited, and we require our business associates to safeguard your information just as we do.

Research: We will not use or disclose any health information that identifies you or can be used to identify you for any research purposes without either obtaining your prior written authorization or by following state law procedures for attempting to notify you of our research request. You will be asked to sign additional authorizations if you wish to participate in clinical research trials involving treatment.

Individuals Involved in Your Care: If you agree, we may release information about you to a friend or family member involved in your care or payment related to your care. If you are unable to agree due to your incapacity or emergency circumstances; we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgment. We may disclose information about you to an organization assisting in disaster relief effort so that your family can be notified about your condition, status and location.

Workers Compensation: We may disclose your health information as authorized to comply with workers compensation laws and other similar legally-established programs.

Other Uses and Disclosures Without Your Authorization

In addition to the above-listed purposes, we may need to use or disclose your information without your authorization for the following purposes:

- To the government for public health activities as permitted or required by law to report disease statistics, births and deaths, child or vulnerable adult abuse or neglect, domestic violence, reactions to medications, problems with products and disease exposures;
- To a health oversight agency for audits, investigations, inspections, accreditation and licensure activities;
- To prevent a serious and imminent threat to the health or safety of a person or the public, or to help the police apprehend an individual involved in a violent crime;
- To organ procurement organizations to facilitate organ or tissue donation and transplantation;
- To a law enforcement official in response to a court order to identify or locate a suspect, witness or missing person;
- To identify a victim of a crime, if, under certain limited circumstances, we are unable to obtain the victim’s agreement; or in emergency circumstances to report the location and perpetrator of a crime;
- To a court or party in litigation in response to a valid court or administrative order;
- To a coroner or funeral director as permitted or required by law to identify a deceased person, determine the cause of death, or otherwise as necessary to carry out their duties;
- If you are an inmate of a correctional institution, to the institution as necessary for your health and the health and safety of other individuals;
- For military, national security or lawful intelligence activities, or;
- Otherwise as permitted or required by law.

Other uses and disclosures of your health information will be made only with your written authorization. You may revoke that authorization in writing at any time, but we cannot take back any disclosures we have already made in reliance on your authorization.

Your Rights Regarding Your Health Information

Access to Your Health Information: With some exceptions, you have the right to inspect and request a copy of your medical records, billing records and records used to make decisions about your care or services if those records include health information about you and are maintained or used by us. If you wish to access your health information, please write to us. In response to your request, we will tell you when and where you can review your health information in our possession during normal business hours. If you would like a copy of your health

information, we may charge a reasonable administrative fee for copying your health information to the extent permitted by law. If we deny your request to review or copy your health information, we will explain the reason in writing. If your request to review or copy your health information is denied, you can request in writing that we ask another licensed health professional within our organization to review your request and the denial. The person conducting the second review will not be the person who denied your original request.

Right to Amend Your Health Information: You have the right to request amendments to your health information if you feel that records are incorrect or incomplete. If you wish to have your health information corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. While we can amend your primary ePCR (our permanent record), we cannot amend copies of your records already disclosed (such as copies at receiving hospitals that they may have incorporated into their records).

Right to Receive an Accounting of Disclosures of Your Health Information: You have the right to request an accounting of certain disclosures of your health information that we have made. You can request an accounting by writing to us. Certain disclosures, such as those made with your consent and/or for treatment, payment, or health care operations, will not be included in the accounting we provide to you. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you in advance of the cost involved.

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment and health care operations. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to:

**Health Information Operations Manager
Health Information Management
Mail Code RL
Hennepin County Medical Center
701 Park Avenue
Minneapolis, MN 55415-1676
612-873-3179**

In your request, you must tell us (1) what information you want to limit; (2) whether and how you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Confidential Communications: You have the right to request that we provide your health information in a confidential manner. For example, you may request that we send your health information by an alternate means (e.g., sending by sealed envelope instead of a post card) or to an alternate address (e.g., calling you at a different telephone number or sending a letter to you at your office address rather than your home address). We will attempt to accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

Right to Complain: If you have any questions about this Notice, believe that your privacy rights have been violated, or wish to file a complaint, please direct your inquiries to:

**Patient Representative Office
Hennepin County Medical Center
Mail Code R2
701 Park Avenue South
Minneapolis, MN 55415-1676
612-873-8585**

You may also complete a complaint form while in any of our clinics and it will be forwarded to the Privacy Officer for resolution. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. If you wish to do so, please write to the Office for Civil Rights, U.S. Department of Health and Human Services, 233 No. Michigan Ave., Suite 240, Chicago, IL, 60601. We will not retaliate against you for filing a complaint against us.