



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fire and Emergency Medical Services Department

PUBLIC NOTICE

Date of Notice: 09/27/2021

Effective Date: 10/01/2021 (and prior)

Reason for Notice: Public notice of privacy practice form(s) used for electronic medical records.

When a patient is treated and/or transported by the District of Columbia Fire and Emergency Medical Services (DCFEMS) Department, or by Global Medical Response (GMR, formerly AMR), a first responder or ambulance attendant may request that a patient (or patient representative) electronically sign a **Notice of Privacy Practices** form. An excerpt of the electronic signature form used for this purpose is included below. The actual signature form **may not display all of the formatting features** included below.

As of **October 1, 2021 (and prior):**

NOTICE OF PRIVACY PRACTICES

OF THE DISTRICT OF COLUMBIA FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

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. Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about care provided to you by the District of Columbia Fire and Emergency Medical Services (DCFEMS) Department. (Your physician may have different policies and a different notice regarding your health information that is created in the physician's office.)

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the District of Columbia Fire and Emergency Medical Services (District of Columbia Fire & EMS 2000 14th Street, NW, 500, Washington, DC 20009 Phone: (202) 673-3320 Fax: (202) 462-0807 [*Incident:* {DCFEMS **incident number** contained here} *Patient:* {Patient **last and first name** contained here} *Impression:* {DCFEMS **patient impression** contained here} *Case Status:* {DCFEMS **medical record status** contained here}]) (DCFEMS) Department for any ambulance services furnished to me by the DCFEMS in the past, now or in the future. I understand that I am financially responsible for the services provided to me by the DCFEMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to DCFEMS any payments that I receive directly from insurance

or any source whatsoever for the services provided to me and I assign all rights to such payments to DCFEMS. I authorize DCFEMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to DCFEMS and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by DCFEMS in the past, now or in the future. A copy of this form is as valid as an original.

Privacy Practices Acknowledgment: by signing below, I acknowledge that I have received the District of Columbia Fire and Emergency Medical Services Department and American Medical Response Notice of Privacy Practices. If you do not speak and/or read English, please call (202) 442-5988 between 8:15 a.m. and 4:45 p.m. A representative will assist you. If you speak Spanish, refer to reverse side. For further information concerning this document, please call 202-673-3297.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE

CAREFULLY. The District of Columbia Fire and Emergency Medical Services (DCFEMS) keep your protected health information (PHI) confidential. Your PHI includes your: Name, Address, Birth Date, Phone Number, Social Security Number, Medicare Number (if any), Health Insurance Policy, Information about your Health Condition and Treatment.

The law requires us to keep your PHI private. We must provide you with this Notice of our legal duties and privacy practices. The law requires DC FEMS to abide by this Notice.

USE OF YOUR PHI: We allow a business office to process payment for your medical services with your PHI. Administrative personnel also review your PHI for quality of treatment. We may also use or disclose your PHI without your permission when permitted by law:

Treatment: To a health care provider to treat you. (EXAMPLE: DC FEMS may share your PHI with a hospital.)

Payment: To pay claims for services delivered to you. (EXAMPLE: DC FEMS shares your PHI with a claims processor. The contractor verifies that you received treatment.)

Health Care Operations: To perform health care operations including:

- Assessing health care quality;
- Reviewing accreditation, certification, licensing and credentialing;
- Conducting medical reviews, audits, and legal services;
- Underwriting and other insurance functions.

Previous Provider: To your current or past health care provider for treatment purposes.

Public Health and Benefit Activities: For the following kinds of public health interest activities:

- For public health;
- For health care oversight;
- For research (under certain circumstances);
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- As authorized by DC workers' compensation laws.

To Avoid Harm or Other Law Enforcement Activities: we may disclose your PHI:

- To stop a serious threat to health or safety;
- In response to court administrative orders;
- To law enforcement officials;
- To the military and intelligence activities;
- To correctional institutions.

AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI NOT MENTIONED IN THIS NOTICE: DCFEMS will only use or disclose your PHI for purposes this Notice mentions. DCFEMS will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing at any time, by writing to the District of Columbia Fire and Emergency Medical Services Privacy Officer.

YOUR RIGHTS REGARDING YOUR PHI: You have the following rights with respect to your PHI. In writing, you may:

- Ask DC FEMS to limit how your PHI is used or given out. We are not required to agree to your request. If we do agree, we will honor it.
- Ask DC FEMS to communicate with you using alternate means or at alternate locations. Request to see a copy of your PHI. You may ask, under certain circumstances, that our refusal of your request be reviewed. You may be charged a reasonable fee for copies.
- Ask DC FEMS to change your PHI. We may not make your requested changes. If we deny your request, we will tell you why we cannot change your PHI. You may respond in writing to any denial. You may ask that both our denial and your response be added to your PHI.
- Get a listing of certain entities that received your PHI from DC FEMS after April 14, 2003. This list will not include a listing of disclosures made for treatment or payment. Nor will it include disclosures for healthcare operations, or disclosures you authorized us to provide, and certain government functions.
- Request a paper copy of this Notice of Privacy Practices.

CHANGES TO THIS NOTICE: We reserve the right to change the terms of this Notice. If we materially change the terms of this Notice, we will post a revised notice in the DC FEMS offices. The current Notice of Privacy Practices will be posted on the Internet at www.fems.dc.gov.

CONCERNS OR COMPLAINTS ABOUT THE USE OR DISCLOSURE OF YOUR PHI: For more information about our

privacy practices, you may contact the Privacy Officer at either of the following addresses:

- **DC FEMS Privacy Officer:** DC Fire/EMS Department 1923 Vermont Avenue, N.W. Room 209S Washington, D.C. 20001 Voice: (202) 673-3320 Fax: (202) 462-0807 TTD: (202) 442-4790 E-mail: tisa.smith@dc.gov Document Hotline: (202) 671-2592
- **District of Columbia Privacy Official:** DC Office of Health Care Privacy and Confidentiality in the Office of the Deputy Mayor for Children Youth, Families, and Elders 1350 Pennsylvania Avenue NW Suite 307 Washington, D.C. 20004 Voice: (202) 727-8001 Fax: (202) 727-0246 TTD: (202) 442-5999 TTY: (202) 727-3323 E-mail: dcprivacy@dc.gov. You may also contact the Privacy Officer for additional copies of this Notice.

You have the right to complain to us. You may also complain to the U. S. Department of Health and Human Services. Complaints will not cause you any harm. To complain to us, please contact FEMS at either of the District offices. You also may send a written complaint to the Secretary of the U. S. Department of Health and Human Services at the following address:

- **Office for Civil Rights:** Region III U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372 Public Ledger Building Philadelphia, PA 19106-9111 Main Line (215) 861-4441 Hotline (800) 368-1019 FAX (215) 861-4431 TDD (215) 861-4440 TTY: (886) 788-4989 E-mail: ocrmail@hhs.gov

This notice was approved for publication by the District of Columbia Fire and EMS Department on 09/27/2021.