

## **Wilson County Emergency Management Agency Notice of Privacy Practices**

**This notice describes our Privacy Policy, describes your rights, and describes how your health information may be used and disclosed to others. Please review it carefully. Your health and your privacy are our concerns.**

We will keep and record information about your medical condition. We may use this information or disclose this information to others as follows.

We may use or disclose your health information in order to **treat** you. For example, we may advise the health care provider which we are transporting you to of your medical condition, including your vital signs and medications we have administered to you. We may also use or disclose your condition to family or caregivers who are involved in your medical care.

We may use or disclose your health information in order to receive **payment** for the services we provide to you. For example we may disclose your condition in order for your insurance company to understand why you received treatment so that they will pay your claim. We may also disclose your information to our billing department/billing company/attorney in order to seek payment for services we provide to you.

We may use or disclose your health information for our **operations**. For example, we may review your information in order to evaluate your treatment and our services in order to insure that our care for you now and in the future is the best that it can be. We may use your health information to contact you in the future. We may also disclose your information as required by law.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your health information:

- The Right to Inspect and Copy your Information: You may review and copy your medical record and information. You should make such a request to us at Wilson County Finance Department P.O. Box 248 Lebanon, TN 37087. If the file has been moved to storage you must make the request to the WEMA privacy officer at the address below. We have the right to charge a reasonable fee for all copying and mailing expenses.
- The Right to Amend: You may ask that we amend your health information if you believe that your information is incomplete or incorrect. A request for an amendment should be made in writing and should be sent to us at the address above. Your request must be accompanied by a statement from you regarding why you feel the amendment is proper. We may also deny your request if you ask us to amend information that is not part of the information we keep, was not created by us (unless the entity responsible is no longer available), is not part of the information available for you to inspect or copy, or is accurate or complete.
- The Right to Know about Disclosures: You have the right to request an accounting of whom we have disclosed your health information to. The request should be made in writing and sent to the finance department and/or the address below at WEMA headquarters. You must state a time period for your request, which cannot be longer than 6 years. Your first request every 12 months is free. After that we may charge you for additional requests made within 12 months of your last request.

- Right to Request Restrictions: You may request a restriction or limitation on how and what health information we disclose regarding you for treatment, payment of health operations or to family or caregivers. We do not have to agree to your request. Request for restrictions must be made in writing and sent to us at the address listed above. Your request must include a statement of what information you want to limit, whether you want to limit its use, disclosure, or both and to whom you want the limits to apply.
- Right to Confidential Communications: You may request that we communicate with you about medical matters in a certain format or specific location. You must request such a confidential communication or specific place of communication in writing submitted to the address on the other side and below. No reason for this request is necessary and we will honor all reasonable request
- Right to Receive a Copy of this Notice: You may request and receive a written copy of this notice (or our current notice) at any time by contacting us at the address on the other side and requesting a copy of our “Notice of Privacy Practices.” You may also view our web page at [www.wilsonema.com](http://www.wilsonema.com) for the most recent version.

PLEASE NOTE that we retain the right to alter, amend or change this Notice at any time. Any such revision may be effective on any information we obtain about you in the future or any information that we already have regarding you. A copy of our most current notice will be on display in our offices.

COMPLAINTS regarding the use of your health information should be made to us at the address above and/or with the Department of Health and Human Services. All complaints must be submitted in writing. There is no cost or penalty to you for filing a complaint. If you have any questions or if you wish to file a complaint or exercise any rights listed in this notice, please contact:

Assistant EMS Chief  
110 Oak Street  
Lebanon, TN 37087  
(615) 444-8779