NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003 / Revision Date: June 1, 2026

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.

We are committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. Under certain circumstances, we may also be required to notify you following a breach of unsecured PHI. This Notice describes your rights and our legal duties regarding your Protected Health Information (PHI). Protected Health Information means any information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this Notice, we refer to PHI as "medical information." If you have any questions about this Notice, please contact the Emergency Medical Services Authority (EMSA) Privacy Officer at (918) 596-3100 or (405) 297-7110.

HOW EMSA MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION:

TREATMENT: We may use or disclose your medical information to treat or transport you. For example, we may disclose your medical information to doctors, nurses, technicians, medical students or others who are involved in taking care of you or to other care professional for additional treatment. It also includes transfer of medical information via radio or telephone to the hospital or dispatch center. We may provide the hospital with the record we create in the course of treating and transporting you.

PAYMENT: We may use and disclose your medical information to obtain payment from you, an insurance company or a third party. For example, we give information to your health plan so your health plan will pay us for your transport.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for quality assurance activities, licensing and training programs to ensure that our personnel meet our standards for care and follow established policies and procedures. We may also use your information for obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising or certain marketing activities.

SCHEDULING TRANSPORTS AND INFORMATION ON OTHER SERVICES: We may use and disclose your medical information to discuss scheduled transports or to provide you with other information about alternative services we provide or other health-related benefits and services that may be of interest to you. We may telephone your home. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

NOTIFICATION AND COMMUNICATION WITH FAMILY: We may disclose your medical information to notify or assist in notifying a family member or other person who in involved in your care, unless you ask us not to. In the event of a disaster, we may disclose information to a relief organization, such as the Red Cross, so that they may coordinate these notification efforts. We may also disclose information to someone who pays for your care. If you are unable to agree or object to these disclosures, we may determine you would not object and in our professional judgment determine that it is in your best interest to communicate with your family and others.

WITH YOUR AUTHORIZATION: With your written authorization, we may disclose your medical information for purposes not described in this Notice or otherwise permitted by law. The law also requires your written authorization before we may use or disclose: (i) psychotherapy notes, other than for the purpose of carrying out our treatment, payment or health care operations purposes, (ii) any PHI for our marketing purposes or (iii) any PHI as part of a sale of PHI. You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization. Revocations should be delivered to our Privacy Officer.

REQUIRED BY LAW: We may use and disclose your medical information when required or permitted by law, but only to the extent and under the circumstances provided in that law.

LEGAL PROCESSES AND PROCEEDINGS: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances.

PUBLIC HEALTH AND SAFETY: Your medical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury or disability; to report child abuse or neglect; to notify the Oklahoma State Department of Health that a person may have been exposed to a disease such as HIV, syphilis or other sexually transmitted diseases; or to notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if the victim agrees to our reporting or if we are required to do so by law. Your medical information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to you or to the health and safety of a particular person or the general public.

MILITARY AND NATIONAL SECURITY: We may disclose to military authorities the medical information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counter-intelligence and other national security activities.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs and compliance with applicable laws. These oversight activities include audits, investigations, inspections, licensure, disciplinary proceedings and other administrative or judicial proceedings or actions.

CORONERS/FUNERAL DIRECTORS: We may disclose your medical information to coroners and medical examiners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.

ORGAN OR TISSUE DONATION: We may disclose your medical information to organizations involved in procuring, banking or transplanting organs, eyes and tissues, as necessary to facilitate organ or tissue donation or transplantation.

WORKERS' COMPENSATION: Your medical information may be used or disclosed as required by law related to workers' compensation or other similar programs.

CHANGE OF OWNERSHIP: In the event that EMSA is sold or merged with another organization, your medical information will become the property of the new owner who will have access to it.

LAW ENFORCEMENT: Your medical information may be disclosed to law enforcement authorities in limited situations, such as to identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances) and to report possible deaths caused by criminal activities or to report crimes.

RESEARCH: We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

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SUBSTANCE USE DISORDER TREATMENT RECORDS (SUD): If we receive your SUD records from programs subject to 42 CFR part 2, pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

YOUR MEDICAL INFORMATION RIGHTS

YOU HAVE THE RIGHT TO:

- Receive a paper copy of this Notice of Privacy Practices.
- Request restrictions on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment.
  Notwithstanding the foregoing, we must agree to a restriction on the use or disclosure of your PHI if: (i) the disclosure is for our payment or health care operations purposes and is not otherwise required by law and (ii) you or another person acting on your behalf has paid for our services in full.
- Request that you receive medical information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing.
- Inspect and obtain a copy of your medical information, with limited exceptions defined by law. You must make a request in writing to obtain access. A reasonable fee may be charged for making copies. Under Oklahoma law, a fee of 25¢ per page is allowed. If you request a copy of a tape, you may be charged the actual cost of reproduction. We may also charge for postage if the copies are mailed. If we deny your request for copies, you will be informed of your rights to appeal our decision.
- Request that we amend your medical information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical information and will provide you with information about any denial and how you can disagree with the denial. Even if we accept your request, we may not delete any information already in your medical record.
- Receive an accounting of disclosures we have made of your medical information during the six years prior to the date of your request. We are not required to provide you an accounting for disclosures made prior to April 14, 2003 or for disclosures made for purposes of treatment, payment, health care operations, pursuant to your written authorization or to you about your own medical information. If you request more than one accounting within a 12-month period, we may charge you a reasonable fee for each additional accounting.

HEALTH INFORMATION EXCHANGES

Your medical information may be shared through a secure health information exchange (Health Information Exchange) to facilitate the electronic transmission, storage and sharing of medical information among participating providers of health care services. However, you may opt out at any time and your medical information will not be exchanged though a Health Information Exchange. If you opt out, this only prevents your medical information from being exchanged through a Health Information Exchange. It does not prevent EMSA or any other health care provider from exchanging your medical information directly between one another or through other means. If you wish to opt out, contact the EMSA Privacy Officer.

CONTACT

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the EMSA Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all PHI that we maintain. A copy of any revised Notice of Privacy Practices will be made available by mail after an ambulance transport and/or at the time of service.

COMPLAINTS

Complaints about this Notice of Privacy Practices or how EMSA handles your medical information should be directed to the attention of Privacy Officer, Emergency Medical Services Authority, 1417 N. Lansing, Tulsa, Oklahoma 74106-5906. There will be no retaliation for filing a complaint. You may also submit a complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.