

Detailed Notice of Privacy Practices

William M. Singerly Steam Fire Engine and Hook and Ladder Company #1 of Elkton, MD, hereafter will be known as “Singerly Fire Company” (SFC), is required, by law, to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. SFC is also required to abide by the terms of the version of this Notice currently in effect.

Purpose of This Notice: This notice describes your legal rights, advises you of our privacy practices, and lets you know how SFC, is permitted to use, disclose PHI, and how you can get access to this information.

Uses and Disclosures of PHI We Can Make without Your Authorization: SFC may use or disclose PHI without your authorization for the following purposes:

Treatment: This includes such things as verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI, submitting bills to insurance companies, either directly or through a third party billing company, managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, created reports that do not individually identify you for data collection purposes, and other management functions permitted by SFC.

Use and Disclosure of PHI without your Authorization: SFC is permitted to use PHI without your written authorization or opportunity to object, in certain situations, and unless prohibited by more stringent local, state, tribal and/or federal law including, but not limited to;

- For treatment, or activities of another licensed healthcare provider;
- To another licensed healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

- For health care 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 if we obtain verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency, we may, in our professional judgement, determine that disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatments that is being administered by our ambulance crew;
- To the public health authority in certain situations (such as reporting a birth 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 defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court of 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 responding to a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- 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 or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donations and transplantation;
- For research projects, but this will be subject to strict oversight and approvals, and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Uses and Disclosures of Your PHI that Require Your Written Consent: Any other use or disclosure of PHI, other than those listed above will only be made with your **written authorization**. The authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it. 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 Regarding Your PHI: As a patient, you have a number of rights with respect to your 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. Requests for access to your PHI should be made in writing to our HIPAA Compliance/Privacy Officer. In limited circumstances, we may deny your 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 written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our HIPAA Compliance/Privacy Officer.

We will normally provide you with access to this information within 30 days of your request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative, and you clearly identify the designed person and where to send the copy of your PHI or in compliance with the HITECH Act (45CFR § 164.524).

We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable local, & state, tribal or federal laws. However, the first copy will be provided free of charge if requested specifically from you, the patient, to this office as detailed below.

The right to amend your PHI. You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and addressed to our HIPAA Compliance/Privacy Officer

When required by law to do so, we will 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 in certain circumstances, such as when we believe the information you have asked is to amend is correct.

The right to request an accounting of uses and disclosure of your PHI. You may request an accounting from us of disclosures of your medical information. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately

preceding your request. However, we are not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosure that you expressly authorized; (c) disclosures made to you, your family, or friends, or (d) for disclosures made for law enforcement or certain governmental purposes.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information for treatment, payment, or healthcare operations purposes, or to restrict the information that is provided to family, friends, and other individuals in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is, generally, our policy that we will not agree to any restriction, unless required by law to do so.

SFC is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid SFC in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with an emergency treatment, then we may disclose the PHI to a healthcare provider who provided you with emergency treatment.

A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by SFC as long as we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.

Any request for any restriction, and/or termination of restriction, must be written and addressed to the HIPAA Compliance/Privacy Officer

Notice Regarding Chesapeake Regional Information System for our Patients, Inc. Health Information Exchange and Opt-out Information: Cecil County Government, ergo Cecil County Department of Emergency Services, ergo SFC has elected to participate in the Chesapeake Regional Information System for our Patients, Inc., (CRISP), a regional health information exchange (HIE). As permitted by law, your health information may be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt out” and prevent searching of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt Out form to CRISP by mail, fax, or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Notice regarding substance use disorder (SUD) treatment records: We may receive or maintain substance use disorder (“SUD”) treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 (“Part 2 Program”). If we receive or maintain your records from a Part 2 Program 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.

Internet, Electronic Mail, and the right to obtain copy of Paper Notice on Request: If we maintain a website, we will prominently post a copy of this Notice on our website. If you prefer, we will forward you this notice by electronic mail rather than providing a printed copy. However, you may always request a printed copy of this notice.

Revisions to the Notice: SFC 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 we maintain. Any material changes to the notice will be promptly posted in our facilities and posted on our web site, if we maintain one. You may obtain a copy of the latest version of this notice by contacting our HIPAA Compliance/Privacy Officer in writing with your name and mailing address or by downloading a copy of this notice from the Singerly Fire Company web site: www.Singerly.Com.

Your legal rights and complaints: You also have the right to complain to us, or to the Secretary of the United States of 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 HIPAA Compliance/Privacy Officer

HIPAA Compliance/Privacy Officer Contact Information:

Singerly Fire Company
EMS HIPAA Compliance/Privacy Officer
300 Newark Ave
Elkton, MD 21921-5442

Phone: (410) 398-2078 ext. 248

Effective Date of the Notice: March 11, 2019

Revised: Monday, February 16, 2026