CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Department of Public Safety
Division of Emergency Medical Service

Cleveland EMS
EMERGENCY MEDICAL SERVICE

Medical Records Request and Authorization to Use and Disclose Protected Health Information (PHI) Form

Instructions: This is an interactive form with the exception of the areas that require a signature and the Notary Section. This form can be filled in online and then printed or printed then filled in. In order to process a request, the completed and notarized form along with a $5.00 fee (cash, check, or money order) per patient/per date must be submitted to:

City of Cleveland
Department of Public Safety
Division of Emergency Medical Service
Attn: Medical Records Librarian
1701 Lakeside Ave
Cleveland, Ohio 44114-1118

Checks and Money Orders can be made payable to: City of Cleveland - EMS

ALL INFORMATION/BLANK SPACES MUST BE FILLED IN FOR A VALID AUTHORIZATION (USE N/A IF APPROPRIATE)

Requestor Information

Name of Requestor: _____

Relationship to Patient: _____

Firm Name: _____

(If Requestor is an Attorney, otherwise use "N/A")

Requestor's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Requestor's Phone Number: _____

Requestor's Signature: _____ **Date:** _____

Authorization By Patient or Parent/Legal Guardian To Disclose PHI To Requestor

By signing this Authorization, I, _____ , hereby authorize the disclosure to the above Requestor by Cleveland Emergency Medical Service of certain medical information pertaining to the health care of:

Patient's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Service: _____

Location of Service: _____

Relationship to Patient: _____

This Authorization is for the release of the Patient Care Run Report medical information about the above named patient.

This information is being used or disclosed for the following purpose(s):

(State specific purpose(s) or "By the request of the patient")

This Authorization shall be in force and effect until (specify date or event):

I understand that I have the right to revoke this Authorization at any time, except to the extent that Cleveland Emergency Medical Service has already acted in reliance on the Authorization prior to the above expiration date or time, I understand that I must do so by written request to the Cleveland Emergency Medical Service Privacy Officer Deputy Commissioner David Miller at Cleveland EMS Headquarters, 1701 Lakeside Ave, Cleveland, Ohio 44114, phone number (216) 664-2124 or Fax to (216) 664-4599.

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law. I understand that this information may be hand-delivered, mailed, faxed, verbalized, or sent electronically in electronic form or format dependent upon the circumstances of the request.

I understand that my written authorization is not required for Cleveland Emergency Medical Service to use my protected health information for treatment, payment and health care operations. I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization.

I acknowledge that I have read the provisions in this Authorization and that I have the right to refuse to sign this Authorization. I acknowledge that I have read the Notice of Privacy Practices (see attachment below). I understand and agree to all terms.

IMPORTANT

The remainder of this form MUST be signed by the Patient, or, if a minor, his/her authorized parent or legal guardian, in the presence of a Notary Public.

Print Name: _____ **Print Title:** _____

(Patient orParent/Legal Guardian)

Signature: _____ **Date:** _____

State of: _____)
) **SS:**
County of: _____)

Affix Seal

Subscribed to and sworn before me this _____ **day of** _____ **, 20** _____

by _____ .

Notary Public: _____

Signature: _____

My Commission Expires On: _____

(Revised 6/2015)

City of Cleveland
Department of Public Safety
Division of Emergency Medical Service

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Cleveland Emergency Medical Service (EMS) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or "PHI", and to provide you with a notice of our legal duties and privacy practices with respect to your "PHI". Cleveland Emergency Medical Service is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of "PHI":
Cleveland Emergency Medical Service may use "PHI" for the purposes of treatment, payment, and health care operations, in most cases without your written permission.
Examples of the use of your "PHI":

- **For treatment:** This includes such things as obtaining 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 healthcare providers involved in your treatment, and may transfer your "PHI" via radio or telephone to the hospital or dispatch center.

- **For payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

- **For health care operations:** This includes quality assurance activities, licensing, and training programs to ensure that employees meet the standards of care and follow established policies and proceedures, as well as certain other management functions.

Use and Disclosure of "PHI" Without Your Authorization:
Cleveland Emergency Medical Service is permitted to use "PHI" *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your 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, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- 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 or 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 warrent;
- 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, Cleveland Emergency Medical Service 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 donation and transplantation;

- For research projects, but this will be subject to strict oversight and approvals;
- Cleveland Emergency Medical Service may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of "PHI", other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that Cleveland Emergency Medical Service may have already used or disclosed medical information in reliance on that authorization.

Patient Rights:
As a patient, you have a number of rights with respect to your "PHI", including:

- **The right to request privacy protection for "PHI":** You may request that Cleveland Emergency Medical Service restrict information to a health plan. Cleveland Emergency Medical Service will generally agree to the request to restrict disclosure of "PHI" about you to a health plan if: the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and the "PHI" pertains solely to a healthcare item or service for which you or person other than the health plan on behalf of you has paid the Cleveland Emergency Medical Service in full.

- **The right to access, copy, or inspect your "PHI":** You may inspect and copy most of the medical information about you that Cleveland Emergency Medical Service maintains. If the "PHI" is maintained electronically, you may request an electronic form or format requested, if it is readily producible in such form or format. You may request that Cleveland Emergency Medical Service send your "PHI" to another person; your request must be in writing, signed by you and clearly identify the designated person and where to send the copy of the "PHI". Cleveland Emergency Medical Service will provide you with access to this information within 30 days after receipt of your request. Cleveland Emergency Medical Service may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, Cleveland Emergency Medical Service may deny you access to your medical information, and you may appeal certain types of denials. Cleveland Emergency Medical Service has available forms to request access to your "PHI" and will provide a written response if you are denied access and let you know your appeal rights. You also have the right to receive confidential communications of your "PHI". If you wish to inspect and copy your medical information, contact Cleveland Emergency Medical Service's Privacy Officer.

- **The right to amend your "PHI":** You have the right to ask Cleveland Emergency Medical Service to amend written medical information that we may have about you. Cleveland Emergency Medical Service will generally amend your information within 60 days of your request and will notify you when we have amended the information. Cleveland Emergency Medical Service is permitted by law to deny your request to amend your medical information only in certain circumstances, if the information you have asked Cleveland Emergency Medical Service to amend is not correct. If you wish to request that Cleveland Emergency Medical Service amend your medical information, contact Cleveland Emergency Medical Service's Privacy Officer.

- **The right to request an accounting:** You may request an accounting from Cleveland Emergency Medical Service of certain disclosures of your medical information that Cleveland Emergency Medical Service has made in the six years prior to the date of your request. Cleveland Emergency Medical Service is not required to give you an accounting of information that was used or disclosed for purposes of treatment, payment or health care operations, or when your health information was shared with our business associates, like billing company or a medical facility from/to which Cleveland Emergency Medical Service may have transported you. Cleveland Emergency Medical Service is also not required to give you an accounting of the uses of protected health information for which you have already given Cleveland Emergency Medical Service written authorization. If you wish to request an accounting, contact Cleveland Emergency Medical Service's Privacy Officer.

- **The right to request that Cleveland Emergency Medical Service restricts the uses and disclosures of your "PHI":** You have the right to request that Cleveland Emergency Medical Service restrict how the medical information we have about you is used and disclosed. Cleveland Emergency Medical Service is not required to agree to any restrictions you request, but any restrictions agreed to by Cleveland Emergency Medical Service in writing are binding on Cleveland Emergency Medical Service.

- **Internet, Electronic Mail and to the Right to Obtain a Copy of Paper Notice on Request:** Cleveland Emergency Medical Service will prominently post a copy of this Notice on the web site; if one is maintained. If requested, Cleveland Emergency Medical Service will forward this Notice by electronic mail. You may always request a paper copy of this Notice.

Revisions to the Notice:
Cleveland Emergency Medical Service 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 "PHI" that is maintained. Any material changes to the Notice will be promptly posted at Cleveland Emergency Medical facilities and web site, if one is maintained. You can get a copy of the latest version of this Notice by contacting Cleveland Emergency Medical Service's Privacy Officer.

Your Legal Rights and Complaints:
You also have the right to complain to Cleveland Emergency Medical Service, or the Secretary of the United States 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 Cleveland Emergency Medical Service or to the government. Should you have any questions, comments, or complaints, direct all inquiries to Cleveland Emergency Medical Service's Privacy Officer.

Notice of Breach of Unsecured Protected Health Information:
Cleveland Emergency Medical Service will promptly notify each affected individual as required for breaches of unsecured "PHI".

Cleveland Emergency Medical Service
Privacy Officer Information:
David Miller
216.664.2124

Cleveland Emergency Medical Service
Contact Officer Information:
David Miller
1701 Lakeside Avenue
Cleveland, Ohio 44114
Phone: 216.664.2124
Fax: 216.623.4599

Effective Date of the Notice: April 14, 2003
Revised: September 23, 2013