FITCH-RONA EMS DISTRICT

Notice of Privacy Practices

Effective date: 02/16/2026

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.

Our Duties

Fitch-Rona EMS District (FREMS) is required by law to protect the privacy of your health information, known as protected health information or PHI. We are also required to:

- Give you this notice of our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the terms of the notice currently in effect.

How We May Use and Share Your PHI Without Your Written Authorization

Treatment. We use information about your condition and the care we provide. We share it with other health care personnel who take over your care, including by radio or telephone to the hospital, and we give the hospital a copy of the record we create during your treatment and transport.

Payment. We use and share your PHI to bill and receive payment for our services, including submitting claims to insurance companies, managing claims, and collecting outstanding accounts.

Health care operations. We use your PHI for quality assurance, licensing, and training to make sure our personnel meet our standards of care, and for business planning, handling complaints, and creating reports that do not identify you.

Family, friends, and others involved in your care. We may share PHI with a family member, relative, close friend, or other person involved in your care if you agree or do not object when given the chance. If you cannot object because you are not present, are incapacitated, or are having a medical emergency, we may share information we judge to be in your best interest, limited to that person's involvement in your care. We may also share PHI with disaster relief organizations to help locate or notify family.

Business associates. We may share PHI with companies that perform services for us, such as our billing company. They must protect your information under a written agreement.

We may also use or share your PHI without your authorization in the following situations, as permitted or required by law:

- **As required by law:** when federal, state, or local law requires it.
- **Public health:** to report disease, injury, births, and deaths; to report adverse events or product problems; and to notify a person who may have been exposed to a communicable disease.
- **Abuse, neglect, or domestic violence:** to government authorities authorized to receive such reports, including reports of child or elder abuse.
- **Health oversight:** to agencies for audits, investigations, inspections, and licensure, such as the Wisconsin Department of Health Services.
- **Legal proceedings:** in response to a court or administrative order, and in some cases a subpoena or other lawful request.
- **Law enforcement:** for limited purposes, such as responding to a court order or warrant, identifying or locating a suspect or missing person, providing information about a crime victim or a death that may have resulted from a crime, or reporting a crime in an emergency.
- **Coroners, medical examiners, and funeral directors:** to identify a person, determine cause of death, or carry out their duties.
- **Organ and tissue donation:** to organizations that handle organ, eye, or tissue donation.
- **Research:** for research approved under privacy safeguards.
- **Serious threat to health or safety:** to prevent or lessen a serious and imminent threat to you, another person, or the public.
- **Specialized government functions:** for military, national security, and protective services, or to a correctional institution or law enforcement official having lawful custody of you.
- **Workers' compensation:** as authorized by workers' compensation laws.
- **De-identified information:** in a way that does not identify you.

Stricter Laws That May Apply

Wisconsin law. Wisconsin law may give some information more protection than federal law, such as certain mental health, HIV test result, and alcohol or drug treatment information. When a stricter law applies, we will follow it.

Substance use disorder (SUD) treatment information. 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.

Uses That Require Your Written Authorization

We will not use or share your PHI for marketing, sell your PHI, or use or share psychotherapy notes without your written authorization. Any other use or disclosure not described in this notice will be made only with your written authorization. We do not use your PHI for fundraising. You may revoke an authorization at any time, in writing, except to the extent we have already acted in reliance on it.

Your Rights

Get a copy of your health and billing records. You may inspect or get a paper or electronic copy of the medical and billing records we maintain about you, and you may ask us to send a copy to another person you choose. Submit your request in person, by mail, or by email. We will usually respond within 30 days. We may charge a reasonable, cost-based fee. In limited circumstances we may deny your request; we will explain why in writing and tell you whether you can have the denial reviewed.

Ask us to correct your records. If you believe information in your records is incorrect or incomplete, you may ask us to amend it. We may say no, but we will tell you why in writing within 60 days.

Request confidential communications. You may ask us to contact you in a specific way, such as at a different mailing address or telephone number. We will agree to all reasonable requests and will not ask why.

Ask us to limit what we use or share. You may ask us not to use or share certain PHI for treatment, payment, or operations, or with people involved in your care. We are not required to agree, and we may still use the information if it is needed for your emergency treatment. If you pay for a service in full out of pocket, you may ask us not to share information about that service with your health plan for payment or operations, and we will agree unless a law requires us to share it.

Get a list of those with whom we have shared your PHI. You may ask for a list (accounting) of certain disclosures we made in the six years before your request. The list will not include disclosures for treatment, payment, or operations, or disclosures you authorized. The first list in any 12-month period is free; we may charge a reasonable, cost-based fee for additional lists.

Get a copy of this notice. You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you. If you have given someone health care power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

Be notified of a breach. We will notify you if a breach affects your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at the address below, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

Changes to This Notice

We may change the terms of this notice at any time. Changes will apply to all PHI we maintain. The current notice is available on request, at our office, and on our website.

Contact Us

To ask questions, file a complaint, or exercise any of these rights, contact: **Privacy Officer, Fitch-Rona EMS District, 101 Lincoln St., Verona, WI 53593 · (608) 497-2909**

Language assistance and copies of this notice in other formats are available free of charge. Call (608) 497-2909.