

Allen County Ambulance Service

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Ambulance Service is required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of the Ambulance Service's legal duties and privacy practices with respect to your health information.

I. HOW THE AMBULANCE SERVICE MAY USE & DISCLOSE YOUR MEDICAL INFORMATION

The Ambulance Service may use your health information for the purposes of providing medical treatment, obtaining payment for services rendered, and/or administering health care operations, as well as for the purposes set forth in this notice or otherwise as authorized or required by law. The Ambulance Service will restrict access to your health information to persons who are directly involved in those functions. All other uses and disclosures of your health information will not be made without your authorization, which you may revoke by providing the Ambulance Service with a written notice. The law also requires your written authorization before we may use or disclose: (a) psychotherapy notes, other than for our treatment, payment, or healthcare operations purposes, (b) any PHI for our marketing purposes or (c) any PHI as part of sale of PHI. Some examples of how the Ambulance Service may use and disclose your health information are:

A. Uses and Disclosures For Treatment: A paramedic who is directly involved in your treatment can be allowed access to your health information and is permitted to share your PHI with the hospital, the dispatch center, or other providers to assist with their treatment activities in the course of your care.

B. Uses and Disclosures For Payment: We may give your health plan, or other payer, your medical information in order to identify the treatment, bill for services, or receive payment. This includes submitting bills to insurance companies either directly or through a third-party billing company and performing audits and utilization reviews. We also may disclose your health information to another covered entity or a health care provider for their payment activities.

C. Uses and Disclosures For Health Care Operations: These types of uses and disclosures of your health information are necessary to run the ambulance company and make sure that all of our Patients receive quality services. For example, we may use medical information about you to review our treatment procedures and to evaluate the performance of our staff. We may also disclose your health information to another health care provider for its health care operations, provided they have or had a direct relationship in your care and the PHI pertains to that relationship.

D. Other Permitted Uses and Disclosures without Authorization: This Ambulance Service is also permitted to use or disclose your PHI without your written authorization in situations that includes the following:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care;
- To a public health authority in certain situations (such as reporting a birth, death 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 healthcare 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 there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- 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; and
- 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 donation and transplantation.

II. Your Rights with Respect to Your Health Information

A. Your Right to Inspect and Copy: You have the right to inspect and copy your health information that may be used to make decisions about your care. You also have the right to request we transmit your PHI to a third party. If you are a parent or legal guardian of a Patient, you may also obtain a copy of the health care information of your non-emancipated child(ren), except where prohibited by law for specific health care services. Requests for copies of your health information must be made in writing to the Ambulance Service's Business Office at the address in paragraph I of this Notice. Such requests must be made on the Ambulance Service's "Medical Authorization" release form, which may be obtained from the Business Office.

B. Your Right to Request Amendments: If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Ambulance Service. To request an amendment, your request must be made in writing and submitted to the Business Office.

C. Your Right to Request Restrictions: You have the right to request a restriction or limitation on how we use or disclose PHI for treatment, payment, or healthcare operations, or to restrict the information provided to family, friends, and other individuals involved in your care. However, we are only required to abide by a requested restriction under limited circumstances, and generally will not agree to do so unless required by law. To request restrictions, you must make your request in writing to the Business Office. Such requests must include the information you want to limit; whether you want to limit our use, disclosure, or both; and the person(s) to whom you want these limits to apply (e.g., disclosures to your family).

D. Your Right to Notice of a Breach of Unsecured PHI: If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our Business Office to make us aware of this preference and to provide a valid email address to send the electronic notice.

E. Your Right to Request Confidential Communications: You have the right to request that we communicate with you regarding medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing to the Business Office. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

F. Your Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we made of your PHI. We will provide an accounting of those disclosures that we are required to account for under HIPAA. To request a list of disclosures, you must submit your request in writing to the Business Office.

G. Internet, Email and the Right to Obtain Copy of Paper Notice: If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by email instead of on paper. You may always request a paper copy of the Notice.

H. Revisions to the Notice: The Ambulance Service is required to abide by the terms of the version of this Notice currently in effect. However, The Ambulance 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 we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting Compliance Officer, our HIPAA Compliance Officer.

I. Your Legal Rights and Complaints: You also have the right to complain to us, or to the Office of Civil Rights of the United States Department of Health and Human Services, if you believe that 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 Officer. Individuals will not be retaliated against for filing a complaint with us or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:
Allen County Ambulance Services; Attn: Privacy Officer 114 Rob H Cline Way, Scottsville KY 42164.

Effective Date of the Notice: [01/01/2024]