

Citizens Hose Company

Notice of Privacy Practices

Important: this Notice Describes How Medical Information About You May Be Used And Disclosed, And How You Can Access To This Information.
Please Review It Carefully

Purpose of this notice- Citizen Hose Company ambulance is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Care Information, or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices and lets you know how Citizen Hose Ambulance is permitted to use and disclose PHI about you.

Citizen Hose Company is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI Citizen Hose Company Ambulance may use PHI for the purposes of treatment, payment and health care operations, in most cases, without your written permission. Examples of our use of your PHI:

Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you.) It also includes information we give to other health care personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record that we complete during the course of providing you with treatment and transport.

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

For 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, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

Fundraising: We may contact you when we are in the process of raising funds for Citizen Hose Company Ambulance or to provide you with information about our annual subscription program.

Reminders of Scheduled Transports and Information on Other Services: We may contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation or for other health related benefits and services that may be of interest to you.

Use and Disclosure of PHI without Your Authorization: Citizen Hose Company Ambulance is permitted to use PHI without your written authorization or opportunity to object in certain situations including:

- For Citizen Hose Company Ambulance's use in treating you or obtaining payment for services provided to you or in other health care operations.
- For the treatment activities of another health care provider.
- To another health care provider (such as the hospital to which you are transported) for the health care 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 the relationship.
- To a family member, other relative, 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. 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 you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to a 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 accompanies you in the ambulance that you have certain symptoms and we may give that person and update on your vital signs and treatment that is being administered by our ambulance crew.
- 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 a child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify 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 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.
- 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 coroner, 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 tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transportation.
- For research projects, but 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 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, (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, except to the extent that we 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 the protection of your PHI, including *The right to access, copy or inspect your PHI*- This means you may come to our office and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have right to access. In limited circumstances we may deny you access to your medical information and you may appeal certain types of denials. We have available forms to request to your PHI and will provide a 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 the privacy officer listed at the end of this notice.

The right to amend your PHI- You have the right to ask us to amend written medical information that we may have about you. We will generally 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 only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy office listed at the end of this notice.

The right to request an accounting of our use and disclosure of your PHI- You may request an accounting from us of certain disclosures of your medical information we have made in the last six years to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment of health care operations or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this notice.

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 that we about you for treatment, payment or health care operation, or to restrict the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Citizen Hose Company Ambulance is not required to agree to any restrictions you request, but any restrictions agreed to by Citizen Hose Company Ambulance are binding on Citizen Hose Company Ambulance.

Internet, Electronic Mail and the Right to Obtain Copy of Paper Notice on Request- 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 foreword you this notice by electronic mail instead of on paper and you may always request a paper copy of the notice.

Revisions to the Notice- Citizen Hose Company Ambulance 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 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 can get a copy of the latest version of this notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints- You also have the right to complain to us 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 the government or us. Should you have any questions, comments or complaints you may direct all inquires to the privacy officer listed at the end of this notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file complaint or exercises any rights listed in this notice please contact :

Privacy Officer
Citizen Hose Company Ambulance
5 Sheldon Street, P.O. Box 306
Shortsville, NY 14548
(585) 289-4485

Effective April 14, 2003