

HIPAA Notice of Privacy Practices

IMPORTANT: 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.

Please Read This Notice. If You Have Any Questions about It, please Contact Our Privacy Officer At 970-345-2672.

As an essential part of our commitment to you, Washington County Ambulance maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the enclosed Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices respect to you PHI. It not only describes our privacy practices and you legal rights but it also lets you know, among other things, how Washington County Ambulance is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request an amendment of that information, and how you may request restrictions on your use and disclosure of your PHI.

Washington County Ambulance 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.

We respect your privacy, and treat all health care information about our patients with care under staff policies of confidentiality that all of our staff committed to following at all times.

Purpose of HIPAA Notice and its Revisions

Purpose of this Notice: Washington County Ambulance 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. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Washington County Ambulance is permitted to use and disclose PHI about you. Washington County Ambulance 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.

Revisions to the Notice: Washington County 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 protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. 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 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 us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the top of this page.

Effective Date of this Notice: Oct 2003

Uses and Disclosures of Payment History Information (PHI)

Washington County Ambulance may use Payment History Information (PHI) for the purpose of treatment, payment and health care operations, in most cases without your written permission.

EXAMPLES OF OUR USE OF YOUR PHI:

For Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other 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 we create in the course of providing you with treatment and transport.

For Payment: This includes any activities we must undertake in order to get reimbursed for 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), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, 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, fund-raising, and certain marketing activities.

Fund-raising: We may contact you when we are in the process of raising funds for Washington County Ambulance.

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

Washington County Ambulance is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For Washington County Ambulance's use in treating you or in obtaining payment for services provided.
- For the treatment activities of another health care provider.

- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).
- 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 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, other relatives, or close 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 personal health information 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 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 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 child or adult abuse or 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 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 health and safety of a person or the public at large.
- For workers compensations purposes and in compliance with workers' compensation laws.
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue 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 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, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.