

## North Area Volunteer Ambulance Corps, Inc.

### Notice of Privacy Practices

*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.*

#### **Introduction**

The North Area Volunteer Ambulance Corps, Inc. (“NAVAC”) and its affiliates are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI). PHI includes any identifiable information that NAVAC obtains from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care.

We are also required by law to provide you with a notice of our legal duties and privacy practices as they relate to your PHI, and to abide by the terms of the version of this Notice currently in effect.

In compliance with that requirement, this notice provides you with information about your rights and NAVAC’s legal duties and privacy practices. This notice also discusses the uses and disclosures that we will make of your PHI, and the ways in which we are required to notify you in the case of a privacy breach. NAVAC must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a copy of the most current privacy notice from our Privacy Officer. In addition, the current effective version of this notice will at all times be available on our web site.

NAVAC is required by law to notify you in the event of a security breach involving your unsecured PHI.

NAVAC may access, or provide access to its Business Associates, a portion of your PHI. These uses and disclosures may include, but are not limited to, the following categories and examples:

*Treatment:* Use of PHI for treatment may include obtaining oral and written information about your medical condition from you or from others, such as doctors and nurses who give orders allowing NAVAC to provide treatment for you. We may also provide access to your PHI to other health care providers who are involved in your treatment. Due to the nature of our services, we may transfer your PHI via radio or telephone to the hospital or dispatch center.

*Payment:* NAVAC may use your PHI for a variety of activities that are necessary for reimbursement. Such activities may include forwarding your PHI to a Business Associate billing company, who in turn may submit bills to your insurance company, make determinations about medical necessity, and collect outstanding accounts.

*Healthcare Operations:* NAVAC may use your PHI as part of its internal training and quality assurance programs. This use is intended to ensure that our staff receives regular instruction on how to maintain the privacy of your information, and allows management to conduct audits and self-analysis to check that such training is being carried through and actually put into practice.

*Business Associates:* Our organization contracts with Business Associates to provide such services as billing, collections, and software. We may disclose your PHI to our Business Associates to facilitate those services. However, your PHI remains protected because these parties are required by both law and written contract to apply the same safeguards as those outlined in this document.

#### **Information**

We may contact you to provide information about health-related benefits and services that may be of interest to you, or to remind you of scheduled appointments for non-emergency transports.

We may disclose your PHI only as permitted by applicable law. Permissible sources of disclosures may include your family, friends, or other individuals, as identified by you as being involved in your care or in the payment for your care. In such cases, however, we will only disclose that PHI which is directly relevant to that person’s involvement in your care or payment. We may also use your PHI to notify a family member or personal representative of your location, general condition, or death. Whenever possible, we will give you an opportunity to object to these disclosures, in which case we will not make the disclosure over your objection. If you are not available, we will determine whether a disclosure to your family or friend is in your best interest. In such cases, we will only disclose the PHI that is directly relevant to their involvement in your care or payment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or charter to assist in disaster relief efforts.

We may contact you as part of our marketing efforts, as permitted by applicable law.

#### **Special Situations**

Except for the general uses and disclosures set for above, and for the following special situations outlined in this section, we will not use or disclose your PHI for any purpose unless you have provided a written authorization.

*Worker's Compensation:* We may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker's compensation laws, or other similar programs established by law.

*Public Health:* We may disclose your PHI to public or legal authorities responsible of r preventing or controlling disease, injury or disability, or performing other public health functions, in those situations in which the law requires us to do so. In addition, we may disclose your PHI in order to avert a serious health or safety threat.

*Specialized Government Functions:* As required or permitted by law, we may disclose your PHI for veterans' or military activities, national security and intelligences activities and similar special governmental functions.

*Health Oversight Agencies:* Your PHI may be disclosed to an appropriate health oversight agency, public health authority or attorney involved in health oversight activities.

*Law Enforcement:* We may disclose your PHI as required or permitted by law for law enforcement purposes, or in response to a valid subpoena, court order or other binding authority.

*Judicial and Administrative Proceedings:* We may disclose your PHI for judicial or administrative proceedings as required or permitted by law, or in response to a valid subpoena, court order or other binding authority.

*Food and Drug Administration:* We may disclose to the FDA, or an entity subject to FDA jurisdiction, your PHI for public health purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity for which that person has responsibility. For example, your information may be disclosed in connection with the reporting of an adverse event, product defect, product tracking, or to provide post marketing surveillance information.

*Disclosures Required by Law:* We may use or disclose your PHI as required by law, provided such use or disclosure complies with and is limited to the relevant requirements of the law.

### **Your Rights Regarding Health Information About You**

You have a right to expect your PHI will be kept secure and used only for legitimate purposes.

You have a right to understand how your PHI may be used and disclosed by NAVAC or its Business Associates.

You have a right to access this privacy notice that tells you how your PHI may be used or disclosed.

You have a right to ask questions about you health privacy issue and have those questions clearly and promptly answered.

You have a (limited) right to know who has seen your health information and for what purpose. If you make additional requests for such as accounting during any 12 month period, we may charge you a reasonable, cost-based fee.

You have a right to see, and to keep a paper copy of, all of your health records except psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criinal, or administrative action or proceeding. Your request for a copy of your record must be in writing and will ordinarily be processed within 30 days of your request. We may charge you a reasonable fee for copying such medical information.

You have a right to ask for correction or inclusion of a statement of disagreement for anything in your records that you feel is in error. Your request must be submitted in writing and include supporting documentation.

You have a right to authorize, or refuse, additional uses of your PHI, such as for fundraising, marketing, or research.

You have a right to request disclosure restrictions for PHI you consider especially sensitive, and to request that we communicate with you by alternative means. We will do our best to accommodate these requests, but are permitted by law to decline to honor them, with the exception of the circumstances outlined below.

You have the right to pay for your medical expenses out of pocket and request, in such cases, that we not submit your PHI to your health insurance plan. Notwithstanding this exception, in the event that you require emergency transport, we will disclose the restricted PHI to the extent that it is needed to provide such treatment.

You have a right to revoke any prior written authorization for disclosure of your PHI, to the extent that (Covered Entity) has not already relied on the authorization, and provided that the revocation is made in writing.

### **Complaints**

If you believe your privacy rights have been violated, you should immediately contact our Privacy and Security Official. We will not take any action or seek any retaliation whatsoever against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

### **Contact Person**

If you have any questions or would like further information about this notice, please contact NAVAC's Privacy Officer at (315)458-7514 or by mail at P.O. Box 215, North Syracuse, NY 13212.