

## Penfield Volunteer Emergency Ambulance Service, Inc. Privacy Notice

**IMPORTANT:** Please review this Privacy Notice. The notice describes how your medical information may be used and disclosed. The notice also provides information on how you can access your information. If you have any questions about it, please contact the Penfield Volunteer Emergency Ambulance Service Inc. (PVEA) Privacy Officer.

PVEA has made a commitment to maintain 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 attached Notice of Privacy Practices. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality, which the staff of PVEA is committed to following at all times.

**Purpose of This Notice:** PVEA is required by law to maintain the privacy of your 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 PVEA is permitted to use and disclose PHI about you. PVEA 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:** PVEA 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:

- 1. For treatment.** This includes information that we obtain about you and use pertaining to your medical condition and treatment provided to you. It also includes information we give to other health care personnel who participate in your care and treatment, and includes transfer of PHI via fax, electronic means or telephone to other providers as well as providing other medical professionals with a copy of the written record we create in the course of providing you with treatment.
- 2. For payment.** This includes any activities we must undertake in order to get reimbursed 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), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- 3. 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 and certain marketing activities.

**Use and Disclosure of PHI without Your Authorization.** PVEA is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For use in treating you or in 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 or entity for the payment activities of the provider or entity that receives the information (such as a hospital or insurance company);
- To another health care provider 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 that relationship;
- For health care 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 if we obtain your written or 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.
- 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 (or their contractors) investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, 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 coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by 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. In the event of a breach of protected patient health information, PVEA has a duty to notify the patients affected following a breach of their unsecured PHI.

**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 offices and inspect and request a copy of 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 copies of any medical information that you have the 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 access to your PHI, and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and obtain copies of your medical information, you should contact the PVEA Privacy Officer.

**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, such as 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 PVEA Privacy Officer.

**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 that we have made in the last six years prior 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 or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility. We are also not required to give you an accounting of our uses of protected health information 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 PVEA Privacy Officer.

**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 have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and 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. PVEA is not required to agree to any restrictions you request, but any restrictions agreed to are binding by PVEA EXCEPT if a patient pays out of pocket for a healthcare service and requests PVEA to restrict disclosure of the PHI to the patient's health plan, then the PVEA must agree to the restriction unless the disclosure is required by law. Patients have a right to pay out of pocket.

**Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request:** If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice. Request to transmit PHI to a third party must be in writing, signed by the individual and clearly identify the designated person and where to send the copy of the PHI. An electronic request with an electronic signature is acceptable.

**Revisions to the Notice:** PVEA 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 office and posted to 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 to 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 with the government. Should you have any questions, comments or complaints, you may direct all inquiries to the Privacy Officer listed at the end of this Notice.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

PVEA Privacy Officer: Mark Harris  
Effective Date of the Notice: August 11, 2014