

**Lake Placid Volunteer Ambulance Service
Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT, UTILIZING THE SERVICES OF THIS AMBULANCE SERVICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

The Lake Placid Volunteer Ambulance Service is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our service concerning you PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by the Lake Placid Volunteer Ambulance Service. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records that our service has created or maintained in the past and for any of your records that we may create or maintain in the future. Our service will post a copy of our current Notice in our station in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT:

(518) 523-9745

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

1. Treatment. Our service may use or disclose your PHI in order to assist others in your treatment.

2. Payment. The Lake Placid Volunteer Ambulance Service may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for

benefits (and for what range of benefits), and we may provide your insurer with details regarding the nature of your transport including symptoms or diagnoses to determine if your insurer will cover, or pay for, your transport. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services.

3. Health Care Operations. The Lake Placid Volunteer Ambulance Service may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your PHI for our operations, our service may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our service.

4. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a friend may escort you to the hospital and require some information to determine what your need may be (ex: will you need a ride home). Therefore, some of your PHI may be shared.

5. Disclosures Required By Law. The Lake Placid Volunteer Ambulance Service will use and disclose your PHI when we are required to do so by federal, state or local authorities.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks. The Lake Placid Volunteer Ambulance Service may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintenance of vital records, such as births and deaths
- Mandatory reporting, such as child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notification of a person regarding potential exposure to a communicable disease
- Notification of a person regarding a potential risk for spreading or contracting a disease or condition
- Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities. The Lake Placid Volunteer Ambulance Service may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

3. Lawsuits and Similar Proceedings. The Lake Placid Volunteer Ambulance Service may use and disclose your PHI in response to a court order or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

4. Law Enforcement. We may release PHI if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain a person's agreement
- Concerning the data we believe has resulted from criminal conduct
- Regarding criminal conduct in our offices
- In response to a warrant, sometimes, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of a crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. The Lake Placid Volunteer Ambulance Service may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. The Lake Placid Volunteer Ambulance Service may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use for PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (c) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our service;

7. Serious Threats to Health or Safety. The Lake Placid Volunteer Ambulance Service may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.

8. National Security. The Lake Placid Volunteer Ambulance Service may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. The Lake Placid Volunteer Ambulance Service may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security

of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation. The Lake Placid Volunteer Ambulance Service may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our service communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact your home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this notice, specifying the requested method of contact, or the location where you wish to be contacted. Our service will accommodate reasonable request. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction and are used for disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, and when the information is necessary to treat you. In order to request a restriction in our use of a disclosure of your PHI, you must make a request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our service's use, disclosure or both; and
- To whom you want the limits to apply

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our Privacy Officer, at the address on this notice, in order to inspect and/or obtain a copy of your PHI. The Lake Placid Volunteer Ambulance Service may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the Lake Placid Volunteer Ambulance Service maintains the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, at the address on this notice. You must provide us with a reason that supports your request for amendment. The Lake Placid Volunteer Ambulance Service will deny your request if you fail to submit to request (and the reason supporting your request) in writing. Also, we may deny a request if you ask us to amend information that is in our opinion: (a)

accurate and complete; (b) not part of the PHI kept by or for the service; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our service, unless the individual or entity that created the PHI is not available to amend the information.

5. Accounting of Disclosures. All patients utilizing our services have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine care in our practice is not required to be documented for an “accounting of disclosures”. For example, the billing department using your PHI to file your claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, at the address on this notice. Request for an “accounting of disclosures” must state a time period no longer than six (6) years from the date of disclosure and may not include dates before the April 14, 2003

6. Write to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice contact our privacy officer, at the address on this notice.

7. Write to File a Complaint. If you believe your privacy rights have violated, you may file a complaint with the Lake Placid Volunteer Ambulance Service or with the Secretary of the Department of Health and Human Services. To file a complaint with our service, contact our Privacy Officer, at the address on this notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. The Lake Placid Volunteer Ambulance Service will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health information privacy policies please contact:

Paulette Fay
(518) 523-9745
Lake Placid Volunteer Ambulance Service
P.O. Box 107
River Street
Lake Placid, New York 12946