

NOTICE OF PRIVACY

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

Contact Information		
Privacy Officer:	Connie Levkovich	cbright@respectambulance.com
EMS Coordinator:	Geoffrey Coder	coder@respectambulance.com

Notice of Privacy As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Questions regarding this notice may be directed to the above contact information.

This Notice of Privacy describes how our company may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Our Company is dedicated to maintaining the privacy of your protected health information.

We are required to abide by the terms of this Notice of Privacy. We may revise or amend the terms of our notice, at any time. The new notice will be effective for all protected health information that we have at that time and for future information. We will post our current Notice in our office in a visible location at all times and upon your request, we will provide you with any revised Notice.

DISCLOSURES

Uses and Disclosures to carry out treatment, payment or health care operations:
Under HIPAA regulations, we do not need to obtain permission to use health information for treatment, payment and health care operations. We may use and disclose your Protected Health Information (PHI) for the following reasons:

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we provided for you.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of (company name). These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, certification activities. We will share your protected health information with third party “business associates” that perform activities (e.g., billing) for the company. However, whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Appointment Reminders (if applicable) We may use or disclose your protected health information, as necessary, to contact you to remind you of appointments or prescheduled transports.

Treatment Options and Services (if applicable) We may use or disclose your protected health information, as necessary, to provide you with information about transport alternatives or other health-related benefits and services that may be of interest to you. However, we will get a written authorization from you for further marketing purposes.

Uses and disclosures that you can agree or object to

We may use and disclose your protected health information in the following instances, which you have the opportunity to object to:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall allow you to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

Uses and disclosures that we will obtain your written authorization for Marketing for most marketing purposes, we will obtain your written consent.

Uses and disclosures for which and authorization or opportunity to agree or object to is not required

We may use or disclose your protected health information in the following situations:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Maintenance of Vital Records: We may report data such as births and deaths.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law

enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the company and (6) medical emergency (not on the company's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. Otherwise, we will ask for a written authorization from you.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the Company use for making decisions about you. This may not include psychotherapy notes.

You must submit your request in writing to:

RESPECT Ambulance Company Inc.,

1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

In order to inspect and/or obtain a copy of your PHI. Our Company may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our Company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Please contact the EMS Coordinator or Privacy Officer at (717) 412-7965 if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. You may request a restriction by contacting:

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

You have the right to request that our Company 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 you at home, rather than work. In order to request a type of confidential communication, you must make a written request to us specifying the requested method of contact, or the location where you wish to be contacted. Our Company will accommodate reasonable requests. You do not need to give a reason for your request.

You may have the right to have the company amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, for example if we think the information is correct, or was not created by our Company, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Please contact our EMS Coordinator or Privacy Officer to determine if you have questions about amending your medical record. To file an amendment, your request must be in writing and must be submitted to us at:

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Statement. Accounting is not required for disclosures we may have made to you, incidental disclosures, disclosures you have authorized, disclosures for a facility directory, disclosures to family members or friends involved in your care, or disclosures made to carry out treatment, payment or health care operations. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003 up to a six year timeframe. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. In order to obtain an accounting of disclosures, you must submit your request in writing to the EMS Coordinator or Privacy Officer at:

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

The Company may charge you for additional lists within the same 12-month period. Our Company will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. You have a right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy even if you have agreed to receive an electronic copy of the Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact EMS Coordinator or Privacy Officer at:

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

You have a right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with our Company or with the Secretary of the Department of

Health and Human Services. To file a complaint with our Company, EMS Coordinator or Privacy Officer:

RESPECT Ambulance Company Inc.,
1993 Hummel Avenue, Suite 100
Camp Hill, PA 17011
(717) 412-7965
contact@respectambulance.com

All complaints must be submitted in writing. You will not be penalized for filing a complaint. This notice was published and becomes effective on June 1, 2011.

Definition of Terms:

Business Associate (BA): A person or organization that performs an activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, and company management, on behalf of a covered entity, but is not part of the covered entity's workforce. A business associate can also be a covered entity in its own right.

Covered Entity (CE): Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

Designated Record Set: A group of records maintained by or for a covered entity that is:

- The medical records and billing records about individuals maintained by or for a covered health care provider;
- The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Used, in whole or in part, by or for the covered entity to make decisions about individuals.

Health Information: any information, whether oral or recorded in any form or medium, that

- is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse, and
- relates to the past, present or future physical or mental health of condition of an individual, the provision of health care to an individual, or the past, present or future payment for provision of health care to an individual.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

Also known as the Kennedy- Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.Accountability Act of 1996.

Individually identifiable data is data that can be readily associated with a specific individual. Examples would be a name, a personal identifier, or a full street address. If life was simple, everything else would be non-identifiable data. But even if you remove the obviously identifiable data from a record, other data elements present can also be used to re-identify it. For example, a birth date and a zip code might be sufficient to re-identify half the records in a file. The re-identifiability of data can be limited by omitting, aggregating, or altering such data to the extent that the risk of it being re-identified is acceptable.

Individually Identifiable Health Information (IIHI) and Protected Health Information (PHI) Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and:

- (1) Is created or received by a health care provider,
- (2) relates to past, present or future health condition, provision of health care or payment for health care; and
 - a. That identifies the individual; or
 - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected health information means individually identifiable health information with a few statutory exemptions.

Marketing: Marketing means to make a communication about a product or service a purpose of which is to encourage recipients of the communication to purchase or use the product or service.

Marketing does not include:

- (i) describing the entities participating in a health care provider network or health plan network, or for the purpose of describing if and the extent to which a product or service (or payment for such product or service) is provided by a covered entity or included in a plan of benefits; or
- (ii) communication made by health care provider as part of treatment or to further treatment or to recommend alternative treatments, health care providers, therapies or settings for care
- (iii) the communication is made orally
- (iv) the communication is in writing and the covered entity does not receive direct or indirect remuneration from a third party for making the communication.

Minimum Scope of Disclosure or “Minimum Necessary”: The principle that, to the extent practical, individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.

Treatment, Payment and Health Care Operations

Treatment includes consultation, referral, coordination and management of care

Payment - activities of provider to obtain reimbursement, including: determinations of eligibility, billing, utilization review, and disclosure relating to collections

Health Care Operations – include any of the following:

- (i) Quality assessment and improvement
- (ii) Credentialing activities and education and training programs
- (iii) Arranging for medical review, legal services, auditing
- (iv) Business planning and development
- (v) Business management and administration

IDENTIFY PRIVACY OFFICIAL AND CONTACT PERSON, POLICY

General Requirements:

A covered entity must designate a privacy official who will be responsible for the development and implementation of the policies and procedures that comply with the HIPAA regulations.

A covered entity must also designate a contact person or office that is responsible for:

- receiving complaints concerning the substance of the provider’s HIPAA policies and procedures
- receiving complaints concerning the covered entity’s compliance with such policies and procedures or with the requirements of the HIPAA Privacy Rule generally; and
- providing further information about matters covered by the notice of privacy required by 164.520 of the HIPAA Privacy Rule

Policies and Procedures:

A written or electronic record of the designation of the privacy official and the contact person/office must be maintained.

Identity of Contact Person:

The contact person may be, but is not required to be, the same individual as the privacy official.

The choice in that regard is left to the discretion of the covered entity.
