

**NORTHWEST EMERGENCY MEDICAL SERVICES INC.  
NOTICE OF PRIVACY PRACTICES OF PROTECTED HEALTH INFORMATION**

**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.**

***Purpose of this Notice:*** Northwest Emergency Medical Services Inc. (Northwest EMS) 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 Northwest EMS is permitted to use and disclose PHI about you.

Northwest EMS 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:*** Northwest EMS 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:

For treatment. This includes such things as verbal and written information about you to use concerning your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care. It includes transfer of PHI by 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 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.

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, fundraising, and certain marketing activities.

Fundraising. We may contact you when we are in the process of raising funds for Northwest EMS, or to provide you with information about our annual subscription program.

In addition, we may use your PHI for certain fundraising activities. For example, we may use PHI that we collect about you, such as your name, home address, phone number or other information, in order to contact you to raise funds for our agency. We may also share this information with another organization that may contact you to raise money on our behalf. If Northwest EMS does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from Northwest EMS. If you do not want to be contacted for our fundraising efforts, you should contact our HIPAA Privacy Officer in writing or by phone. Contact information for our HIPAA Privacy Officer is listed at the end of this Notice.

We will also remind you of this right to opt out of receiving future fundraising communications every time that we use your PHI to conduct fundraising and contact you to raise funds. Northwest EMS will not condition the provision of medical care on your willingness, or non-willingness, to receive fundraising communications.

Reminders for Scheduled Transports and Information on Other Services. We may contact you to remind you about 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.

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

For treatment, obtaining payment for our services, or in other health care operations.

To another health care provider (such as the hospital to which you are transported) for their health care operations activities 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, a close personal friend, or another individual involved in your care if we obtain your verbal agreement to do so, or if you have an opportunity to object to a disclosure and you do not object. We may also disclose health information to your family, relatives, friends, or other person who is involved in your care if we reasonably infer from the circumstances that you would not object. For example, we may assume you agree to disclosing your personal health information to your spouse when your spouse has called the ambulance for you. In situations when you are incapable of objecting (you are not present, or you are incapacitated, or a 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 a 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 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

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and 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). Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. **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.**

***Your Rights Regarding Your Protected Health Information:*** As a patient, you have a number of rights concerning the protection of your PHI, including:

Right to access, inspect, and copy your PHI. You have the right to inspect, or obtain a copy, or both, of most of the medical information that we maintain about you. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable cost-based fee for access or copies of your PHI, subject to the limits of applicable state law. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative), and you clearly identify the designated person and where to send the copy of your PHI.

We have forms available 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 copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to request and amendment to your PHI. You have the right to ask us to amend medical information that we may have about you. When required by law, 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, like when we believe the information you have asked us to amend is correct. If you disagree with the denial, you may submit a written statement of disagreement. Contact our Privacy Officer if you wish to request that we amend medical information about you.

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 from/to which we have transported you. 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. Contact our Privacy Officer 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 requirements.

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 for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare.

However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. We are required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid us in full. We are also required to abide by any restrictions that we agree to. However, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment.

A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by Northwest EMS as long we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Privacy Officer and make a request in writing.

Right to notice of a breach of unsecured protected health information. If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail sent to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Privacy Officer to inform us of this preference and to provide us with a valid e-mail address to send the electronic notice. You may withdraw your agreement to receive notice by electronic mail at any time by contacting the Northwest EMS Privacy Officer.

Right to request confidential communications. You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by e-mail rather than regular mail). However, we will only comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Privacy Officer and make a request in writing.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. 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.

Revisions to the Notice: Northwest EMS Inc. is required to abide by the terms of the version of this Notice currently in effect. However, Northwest EMS 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Privacy Officer.

***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 to 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. Individuals will not be retaliated against for filing a complaint.

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

Privacy Officer  
Northwest Emergency Medical Services Inc.  
380 West Bainbridge Street  
Elizabethtown, PA 17022  
717-361-8220

*Effective Date of the Notice:* September 23, 2013