



PATIENT PRIVACY NOTICE WASHINGTON COUNTY AMBULANCE SERVICE

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 CAREFULL Y.

If you have any questions about this Notice of Privacy Practices (hereinafter, "Privacy Notice") contact the Washington County Privacy Officer, Jeremy Peck. (Contact information for the privacy officer can be found on the last page of this notice.)

This Privacy Notice describes how Washington County Ambulance 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 our rights to access and control your protected health information ("PHI"). "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.

Washington county Ambulance is required to abide by the terms of this Privacy Notice. Washington County Ambulance may change the terms of this notice, at any time. The new notice will be effective for all PHI that Washington County Ambulance maintains at that time. Upon request, Washington County Ambulance will provide you with any revised Privacy Notice.

PERMITTED USES AND D'SCLOSURES OF PHI

Your PHI may be used and disclosed by Washington County Ambulance for the purpose of providing or accessing health care services for you. Your PHI may also be used and disclosed to pay your health care bills and to support the business operation of Washington County Ambulance.

The following categories describe ways that Washington County Ambulance is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways Washington County Ambulance is permitted to use and disclose information falls into one of these categories:

1) Treatment:

Washington County Ambulance may 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 that has already obtained your permission to have access to your PHI (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone or other electronic means to the hospital 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.

2) Payment;

Washington County Ambulance may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. Washington County Ambulance may also discuss your PHI about a service you are going to receive to determine whether you are eligible for the service, and for undertaking 1)

Required By Law

The Washington County Ambulance may use or disclose your PHI to the extent that the law requires the use or disclosure. You will be notified, as required by law, of any such uses or disclosures.

2) Public Health

The Washington County Ambulance may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Washington County Ambulance may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

3) Communicable Diseases

Washington County Ambulance may disclose your PHI, 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.

4) Health Oversight

Washington County Ambulance may disclose your PHI 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.

5) Abuse or Neglect

Washington County Ambulance may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the Washington County Ambulance may disclose your PHI if it believes 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.

6) Food and Drug Administration

Washington County Ambulance may disclose your PHI to a person or company required by the food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or other lawful process.

7) Legal Proceedings

Washington County Ambulance may disclose PHI 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.

8) Law Enforcement

Washington County Ambulance may also disclose PHI, 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 Washington County Ambulance's premises, and (6) medical emergency (not on the Washington County Ambulance's premises) and it is likely that a crime occurred.

17) Marketing, Fundraising and Sale of PHI

Washington County Ambulance does not ever use PHI for marketing or fundraising purposes and does not sell PHI in any way. Washington County Ambulance will not release your PHI for any of these purposes.

YOUR RIGHTS

The following are a list of your rights with respect to your PHI and a brief description of how you may exercise these rights:

RIGHT TO INSPECT AND COPY YOUR PHI

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as the Washington County Ambulance maintains the PHI. A "designated record set" contains medical and billing records and any other records that Washington County Ambulance uses in making decisions for about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Washington County Chief Privacy Officer if you have questions about access to your medical record.

RIGHT TO REQUEST A RESTRICTION OF YOUR PHI

This means you may ask Washington County Ambulance not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Washington County Ambulance is not required to agree to a restriction that you may request, except in the case of a disclosure you have restricted under 45 C.F.R. 5164.522(a)(1)(vi) related to restricted disclosures to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you have (or someone other than you but not the health plan has) paid out-of-pocket, in full. If Washington County Ambulance believes that it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If Washington County Ambulance does agree to the requested restriction, it may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with Washington County Ambulance. You may request a restriction in writing to the

Washington County Privacy Officer. To request a restriction, you must provide us, in writing 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM THE WASHINGTON COUNTY AMBULANCE BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

Washington County Ambulance will accommodate reasonable requests. Washington County Ambulance may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Washington County Ambulance will not request an explanation from you as to the basis for the request. Please make this request in writing to the Washington County Ambulance Privacy Officer.