**Notice of Privacy Practices**

**IMPORTANT: 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.**

**EmergyCare** is committed to protecting your personal health information. We are required by law to maintain the privacy of health information that could reasonably be used to identify you, known as "protected health information" or "PHI." We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

**PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT EMERGYCARE'S HIPAA COMPLIANCE OFFICER AT 814-870-1010.**

**Purpose of This Notice:** This Notice describes your legal rights, advises you of our privacy practices, and lets you know how EmergyCare is permitted to use and disclose PHI about you.

**Uses and Disclosures of Your PHI: We Can Make Without Your Authorization:** EmergyCare may continue to use and disclose your PHI about you, without your authorization, or without providing you with an opportunity to object, for the following purposes:

**Treatment.** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone or written record to the hospital or dispatch center.

**Payment.** This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies, managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

**Healthcare 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 EmergyCare 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 EmergyCare does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from EmergyCare. If you do not want to be contacted for our fundraising efforts, you should contact our HIPAA Compliance Officer, in writing or by phone. Contact information for our HIPAA Compliance 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. EmergyCare 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 also contact you with a reminder of 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.

**Other Uses and Disclosure of Your PHI We Can Make Without Your Authorization:** EmergyCare is also permitted to use or disclose your PHI without your written authorization in situations including:

- For the treatment activities of another healthcare provider;
- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another healthcare provider (such as the hospital to which you are transported) for the healthcare 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 healthcare fraud and abuse detection or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

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; and
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.

Uses and Disclosures of Your PHI That Require Your Written Consent: 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 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 PHI: As a patient, you have a number of rights with respect to your PHI, including:

Right to access, copy or inspect your PHI. You have the right to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer, to make a request in writing. You have the right to receive a copy of certain disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer listed below and make a request in writing. We will normally provide you with access to this information within 30 days of your request and 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 our HIPAA Compliance Officer listed below.

Right to request an accounting of uses and disclosures of your PHI. You may request an accounting from us of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer listed below and make a request in writing. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends, or (d) disclosures made for law enforcement or certain other governmental purposes.

Right to request restrictions on 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. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Compliance Officer listed below and make a request in writing. EmergyCare is required to abide by a restricted request 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 EmergyCare in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, 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 if we determine the disclosure is needed to provide you with emergency treatment. 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.

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 dispatched to the most recent address that we have on file. If you prefer to be notified by electronic means, please contact our HIPAA Compliance Officer, to make EmergyCare aware of this preference and to provide a valid email address to send the electronic notice. You may also request (a) to have a copy of the Notice mailed to you; (b) to have us send your PHI to another entity; and (c) to have your name removed from our records of PHI. If you wish to make a request for amendment and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Compliance Officer listed below and make a request in writing. EmergyCare is 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 EmergyCare in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, 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 if we determine the disclosure is needed to provide you with emergency treatment. 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.

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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 email 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 Compliance Officer listed below and make a request in writing. Internet, Email and the Right to Obtain Copy of Paper Notice: 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: EmergyCare is required to abide by the terms of the version of this Notice currently in effect. However, EmergyCare 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 Compliance Officer listed 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 that 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 our HIPAA Compliance Officer listed below. 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:

HIPAA Compliance Officer
 EmergyCare
 1926 Peach Street
 Erie, PA 16502
 814-870-1010

Effective Date of the Notice: 9/23/2013
Updated: 5/6/2021