

NOTICE OF PRIVACY PRACTICES OF MEDIC-1 AMBULANCE SERVICE, INC.

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. If you have any questions about this notice, please contact our Administration Department.

As an essential part of our commitment to you, Medic-1 Ambulance Service, Inc., (Medic-1) maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with this Notice of Privacy Practices.

This Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and legal rights, but lets you know, among other things, how Medic-1 is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Medic-1 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.

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

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe ways that we may use and disclose health information that identifies your PHI. Some of the categories include examples, but every type of use or disclosure of PHI in a category is not listed. Except for the purposes described below, we will use and disclose PHI only with your written permission. If you give us permission to use or disclose PHI for a purpose not discussed in this notice, you may revoke that permission in writing, at any time addressed to our Administration Department.

- **For Treatment.** We may use PHI to treat you or provide you with health care services. We may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our facility who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give PHI to a specialist to provide you with additional services.

- **For Payment.** We may use and disclose PHI so that we or others may bill or receive payment from you, an insurance company or third party for the treatment and services you received. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use PHI to review the treatment and services we provide to ensure that the care you receive is of the highest quality.
- **Fundraising Activities.** We may use PHI to contact you when we are in the process of raising funds for Medic-1, or to provide you with information about an annual subscription program.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Research** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose PHI for research, though, the project will go through a special approval process. This process evaluates a proposed research project and its use of PHI to balance the benefits of research with the need for privacy of PHI. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy of any PHI.

SPECIAL CIRCUMSTANCES

- **As Required By Law.** We will disclose PHI when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the

public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

- **Business Associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions of services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Worker's Compensation** We may release PHI for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the office in certain limited circumstances concerning work place illness or injury. We also may release PHI to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a

subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release PHI if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmate or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

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). **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

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

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. To inspect and copy this PHI, you must make your request, in writing, to our Administration Department.
- **Right to Amend.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request, in writing, to our Administration Department.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of PHI we made. To request an accounting of disclosures, you must make your request, in writing, to your Administration Department.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. To request a restriction, you must make your request, in writing, to our Administration Department. ***We are not required to agree to your request.*** If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request, in writing, to our Administration Department. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of this Notice** You have the right to a paper copy of this 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 our Administration Department.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have as well as any information we receive in the future. We will post a copy

of the current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Medic-1 or the Secretary of Department of Health and Human Services. To file a complaint with Medic-1, contact the Administration Department, Medic-1 Ambulance Service., 5462 Irwindale Avenue, Suite B. Irwindale, CA 91706 (626)385-0440.

All complaints must be made in writing. **You will not be penalized for filing a complaint.**