

# **Tri-Community Ambulance Service Inc.**

## **HIPAA Privacy Notice**

**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.**

### **Introduction**

Tri-Community Ambulance Service, Inc. is required by law to maintain the privacy of “protected health information.” Protected health information includes any identifiable information that we obtain from you or others that relates to your physical or mental health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain . You can always get a copy on our website at [www.tricommunityambulance.org](http://www.tricommunityambulance.org) or you request a copy of your most current privacy notice from our Privacy Officer at the following address.

Tri-Community Ambulance Service, Inc.  
PO Box 241  
Sanborn, NY 14132  
Attn: Privacy Officer

### **Permitted uses and disclosures of your Protected Health Information - PHI**

We can use or disclose your protected health information for the purposes of treatment, payment, and health care operations. For each category we will explain what we mean and give some examples. However, not every use or disclosure will be listed. The following categories describe different ways in which we may use or disclose your PHI without your written authorization.

**For Treatment.** We may use or disclose your PHI to provide treatment and other services to you. For the provision, coordination or management of your health care. We may also disclose PHI to other providers involved in your treatment. For example, sharing information with medical staff at the hospital.

**For Payment.** We may use or disclose your PHI to bill and obtain payment for services that we provide to you, such as disclosures to file a claim on your behalf and obtain payment from a third party payor, such as Medicare, Medicaid, an employer group health plan, or another health insurer, health plan or program that arranges for or pays the cost of some or all of your health care. We may also tell your health plan or other payor about a proposed treatment to determine whether your payor will cover the cost of treatment.

**For Health care operations** - means the support functions of our services relate to treatment, and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your health information so that others can use this de-identified information to study healthcare delivery without learning who you are.

**Business Associates.** We may contract with certain outside persons or organizations to perform certain services on our behalf, such as billing. At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates and any of their subcontractors to appropriately safeguard the privacy of your information.

**Health Information Exchange Activities.** We may participate with one or more secure health information organization networks (each, an “HIO”), which makes it possible for us to share your PHI electronically through a secure connected network. We may share or disclose your PHI to these HIOs. Physicians, hospitals and other health care providers that are connected to the same HIO network as the Facilities can access your PHI for treatment, payment and other authorized purposes, to the extent permitted by law. You may have the right to “opt-out” or decline to participate in networked HIOs. The Facilities will provide you with additional information about the HIOs that they participate in, including information about your right to opt-out of the HIO, as applicable. If you choose to opt-out of data-sharing through HIOs, we will no longer share your PHI through an HIO network.

**Disaster Relief Organizations.** We may disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location and general condition, unless you request that this information not be provided.

**Limited Data Set.** We may create a “limited data set” (i.e., a limited amount of medical information from which almost all identifying information such as your name, address, Social Security number and medical record number have been removed) and share it with those who have signed a contract promising to use it only for research, public health, or healthcare operations purposes and to protect its confidentiality.

**As Required by Law.** We will disclose your PHI when required and/or authorized to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities.** We may disclose your PHI for public health purposes, which generally include the following: (1) for the purpose of preventing or controlling disease (e.g., cancer or tuberculosis), injury, or disability; (2) to report child abuse or neglect; (3) to report adverse events or surveillance related to food, medications or defects or problems with products; (4) to alert persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report findings to your employer concerning a work-related illness or injury or workplace related medical surveillance; (6) to help device manufacturers notify you of recalls, repairs or replacements of products you may be using; (7) to report vital events such as births and deaths; and (8) to notify the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose your PHI in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process.

**Law Enforcement.** We may release health information to law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner as authorized by law.

**Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**National Security and Intelligence Activities.** We may use or disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**De-Identification.** We may de-identify your PHI and tissue samples and use such de-identified health information and de-identified tissue samples for research, analysis, or other purposes, to the extent permitted by law.

## Your Rights Regarding Your Protected Health Information

You have several rights related to your Protected Health Information. You may obtain the forms needed to exercise the following rights by contacting the Privacy Office using the contact information below:

**Right to Request Restrictions.** You have a right to request restrictions or limitations on our use or disclosure of your PHI. If you wish to request such restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions; provided, however, that we must agree to a request to restrict disclosures of PHI to your health plan for payment or health care operations purposes if you have paid us out-of-pocket for the item or service that is the subject of the PHI. If we do agree to a restriction, we will inform you of our agreement in writing and we will comply with your request, unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have a right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable written requests. You must specify how or where you wish to be contacted (alternative means of communication or at alternative locations).

**Right to Inspect and Copy Your Health Information.** You have a right to access and inspect your medical and billing records maintained by us and to request copies of the records in either paper or electronic form. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office or HIM. We may charge you a reasonable cost-based fee for our labor, supplies, and postage costs if you request that we mail the copies to you.

**Right to Amend Your Records.** If you believe that the medical information that we have about you is incorrect or incomplete, you have the right to request that we amend PHI maintained in your medical record or billing records, or add an addendum (addition to the record). If you desire to amend your records, you will need to complete and submit a form for requesting amendments, which is available from HIM or the Privacy Office. We will comply with your request unless we believe that the current information (i) is accurate and complete, (ii) was not created by our healthcare team, (iii) is not part of the information kept at our Facilities, or (iv) other special circumstances apply. Even if we accept your request, we are not required to delete any information from your medical record.

**Right to Receive an Accounting of Disclosures.** You have the right to receive a list of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide this list of disclosures to you once during any 12-month period without charge. We may charge a reasonable, cost-based fee for each subsequent request for an accounting during the same 12-month period.

**Right to Receive Paper Copy of this Notice.** Upon request, you have a right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

**Right to Change Terms; Questions or Complaints; Contact:**

**Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas in our Facilities and on our website. You also may obtain any new notice by contacting the Privacy Office.

**Questions or Complaints.** If you have any questions about this Notice, please contact the Privacy Office at the number listed below. If you believe your privacy rights have been violated, you may file a complaint with the Facilities or with the US Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a complaint with the Facilities, please contact the Privacy Office. We will not retaliate or take action against you for filing a complaint.

**Privacy Office**

You may contact the Privacy Office at:

Tri-Community Ambulance Service, Inc.  
PO Box 241  
Sanborn, NY 14132  
Attn: Privacy Officer

HIPAA Privacy Office  
**716-731-2604**  
[info@tricomcommunityambulance.org](mailto:info@tricomcommunityambulance.org)

**This Notice replaces all earlier versions.**