

POUND RIDGE LIONS AMBULANCE CORPS
Notice of Privacy Practice

Purpose of this Notice. Pound Ridge Lions Ambulance Corps (“PRVAC”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (“PHI”), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice summarizes PRVAC’s legal responsibilities as well as your legal rights, advises you of our privacy practices, and lets you know how PRVAC is permitted to use and disclose PHI about you. PRVAC is also required to abide by the terms of the version of this Notice currently in effect. We may use this information as described in this notice without your permission. 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.

Uses and Disclosures of PHI. During our interaction with you or a family member, PRVAC may collect non-public information from you necessary to provide services you have requested or utilized when calling 911. PRVAC 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 any information received from you, other medical personnel, or other medical facilities pertaining to your medical condition and treatment. It also includes any information that we give to other health care personnel to whom we transfer your care and treatment. Such information may be transferred via radio or telephone to a hospital or dispatch center.
- *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 submitting bills to insurance companies, making medical necessity determinations and collecting 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, as well as certain other management functions. We may also contact you, as part of our quality assurance activities, to do follow ups on how our care was administered to you.

Patient Rights. As a patient, you have a number of rights with respect to the protection of your PHI, including:

- *The right to access, copy or inspect your PHI.* This means you may inspect and copy most of the medical information about you that we maintain, for a reasonable fee. We will normally provide you with access to this information within 30 days of your request. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. You also have the right to receive confidential communications of your PHI. If you wish to inspect, copy or have any questions regarding your medical information, you should contact our Privacy Officer at 914-764-4545 or you can email PRVAC@optonline.net or write to Privacy Officer, PRVAC, 89 Westchester Avenue, P.O. Box 237, Pound Ridge, NY 10576.
- *The right to amend your PHI.* You have the right to ask us to amend any written medical information that we may have about you.
- *The right to request an accounting.* You may request an accounting from us of certain disclosures of your medical information that we have made in the 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, 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. If you wish to request an accounting, contact our privacy officer.
- *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 that we have about you. PRVAC is not required to agree to any restrictions you request, but any restrictions agreed to by PRVAC in writing are binding on PRVAC.
- *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 our privacy officer.

Revisions to the Notice. PRVAC 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 protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.