

ment or healthcare operations, 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 restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law. If you wish to request a restriction on the use and disclosure of your PHI, you should contact our HIPAA Compliance Officer and make a request in writing.

Right to notice of a breach of unsecured PHI.

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 about breached by electronic mail, please contact our HIPAA Compliance Officer to make Peninsula Ambulance aware of this preference and to provide a valid email address to send the electronic notice.

Right to request confidential communications.

You have the right to request that we send your PHI to an alternative location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). 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 and make a request in writing.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.

PAC maintains a web site at www.peninsulaems.org. A copy of this notice is posted there, and can be accessed by clicking on the "Privacy Notice" link.

If you allow us, we will forward you this Notice electronically instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice.

PAC 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 on our web site. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer.

Your Legal Rights and Complaints.

You also have the right to complain to us, or to the Secretary of the Maine 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.

HIPAA Compliance Officer Contact Information

Alan Henschke
Peninsula Ambulance Corps
PO Box 834
Blue Hill, ME 04614
pac@peninsulaems.org
(207) 374-9955

Effective Date of Notice: April 1, 2015

PENINSULA AMBULANCE CORPS

Notice of Privacy Practices

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.

Peninsula Ambulance Corps (PAC) is required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your protected health information (PHI). We are also required by law to provide you with this detailed Notice of Privacy Practices (Notice) explaining our legal duties and privacy practices with respect to your PHI.

Uses and Disclosures for Treatment, Payment or Healthcare Operations

Peninsula Ambulance may use or disclose your PHI without your authorization for the following purposes:

For treatment. We can use your PHI for 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). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center. We may also provide the hospital with a copy of the record we create in the course of providing treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

For payment. We may use and disclose your PHI for any activity we must undertake in order to get reimbursed for the services that we provide to you. This includes organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to other healthcare entities that receive PHI from us

for their payment activities.

For healthcare operations. We may use or disclose your PHI for activities such as quality assurance, 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, and certain marketing activities. We may also disclose your PHI to other healthcare entities that receive PHI from us for similar purposes provided said entities have had a relationship with you and the PHI pertains to that relationship.

Fundraising. We may contact you when we are in the process of raising funds for Peninsula Ambulance. We may also share this information with another organization that may contact you to raise funds on our behalf. You have the right to opt out of such fundraising communications from Peninsula Ambulance by contacting us.

Reminders for scheduled transports and information on other services.

We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization. PAC is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care.
- To a public health authority in certain situations as required by law (such as reporting a birth, death, abuse, neglect, or domestic violence), as part of a public health investigation,

to report adverse events such as product defects, or to notify a person about possible exposure to a communicable disease, as required by law;

- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant or when the information is needed to locate a suspect or to stop a crime;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- 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;
- For research projects, but this will be subject to strict oversight
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time by contacting us, except to the extent that we have already used or disclosed medical information in reliance on that authoriza-

tion. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out your treatment, payment or healthcare operations purposes, or (b) marketing purposes when we receive payment or make a marketing communication. **Peninsula Ambulance does not engage in the sale of your PHI.**

Your Rights Regarding Your PHI

As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI.

You have the right to inspect and obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to our HIPAA Compliance Officer, and by filling out an access request form.

The right to request an amendment to your PHI.

You have the right to ask us to amend to amend PHI that we maintain about you. Requests for amendment to your PHI should be made in writing. You should contact our HIPAA Compliance Officer if you wish to make a request for amendment.

The right to request an accounting of certain disclosures of your PHI.

You may request an accounting of certain disclosures of your PHI. Peninsula Ambulance will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to make a request for accounting of disclosures of your PHI that are subject to the accounting requirement, please contact our HIPAA Compliance Officer and make a request in writing.

The 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 PHI for treatment, pay-