

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.

Cooperstown Medical Transport, Inc. ("CMT Ambulance") is required by applicable federal and state laws to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. CMT Ambulance is also required to abide by the terms of the version of this Notice currently in effect. We reserve the right to change our practices and apply the revisions to previously created and/or obtained information.

➤ COLLECTION OF INFORMATION

We collect and retain information necessary for us to provide the services you utilized by requesting us directly either by telephone or through the 911-system. In the case of an interfacility transfer, we are usually contacted by the sending facility. In the course of providing our services we may collect non-public, confidential information. This is done upon contact with you, a family member who has an interest in your care and well being, your health care provider and/or another agency or facility providing you with medical care. Information that is collected and used can include demographic, medical, and billing information.

➤ USES AND DISCLOSURES OF INFORMATION

We may use and/or share certain PHI with other agencies, facilities, companies and/or individuals, including other health care providers providing care, inquiring about benefits, processing insurance claims, insurance coverage & eligibility verification, payment purposes, individuals, family and/or legal representatives acting on your behalf, and to comply with legal or regulatory requirements.

- **For treatment:** This can include such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- **For payment:** This can include any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to patients and/or insurance companies, making medical necessity determinations, insurance coverage and eligibility verification, reviewing your services to determine if they are / were appropriately authorized or certified in advance of your care, collecting outstanding accounts, and for workers' compensation purposes in compliance with workers' compensation laws.
- **For health care operations:** This includes dispatching of ambulances, certification, training programs and quality assurance / quality improvement activities to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- **To You:** We must disclose your protected health information to you. Refer to *patient rights* below.
- **To authorized family and/or friends:** We will only disclose the minimum necessary information for treatment, payment, and/or health care operations purposes. You can authorize CMT to release information for purposes not listed above or place a restriction on the release of information for purposes not listed above. Refer to *patient rights* below.
- **As required by law:** This can include to a public health authority for abuse or neglect reporting or to avert a serious threat to the health and safety of a person or the public at large; 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 military, national defense and security and other special government functions; to coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties.

➤ INTERNAL PROTECTION OF INFORMATION / SAFEGUARDS

It is our policy to keep information about you confidential. We have taken the following steps.

- We restrict access to PHI about you to our employees. This restriction is based on a need to know. These are for treatment, payment and health care operations. Employees who may need to access your records can include, but are not limited to, dispatchers, account specialists, administrators, supervisors and/or managers.
- Signed confidentiality statements by our employees
- Secure transport and safe storage of records

- If necessary, complete destruction of records and/or documentation
- Security protections on all computer systems to include passwords and software programs

➤ PATIENT RIGHTS

- **The right to access, copy, or inspect your PHI.** This means for as long as we keep records about you, you may inspect and/or receive a copy of most of the PHI about you that we maintain. We will normally provide you with access to, or a copy of this information within 30 days of your request. In limited circumstances, we may deny you access to certain medical information, as allowed by law. A written and signed request must be made and submitted to our office.
- **The right to receive confidential communications of your PHI.** This means you may request that we communicate with you confidentially about your PHI. We will honor a request to communicate to an alternative location if the request is in writing, reasonable, and a specific alternative location is identified.
- **The right to amend your PHI.** For as long as we keep records about you, you have the right to ask us to amend medical information that we may have about you. We will generally amend your information within 60 days of your request with an additional 30 days if additional response time is needed. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct or we did not create the information.
- **The right to request an accounting.** For as long as we keep records about you, you may request an accounting from us of certain disclosures of your PHI that we have made in the six years prior to the date of your request, but not information used before April 14, 2003. 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. We are also not required to give you an accounting of our uses or disclosures of protected health information for which you have already given us written authorization. You will only be charged a fee for an accounting if you request more than one in a 12 month period. If this is the case, we will notify you of the reasonable fee and you may chose to withdraw or modify your request before we incur any costs.
- **The right to request that we restrict the uses and disclosures of your PHI.** You have the right to request that we place additional restrictions on how we use and/or disclose your PHI. CMT Ambulance is not required to agree to any restrictions you request, but any restrictions agreed to in writing are binding on CMT Ambulance. As permitted by law, we will not honor any requests for restrictions on treatment, payment, and/or health care operations purposes.
- **Internet, Electronic Mail, and the right to obtain a Paper Notice on request.** We will prominently post a current copy of this Notice on our web site, <http://www.cmtambulance.com/hipaa.html> or can be picked up at our office, 81 Averill Rd, Cooperstown, NY during regular business hours. If you allow us, upon request, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice. If you would like a copy of this notice, please provide your name and appropriate address in writing to: CMT PO Box 202, Cooperstown, NY 13326.
- **To restrict disclosures and / or authorize disclosures.** You have the right to request a restriction of disclosures of PHI for any purposes to individuals or organizations. We have the right to deny the request. Any requests agreed to by CMT in writing will be honored. In emergency treatment situations information can be released for treatment purposes, even in the presence of a restriction. You also have the right to authorize disclosures of information other than for payment, treatment, or healthcare operations to individuals or organizations. To restrict or authorize disclosures complete an authorization form and submit it to our office.

➤ YOUR LEGAL RIGHTS and COMPLAINTS

You always have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services ("HHS") if you believe your 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 inquires to our office. Upon your request we will provide you with the address to HHS.

➤ HOW TO CONTACT US

If you have any privacy issues or you wish to request access to your PHI, amendment of your PHI, or an accounting of disclosures of your PHI, a written and signed request must be submitted in person at 81 Averill Rd., Cooperstown, NY or by mail to Cooperstown Medical Transport, Inc., PO Box 202, Cooperstown, NY 13326 ATTN: Accounts Manager and/or Continuous Quality Improvement (CQI) Administrator.

The effective date of this notice is April 14, 2003