

Action Ambulance Service, Inc.

Notice of Privacy Practices

IMPORTANT:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Action Ambulance is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your protected health information (“PHI”). Action is also required by law to provide the attached detailed Notice of Privacy Practices (“NPP”) which outlines Action’s legal duties and privacy practices regarding your PHI.

Uses and Disclosures for Treatment, Payment or Healthcare Operations

Action may use or disclose your PHI *without* authorization for:

Treatment

Action can use your PHI for treatment provided to you by Action and other medical personnel. Action can also share your PHI with other individuals involved in your care, including over the radio or telephone to the hospital or dispatch center, or providing a hospital with a copy of your medical record created by Action for treatment and transport. Action can also share your PHI with other healthcare providers for treatment purposes.

Payment

Action can use and disclose your PHI for reimbursement reasons including submitting bills to insurance companies, managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. Action can disclose your PHI to another healthcare provider or entity that receives your PHI such as your hospital.

Healthcare Operations

Action can use or disclose your PHI for quality assurance activities, licensing, and training programs to ensure that Action meets its standards or care and follows policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that does not individually identify you for data collection purposes, and certain marketing activities. Action may also disclose your PHI to another healthcare provider for healthcare operations of entity so long as entity receiving information has or had relationship with you and your PHI pertains to that relationship.

Reminders for Scheduled Transports and Information on Other Services

Action may contact you to provide a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services provided or other or health-related benefits and services that may be of interest to you.

Other Uses and Disclosures of Your PHI without Authorization

Action is also permitted to use or disclose your PHI *without* your written authorization in the following:

- For healthcare fraud and abuse detection or when necessary for compliance of law;
- To a family member, relative, or other individual involved in your care;
- To a public health authority in certain situations (reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify public about exposure to a possible communicable disease, as required by law;
- For health oversight activities including audits or other actions undertaken by the government by law to oversee the healthcare system;
- For judicial or 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, such as when there is a warrant for the request, 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 worker’s 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, Action may release health information to organizations that handle organ procurement or organ and as necessary to facilitate organ donation and transplantation.

Uses and Disclosures of Your PHI that Require Your Written Authorization

Any other use or disclosure of your PHI, other than listed above, will only be made with your written authorization. You may revoke this authorization at any time by contacting Action. Action must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out Action’s own treatment, payment or health care operation purposes, (b) PHI for marketing when Action receives payment to make a marketing communication, or (c) PHI when engaging in a sale of your PHI.

Your Rights Regarding your PHI

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

Right to access, copy or inspect your PHI

You have the right to inspect and obtain a copy of most of your PHI that is collected and maintained about you. You can also request that this information be transmitted to a third party in writing made to our HIPAA Compliance Officer and by filing out an access request form.

Right to Request an amendment of your PHI

You have the right to ask Action to amend PHI that is maintained about you. Requests should be made in writing to our HIPAA Compliance Officer.

Right to Request an accounting of certain disclosures of your PHI

You may request an accounting of certain disclosures of your PHI. Action will provide an accounting of those disclosures required under

HIPPA. Requests should be made in writing to our HIPPA Compliance Officer.

Right to Request restrictions on uses and disclosures of your PHI

You have the right to request that we restrict how Action uses and discloses your PHI for treatment, payment, or healthcare operation purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. Action is only required to abide by a requested restriction under limited circumstances. If you wish to request a restriction, please do so in writing to our HIPPA Compliance Officer.

Right to Notice of a breach of Unsecured PHI

If Action discovers that there has been a breach of your unsecured PHI, Action will notify you about that breach by first class mail to your last known address. If you prefer to be notified of breaches by email, please contact our HIPAA Compliance Officer.

Right to Request Confidential Communications

You have the right to request that Action sends your PHI to an alternate location or in a specific manner (by email and not mail). Requests should be made in writing to our HIPAA Compliance Officer.

Internet, Email and the Right to Obtain Copy of Paper Notice

A copy of this Notice is posted on Action’s website. You may always request a paper copy of this Notice of Privacy Practice.

Revisions to the Notice

Action is required to abide by the terms of the version of this Notice. However, Action 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 PHI Action maintains. Any material changes to the Notice will be promptly posted in our facility and on the website. If you wish to receive a copy, please contact our HIPAA Compliance Officer.

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 that your privacy rights have been violated. **You will not be retaliated against in anyway for filing a complaint with us or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:**

Action Ambulance HIPAA Compliance Officer:

Donna Nowak

844 Woburn Street

Wilmington, MA 01887

dnowak@actionambulance.com

Effective Date of the Notice: 4/1/2021