

B. Amend PHI

You may ask WCCAS to amend your PHI; requests for amendments should be made in writing to the HIPAA Compliance Officer. WCCAS has forms available to request amendments. Amendments will be made to your PHI within 60 days of receiving your written request, when required by law, and notification of when WCCAS has amended the information will be provided to you. WCCAS reserves the right to deny your request when permitted by law.

C. Request an Accounting of Uses or Disclosures

You may request an accounting of disclosures of your medical information from WCCAS within six (6) years immediately preceding your request; requests for an accounting of disclosures should be made in writing to the HIPAA Compliance Officer, forms for which can be provided. WCCAS is not required to provide an accounting of disclosures of PHI for: a) purposes of treatment, payment or healthcare operations; b) disclosures that you expressly authorized; c) disclosures made for you, your family or friends; or d) disclosures made for law enforcement or certain other governmental purposes.

D. Request Restrictions on Uses or Disclosures

You have the right to request restrictions on how WCCAS uses and discloses your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. WCCAS is only required to abide by a requested restriction under limited circumstances, and it is general policy to not agree to restrictions unless required by law to do so. Requests for restrictions on the use and disclosure of your PHI should be made in writing to the HIPAA Compliance Officer. WCCAS is required to abide by a requested restriction when you ask that PHI is not to be released to your health plan (insurer) about a service for which you or someone on your behalf has paid WCCAS in full. WCCAS is also required to abide by any restrictions agreed upon by WCCAS representatives. However, if you request a restriction that WCCAS has agreed to, and the information that you requested to be restricted is needed to provide you with emergency treatment, WCCAS may disclose the PHI to a healthcare provider insofar as such treatment can be provided to you. Restrictions may be terminated if agreed to or requested by you. Most current restrictions may also be terminated by WCCAS upon notification to you. PHI created or received after the restriction is terminated is no longer subject to the restriction. PHI that was restricted prior to notifying you of the voided restriction will continue to be treated as restricted PHI.

E. Receive Notice of Unsecured PHI Breach

If WCCAS discovers that there has been a breach of unsecured PHI, notification will be made to you about that breach by first-class mail dispatched to your most recent address on file. If you prefer to be notified about breaches by electronic mail, please contact the HIPAA Compliance Officer to make WCCAS aware of this preference and to provide a valid email address to send the electronic notice. You may withdraw your agreement to receive notice by email at any time.

F. Request Confidential Communications

You have the right to request your PHI be sent to an alternate location (i.e. somewhere other than your home address) or in a specific manner (i.e. by email rather than regular mail). WCCAS will only comply with reasonable requests when required by law to do so. Requests for PHI to be communicated in a specific format or to a specific location should be made in writing to the HIPAA Compliance Officer.

G. Obtain Electronic or Paper Copy of Notice

If WCCAS maintains a website, this Notice will be prominently posted on the site. An electronic or paper copy of Notice will be available upon request. If agreed upon, WCCAS will forward you this Notice by electronic mail instead regular mail.

6. Revisions to Notice

WCCAS is required to abide by the terms of the version of this Notice currently in effect. **WCCAS reserves the right to change the terms of this Notice at any time, and to make the new provisions effective immediately and applicable to all PHI that WCCAS maintains.** Any material changes to the Notice will be promptly posted in our facilities and online, if a website is maintained. A current version of this Notice can be obtained by contacting the HIPAA Compliance Officer.

7. Legal Rights and Complaints

If you feel your privacy rights have been violated, you may file a complaint with WCCAS or with the Secretary of the U.S. Department of Health and Human Services. There will be no adverse actions against you for filing a complaint. For questions, comments, to exercise any rights in this Notice or to file a complaint, contact:

WCCAS HIPAA Compliance Officer
202 South Wabash Street
Wabash, IN 46992
(260) 569-9274

Effective Date of Notice: 04/01/2016

Wabash City County Ambulance Service

Notice of Privacy Practices

THIS NOTICE DESCRIBES YOUR LEGAL RIGHTS, ADVISES YOU OF OUR PRIVACY PRACTICES, AND INFORMS YOU OF HOW WABASH CITY COUNTY AMBULANCE SERVICE IS PERMITTED TO USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. PLEASE READ CAREFULLY.

1. Summary of Rights and Obligations Concerning Health Information

Wabash City County Ambulance Service (WCCAS), operated by the **City of Wabash Fire Department**, is required by law to maintain the privacy of healthcare information that could reasonably identify you, known as Protected Health Information (PHI), and to provide you with a Notice of Privacy Practices (Notice) explaining our legal duties and privacy practices with respect to your PHI.

2. Uses and Disclosures of PHI

WCCAS may use or disclose your PHI without your authorization, or without providing you with an opportunity to object, for the following purposes:

A. Treatment

This includes such things as obtaining verbal and written information about your medical condition and treatment provided to you by WCCAS as well as other medical personnel, such as doctors and nurses who give orders to allow WCCAS to provide treatment to you. WCCAS may give your PHI to other healthcare providers involved in your care and treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center. WCCAS may also provide a healthcare facility to which we transfer your care a copy of the written report created in the course of providing you with treatment and transport.

B. Payment

This includes any activities WCCAS must undertake in order to get reimbursed for the services provided to you, including such things as submitting claims to insurance companies, managing billed claims for services rendered, medical necessity determinations, and collecting outstanding accounts.

C. Healthcare Operations

This includes quality assurance activities, licensing, training and continuing education programs to ensure that WCCAS personnel meet standards of care and follow established policies and procedures, obtaining legal and financial services, processing grievances and complaints, as well as other required management functions. WCCAS may also provide such information to other healthcare entities for their healthcare operations.

D. Reminders for Scheduled Transports and

Information on Other Services

WCCAS 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 WCCAS provides.

3. Other Uses and Disclosures of PHI Without

Your Authorization

WCCAS is also permitted to use or disclose your PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- for treatment activities of another healthcare provider who treats you;
- for payment activities of another healthcare provider or entity that receives your PHI (i.e. hospital or insurance company);
- to another healthcare provider (such as the hospital to which you were transported) for the healthcare operations activities of the entity that receives your PHI as long as that entity currently has, or has had in the past, a relationship with you, and the PHI pertains to that relationship;
- for healthcare fraud and abuse detection, or for activities related to compliance with the law;
- to a public health authority in certain situations 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 a person about exposure to a possible communicable disease as required by law;
- to avert a serious threat to the health and safety of a person or the public at large;

- for health oversight activities, including audits or governmental investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or its contractors) by law to oversee the healthcare system;

4. Uses and Disclosures of PHI Requiring Your

Written Consent

Any other use or disclosure of PHI, other than those listed above, will only be made with your **written authorization**; the authorization must specifically identify the information WCCAS seeks to use or disclose, as well as when and how WCCAS seeks to use or disclose it. Specifically, WCCAS must obtain your written authorization before using or disclosing your: a) psychotherapy notes, other than for the purpose of carrying out your own treatment, payment or healthcare operations; b) PHI for marketing when WCCAS receives payment to make a marketing communication; or c) PHI when engaging in a sale of your PHI. **You may revoke your authorization at any time, in writing, except to the extent that WCCAS has already used or disclosed PHI in reliance on that authorization.** WCCAS is not responsible for any further disclosures made by the party to whom you previously authorized WCCAS to release PHI.

5. Patient Rights Regarding PHI

As a patient, you have the following rights regarding your PHI:

A. Access, Copy or Inspect PHI

You may inspect and copy most of the medical information about you that WCCAS maintains. Requests for access to your PHI should be made in writing to the HIPAA Compliance Officer; WCCAS has forms available to request access. In limited circumstances, WCCAS may deny access to your PHI, and you may appeal certain types of denials. WCCAS will provide a written response if your request is denied and will inform you of your appeal rights. Requests to inspect or copy PHI should also be made to the HIPAA Compliance Officer. Access to PHI will be provided within 30 days of receiving your written request; WCCAS may also charge a reasonable fee for providing access to your PHI, subject to applicable state laws. If PHI is maintained in electronic format, you have a right to obtain that information in an electronic format. Requests for copies of PHI to be transmitted directly to another party should be made in writing to the HIPAA Compliance Officer, signed by you or your representative, clearly identifying the designated person and contact information to do so.

- for law enforcement activities in limited situations, such as when there is a warrant for the request, or when information is needed to locate a suspect or prevent a crime;
- for military, national defense and security and other special government functions;
- for worker's compensation purposes, and in compliance with worker's 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;
- to organ donation banks or other organizations that handle organ procurement or organ, eye or tissue transplantation as necessary to facilitate organ donation and transplantation; and
- for research projects subjected to strict oversight and approvals where PHI is released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law.