

Notice of Privacy Practices
Revised: July 2013

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.

If you have any questions about this Notice please contact our Privacy Officer at 914-244-0440 Ext. 4512.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Starnet Emergency Services, Inc. doing business as Westchester EMS ("WEMS") is required to abide by the terms of this Notice, although we may change our privacy Notice at some time in the future. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail. A copy of the current Notice will be published on our web site.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and 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). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of protected health information via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

We also may provide your protected health information to another health care provider (such as the hospital to which you are transported) for your treatment by that provider or for that provider's efforts to obtain payment for services provided to you or for that provider's health care operations.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services, including such things as organizing your protected health information and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts. You have the right to privately pay for services rendered without a bill being submitted to your insurance carrier.

Health Care Operations: We may use or disclose your protected health information in order to support the business activities of WEMS. These activities include, but are not limited to, quality assurance, employee reviews, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to obtain legal and financial services, conduct business planning, process grievances and complaints, create reports that do not individually identify you for data collection purposes and certain marketing activities.

We may share your protected health information with third party "business associates" that perform various activities for WEMS. Whenever an arrangement between our company and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Fundraising: We may contact you when we are in the process of raising funds for WEMS as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

Transport Reminders: We also may contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing, except to the extent that WEMS already has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Permission or Opportunity to Object

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.

Other Permitted and Required Uses and Disclosures that may be Made without your Consent or Authorization

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law.

Public Health: We may disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We also may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a governmental agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, and biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or in connection with post-marketing surveillance, as required by law.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include situations such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for authorized military purposes, as required by law.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

To Coroners: We may disclose your protected health information 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.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy regulations.

2. YOUR RIGHTS

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information that we maintain about you. We may charge you a reasonable fee for copies of your information. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. In order to inspect and copy your health information, you must submit your request in writing to the Privacy Officer.

Please contact our Privacy Officer if you have questions about access to your protected health information.

You have the right to request a restriction of disclosure of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You also may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the protected health information or disclose such information to a health care provider to provide you with emergency treatment. Any request for a restriction must state the specific restriction requested and to whom you want the restriction to apply. WEMS is not required to agree to a restriction that you may request, but any restriction agreed to by WEMS is binding on WEMS. To request a restriction, you must make your request in writing to the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may ask us to contact you at home, rather than at work. You do not have to provide us a reason for this request. We will accommodate **reasonable** requests. We also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Privacy Officer.

You may have the right to have your protected health information amended. This means you may request an amendment of protected health information about you that we maintain. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your protected health information. Your request for an amendment must be in writing and include a description of the reason for the request.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices or as authorized by you in writing. It excludes disclosures we may have made to you, or to family members or friends involved in your care. You may receive specific information regarding other disclosures that occurred after April 14, 2003. To request an accounting of disclosures of your health information, you must submit your request in writing to our Privacy Officer. Your request must state a specific time period for the accounting.

You have the right to receive a notification in the event that there is a breach of your unsecured PHI which requires notification under the Privacy Rule.

You have the right to obtain a paper copy of this Notice from us. Any material changes to this notice will be posted on our web site.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (914) 244 – 0440 Ext. 4512 for further information about the complaint process.