

How to Make a Complaint

You have the right to complain to us, or to the Secretary of the U.S. Department of Health and Human Services, if you believe your privacy rights have been violated. We will not retaliate against you in any way for filing a complaint with the government or us. You may file a complaint with our Privacy Officer who will give you further information about the Complaint Process.

Revisions to This Notice

We reserve 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 that we maintain. Any material changes to the Notice will be promptly posted on our web site. You may obtain a copy of the latest version by contacting our Privacy Officer.

If you have any questions about this Notice, your rights with respect to PHI, or if you wish to file a complaint, please contact:

Privacy Officer

Emergent Health Partners
1200 State Circle, Ann Arbor, Michigan 48108-1691
1-800-507-7847

About privacy ...

Emergent Health Partners makes a significant effort to protect your privacy. The federal government requires that we give you this Notice of Privacy Practices, which is inside this brochure. If you have questions about your privacy or our privacy policy, please call: 1-800-507-7847

This Notice first became effective on April 14, 2003
Revised September 20, 2013

As a full-service prehospital care agency, your local nonprofit community ambulance service provides the following:

- paramedic emergency ambulance service.
- non-emergency ambulance transportation.
- **Mobile Intensive Care Unit** — inter-hospital transportation for the seriously ill or injured.
- special event coverage.
- emergency medical education at **Emergent EMS Education** and other locations. **Call (734) 477-6331.**
- educational presentations for schools and community groups. **Call (734) 477-6781.**

Message to our patients ...

You or a member of your family was treated and/or transported by our ambulance services. We wish you a successful and speedy recovery.

We are committed to providing technologically advanced, high quality, compassionate service to all residents of our community.

If you have questions about the services that we have provided to you, please call one of our paramedic supervisors:

Washtenaw County (734) 477-6342
Wayne/Oakland Counties (734) 459-5778
Jackson County (517) 841-4802
Monroe County (734) 242-3964
Lenawee County (517) 937-1503
Albion area (517) 841-4802

About billing ...

Depending on your insurance coverage, you may receive a bill for our services. If you have any questions about your bill, please call: 1-800-507-7847

HVA · JCA · MCA · LCA · ACA



1200 State Circle
Ann Arbor, Michigan 48108-1691
(734) 971-4420

Nonprofit Community Services

*Accredited by the Commission on
Accreditation of Ambulance Services*

HVA · JCA · MCA · LCA · ACA

Notice of Privacy Practices from your local ambulance service

How confidential information about you may be used and disclosed and how you can access this information

Huron Valley Ambulance
Jackson Community Ambulance
Monroe Community Ambulance
Lenawee Community Ambulance
Albion Community Ambulance



AMBULANCE SERVICE NOTICE OF PRIVACY PRACTICES

This Notice describes how confidential information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our ambulance service is required by law to maintain the privacy of certain health information, known as Protected Health Information (PHI). This brochure provides you with notice of our legal duties and privacy practices with respect to your PHI.

We are required to abide by the terms of the version of the Notice that is currently in effect.

Uses and Disclosures of PHI - Without Your Authorization or Opportunity to Object

We are permitted or required to use your PHI without your written authorization, or an opportunity to object, in certain circumstances, including:

For Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you, as well as others, such as doctors and nurses who give us treatment orders. We may give your PHI to other health care providers involved in your treatment.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that personnel meet our standards of care and follow established policies, procedures and certain other management functions.

For Health Care Oversight and legal compliance activities, including audits or government investigations, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or contractors) by law.

To Public Health Authorities in certain situations as required by law (such as to report abuse, neglect or domestic violence).

For Judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process.

For Law Enforcement: In certain limited circumstances, such as with warrants or where information is needed to locate or respond to a crime or to apprehend an individual who participated in a violent crime or escapee from lawful custody.

Serious Threat to Health or Safety: To prevent or lessen the imminent threat of a person or the public in accordance with federal or state law.

Military Activity/National Security: For certain limited functions or other special government functions.

Organ Donation: If you are an organ donor, to organizations that handle organ procurement/transplantation as necessary to facilitate organ donation and transplantation.

Medical Examiner and Funeral Directors: For identifying a deceased person, determining cause of death, or funeral home activities.

Research: We may use and disclose your PHI to researchers when an institutional review board has reviewed the research proposal and protocols to ensure the privacy of your PHI, and has approved the research.

Workers Compensation: To comply with workers compensation laws and other similar legally established programs.

De-identified Information: We may use and disclose your PHI if it does not personally identify you or reveal who you are.

Fundraising Activities: We are a non-profit organization and may ask you to support our organization. We may use your name and address to contact you for a donation for fundraising purposes. You have the right to elect to opt out of future fundraising or donation requests. If you do not want to be contacted for our fundraising efforts, you can submit a written request to our Privacy Officer. You can also opt out of fundraising communications by calling the following toll free number: 1-800-507-7847. Each time we contact you with respect to fundraising, we will remind you of this right to opt-out of future fundraising communications. In no event will the provision of medical care be conditioned on your willingness to receive fundraising communications.

Any use or disclosure of PHI other than those listed will only be made with your written authorization, which you may revoke at any time, in writing, except to the extent that we have already used or disclosed PHI in reliance on that authorization. The law also requires your written authorization before we may use or disclose: (i) psychotherapy notes, other than for the purpose of carrying out our treatment, payment or health care operations purposes, (ii) any PHI for our marketing purposes or (iii) any PHI as part of a sale of PHI.

Uses and Disclosures of PHI After You Have an Opportunity to Agree or Object

You will be given an opportunity to agree or object before we use or disclose your PHI for the following purposes. However, in emergency circumstances or if you are incapacitated, our staff, in their professional judgment, will determine whether the use or disclosure is in your best interest. Our staff will then release only PHI directly relevant to that person's involvement in your health care:

Family, relatives and close friends: We may disclose PHI to these individuals or any other person that you identify that is directly relevant to that person's involvement in your health care.

Persons responsible for your care: We may disclose PHI to these individuals of your location, general condition or death.

Disaster relief efforts: We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

Patient Rights

Access, Inspection and Copying of Your PHI: You have the right to inspect and copy your PHI that is contained in a designated record set of medical and billing records for as long as we maintain it. In certain circumstances, we may deny your access to PHI, and you may appeal certain types of denials. You must complete a form to request access or copies, and normally we will provide you with access or copies within 30 days. A reasonable fee will be applied for copying. If you wish to inspect and/or copy your PHI, contact our Privacy Officer (designated at the end of this notice). You also have the right to receive confidential communications of your PHI.

Your Right to Amend Your PHI: You have the right to ask us to amend your PHI. We have the right to deny your request if we believe the PHI is correct. If we deny the request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal statement. You will need to complete a request form to amend your PHI which is available from our Privacy Officer. Normally, we will respond to your request to amend within 60 days.

Right to Request a Restriction of the Use or Disclosure of Your PHI: You have the right to ask us to restrict the use and disclosure of your PHI for the purpose of treatment, payment, and health care operations. You may also request that your PHI not be disclosed to family members or friends who may be involved in your care. We are not required to agree to your request; however, if we do agree, we will put our agreement in writing, and will abide by that agreement except to the extent the use or disclosure of such PHI is necessary to provide you treatment in an emergency. You will need to complete a form to request these restrictions, which is available from our Privacy Officer. Notwithstanding the foregoing, we must agree to a restriction on the use or disclosure of your PHI if: (i) the disclosure is for our payment or health care operations purposes and is not otherwise required by law and (ii) you or another person acting on your behalf has paid for our services in full.

Right to Receive an Accounting of Disclosures We Have Made of Your PHI: You may ask for an accounting from us of certain disclosures of your PHI that we have made after April 14, 2003, within the last six years prior to your