

East Area Volunteer Emergency Services, Inc.

Policy for Protected Health Information (PHI)

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Purpose:

The East Area Volunteer Emergency Services [EAVES] and its affiliates are by law required to maintain the privacy of Protected Health Information (PHI). This policy outlines our legal duties and privacy practices as they relate to PHI. It also describes how we may use and disclose PHI, and how you can access this information. This policy will be available on our website and can also be requested via the information provided below.

Scope:

This policy applies to all PHI obtained by EAVES from you or others related to your physical or mental health, the health care you have received, or payment for your health care.

Policy:

1. PHI Privacy and Security:

EAVES is committed to maintaining the privacy and security of your PHI. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by its terms. We will comply with the provisions of this policy. We also reserve the right to change the terms from time to time, while making the revised notice effective for all PHI we maintain.

2. Permitted Uses and Disclosures of PHI:

EAVES may use or disclose your PHI for treatment, payment, and healthcare operations. Examples of these activities include:

- **Treatment:** Obtaining and sharing information about your medical condition with healthcare providers involved in your treatment, such as doctors and nurses who give orders allowing EAVES to provide treatment for you. We may also provide access to your PHI to other healthcare providers who are involved in your treatment. Due to the nature of our services, we may transfer your PHI via radio or telephone to the hospital or dispatch center.
- **Payment:** Submitting bills to your insurance company, making determinations about medical necessity, and collecting outstanding accounts.
- **Healthcare Operations:** Using PHI for internal training and quality assurance programs. This use is intended to ensure that our staff receives regular instruction on how to maintain the privacy of your information, and allows management to conduct audits and self-analysis to check that such training is being carried through and put into practice.

We may also disclose your PHI to business associates who perform services on our behalf, such as billing and software services. These parties are required to protect your PHI.

3. Other Permitted Disclosures:

In certain situations, we may disclose, in your best interest, direct and relevant PHI without your authorization, including:

- To family, friends, or others who have been identified as being involved in your care or payment for care.
- To notify a family member or personal representative of your location, general condition, or death.
- For disaster relief efforts.
- For workers' compensation purposes.
- To public health or legal authorities.
- For specialized government functions with appropriate subpoenas.
- To health oversight agencies.
- For law enforcement purposes with appropriate subpoenas.
- For judicial and administrative proceedings with appropriate subpoenas.
- To the FDA for public health purposes.
- As otherwise required by law.

4. Your Rights Regarding PHI:

You have the following rights regarding your PHI:

- The right to expect PHI to be kept secure and used only for legitimate purposes.
- The right to understand how PHI may be used and disclosed.
- The right to access this policy.
- The right to ask questions about health privacy issues.
- The right to know who has seen your PHI and for what purpose (with some limitations).
- The right to see and obtain a copy of your health records (with some exceptions).
- The right to request corrections to your PHI.
- The right to authorize or refuse additional uses of PHI.
- The right to request restrictions on PHI disclosures (with some exceptions).
- The right to pay for medical expenses out of pocket and request that PHI not be submitted to your health insurance plan.
- The right to revoke prior written authorizations for PHI disclosure.

5. Complaints:

If you believe your privacy rights have been violated, you may file a complaint with EAVES' Privacy Officer (or designee) or with the Secretary of Health and Human Services. We will never take any action or seek any retaliation against you for filing a complaint.

6. Contact Information:

If you have any questions or would like further information about this policy, please contact EAVES' Privacy Officer (or designee) by phone at (315) 437-0939, or by mail at P.O. Box 34, East Syracuse, NY 13057, or by email as admin@eavesambulance.org

Effective Revision Date of Policy: August 1, 2024