

PURPOSE OF THIS NOTICE:

The Carthage Ambulance Service Inc. dba LifeCare EMS is required by law to maintain the privacy of certain confidential health care information known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how CAS is permitted to use and disclose information about you.

WE ARE REQUIRED BY LAW:

- Maintain the privacy of PHI
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe ways that we may use and disclose health information that identifies you (PHI). Except for the purposes listed below, we will use and disclose PHI only with your permission. If you give us permission to release PHI for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by giving written notice to Carthage Ambulance Service Attn: Privacy Officer 105 Highway 35 South Carthage, MS 39051

- **Treatment:** This includes verbal and written information that we obtain about you and use for the purposes of treatment provided to you by CAS or any other medical personnel directly involved in your treatment. This also included transfer of PHI 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.
- **Payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting to insurance companies, collection agencies, and medical necessity determinations and reviews.
- **Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow all protocols and procedures.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief or other rescue efforts.
- **Research:** Under certain circumstances, we may use and disclose PHI for research purposes. For example, the State of Mississippi currently collects statistical information on patients who have suffered a traumatic brain injury.

SPECIAL CIRCUMSTANCES

- **As Required by Law:** We will disclose PHI when required to do so by law, including by subpoena or other lawful request, but only if attempts have been made to tell you about the request or to obtain an order protecting the information requested.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public. Any disclosure, however, will be made to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose PHI to our business associates who perform functions on our behalf or provide us with the services (if the information is necessary for functions or services). This includes, but is not limited to our attorney, collection agency, accountant, or medical director.
- **Organ and Tissue Donation:** If you are an organ donor, we may release PHI to organization that handle organ procedure or transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release PHI as required by military command authorities.
- **Workers Compensation:** We may release PHI for Workers' compensation or similar programs.
- **Public Health Risk:** We may disclose PHI for public health activities, which may include disclosures to prevent or control disease, injury, or disability; report births or deaths; report child abuse/neglect; or other similar threats to public health and safety.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These activities may include audits, licensure, inspections, and/or investigations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Coroners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or cause of death.
- **National Security:** We may release PHI to federal authorities as needed for issues of national security.
- **Inmates in Custody:** If you are an inmate in custody, we may release PHI to your correctional facility or proper law enforcement agency. This release would only be made if necessary for (1) the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional facility.

YOUR RIGHTS

- **To Inspect and Copy:** To inspect and copy our designated record set of PHI
- **To Amend:** If you feel the information is incorrect or incomplete, you may ask us to amend it.
- **To Accounting of Disclosures:** You may request an accounting of certain disclosures we make.
- **To Request Restrictions:** You have the right to request restrictions on the PHI we use or disclose for treatment, payment, or operations. For example, you could request that we not share information about your medical condition with your spouse. **NOTICE: WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST**
- **To Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain location. For example, you can request that we only contact you by mail or at work. **NOTICE: WE WILL ACCOMMODATE REASONABLE REQUEST.**
- **To obtain a Copy of this Notice:** You have a right to a paper copy of this notice. You may request to receive this copy personally, by mail, electronically, or by fax
Any of the above request must be made in writing and directed to Carthage Ambulance Service Attn: Privacy Officer 105 Highway 35 South Carthage, MS 39051

CHANGES TO THIS NOTICE: We reserve the right to modify this notice. We reserve the right to make the revised notice effective for PHI we already have as well as any we may receive notice effective for PHI we already have as well as any we may receive in the future. We will post a copy of the current notice at our office with the effective date in the upper right hand corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Carthage Ambulance Inc. Privacy Officer with the provided contact information on this form. All complaint must be file in writing. **You will not be penalized for filing a complaint.**

Any questions regarding the Policy and Privacy Practices listed above, please contact the Privacy Officer of Carthage Ambulance Service Inc. dba LifeCare EMS