

**AETNA AMBULANCE SERVICE, INC. ("AAS")
AMBULANCE SERVICE OF MANCHESTER LLC. ("ASM")**

**POLICY #22: NOTICE OF PRIVACY PRACTICES
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.**

AAS, ASM are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, to provide you with a notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured health information. AAS and ASM are also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: AAS and ASM may use and disclose PHI for its own treatment, payment, and health care operations, in most cases without your written permission. Examples are:

For treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you and from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

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 our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization: AAS and ASM are permitted to use and disclose your PHI without your written authorization in certain situations, and unless prohibited by more stringent state law, including:

- For the treatment or payment activities of any health care provider who treats you;
- For the payment activities of any other covered activity;
- For certain health care operations activities of another covered entity that either has or had a relationship with you and the PHI pertains to that relationship;
- For health care and legal compliance activities;
- To a family member, other relative, close personal friend or other individual involved in your care or payment for your care, provided we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests or can infer from the circumstances that you would not object to such disclosure;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large, limiting disclosures to someone able to help lessen or prevent threatened harm;
- For workers' compensation purposes, and in compliance with workers' 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;
- If you are an organ donor, we may release health information to

organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;

- For research purposes, but this will be subject to strict oversight and approvals;
- We may disclose health information about you to a disaster relief organization;
- If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others;
- We may also use or disclose health information about you in a way that is de-identified, as defined by HIPAA, and does not personally identify you or reveal who you are.

We are required to obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes; and (3) disclosures that constitute a sale of your health information. Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to request access, copy or inspect your PHI: You may request, in writing, access to inspect and/or make copies of the medical or billing records or other written information that may be used to make decisions about your care ("your designated record set"). In limited circumstances, we may deny your request and will provide you with written notice of the denial and of your appeal rights, if applicable. In the event we grant your request, we will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for our costs in copying your requested information. To the extent we maintain your designated record set electronically, you also have the right to receive an electronic copy of such information. You may also direct us to send a copy directly to a third-party designated by you. We may charge a fee, consistent with applicable law, for our costs in responding to your request.

The right to request amendment of your PHI: You have the right to ask us to amend your PHI maintained by us for as long as the information is kept by or for us. Your request must be in writing and must be submitted to the Privacy Officer. We will act on your request no later than 60 days after receipt of your request. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when we believe the information you have asked us to amend is correct.

The right to receive confidential communications of your PHI: You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

The right to request an accounting: You may request an accounting from us of certain disclosures of your PHI that we have made in the six years prior to the date of your request. We are not required to give you an accounting of disclosures made for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company. We are also not required to give you an accounting of disclosures made pursuant to an authorization or under certain other exceptions. To request an accounting, submit a request in writing to the Privacy Officer. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your health information for treatment, payment, or health care operations. We are not required to agree to any restrictions you request (except that if you are competent, you may restrict disclosures to family and friends), but any restrictions agreed to by us in writing are binding on us. However, if you paid out-of-pocket in full for a health care item or service, and you do not want us to disclose PHI about that item or service to your health plan, for purposes of payment or health care operations, we must comply with your request.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If we maintain a web site, we will prominently post a copy of this Notice on our web

site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the 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 protected health information that we maintain. You can get a copy of the latest version of this Notice by contacting our Privacy Officer. The Notice will be posted on our website if we maintain one.

Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information: Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV related testing or treatment. This information may not be disclosed without your specific written permission, except as specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

Psychiatric information: We may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. We may also disclose very limited psychiatric treatment for purposes of payment.

HIV-related information: We may disclose HIV-related information for purposes of treatment or payment.

Substance abuse treatment: We may disclose information obtained from a substance abuse program in an emergency.

Your Legal Rights and Complaints: If you believe your privacy rights have been violated, you may file a complaint in writing with the Privacy Officer and/or to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our Privacy Officer.

To file a complaint with the Privacy Officer, contact:

**JASON BAK
AETNA AMBULANCE SERVICE, INC.
AMBULANCE SERVICE OF MANCHESTER LLC
275 NEW STATE ROAD P.O. BOX 300
MANCHESTER, CT 06045
TEL: 860-647-9798 FAX: 860-643-0759
E-MAIL: jbak@asm-aetna.com**

To file a complaint with the Office for Civil Rights, send a written statement to:

**Office for Civil Rights – Region I, US Department of
Health and Human Services
JFK Federal Building Room 1875
Government Center
Boston, MA 02203
FAX: (617) 565-3809
EMAIL: OCRComplaint@hhs.gov.**

Effective Date of the Notice: 11/12/2018