

**The Antioch Rescue Squad
and/or
Metro Paramedic Services, Inc.**

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.

Purpose of this notice

This notice tells you about how we use and disclose your protected health information, (“PHI”). It tells you about your rights and our responsibilities to protect the privacy of your PHI. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or our responsibilities.

We are required by law to maintain the privacy of your PHI. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We will tell you if we change this notice. A copy of the revised notice will be available upon request or posted at our station or on our web site. We may change our practices and those changes may apply to your PHI we may already have as well as any new information we obtain in the future.

This notice will be given to you on the date that you first receive medical treatment from us after 14 April 2003. In an emergency, we will give you this notice as soon as possible, after emergency treatment has been given.

How we use or disclose your medical information

For Treatment:

We will use your PHI to provide treatment and other services. We may share this information with members of our healthcare staff or with others involved in your care such as a doctor, nurse or other ancillary providers. We may disclose your PHI to a member of your family or other person who may be involved in your care now or in the future.

For Payment:

We may use or disclose your PHI to bill and collect payment for the services we provide to you.

Healthcare Operations:

We may use or disclose your PHI for operational purposes. We may also use this information in an effort to improve the quality and effectiveness of the healthcare services that we or any of our business associates provide to you.

Common Disclosures for Treatment, Payment or Operations

Your name and address may be used to send out patient satisfaction surveys.

We may contact you either by telephone or mail at either your home or work or both to remind you of your obligations or any other matters related to the services we have or may provide to you. We may leave messages for you regarding the above services with a person or machine. You have the right to request that we contact you in a certain way or at a certain location, see “Rights to Receive Confidential Communications” in this notice.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. We are required to have a written contract with all of our business associates which requires the protection and privacy of your PHI.

Other Use and Disclosures

Individuals involved in your care. We may disclose your PHI to family members, relatives, close friends or any other person identified by you if they are involved in the care we have or may provide to you. We may also use or disclose your PHI to notify those persons of your location and condition. If there is a family member, relative or friend whom you do not want informed of your location or condition, please notify us in writing.

Use or Disclosures Required/Permitted by Law

Disaster Relief:

We may use or disclose your PHI to assist in disaster relief efforts.

Required by Law:

We may use or disclose your PHI when we are required to do so by Law.

Communicable Diseases:

We may disclose your PHI to a person who has or may have been exposed to your body’s pathogens which may contain an infectious disease or who are at risk of spreading or contracting a disease or condition.

Public Health Activities:

We may disclose your PHI to facilities or persons involved in the control of or prevention of disease.

Victims of Abuse, Neglect or Domestic Violence:

We may disclose your PHI to a government agency or law enforcement professional if we believe you are, have been or may be a victim of abuse, neglect or domestic violence.

Health Oversight Activities:

We may disclose your PHI to any current or future Health Oversight Committee.

Food and Drug Administration:

We may disclose your PHI to monitor you/your drugs/devices controlled by the FDA.

Legal Activities:

We may disclose your PHI to Law Enforcement Officials upon their verbal/written request.

- > As required by law.
- > In response to a Court Order or other legal proceeding.
- > To identify or locate a suspect, fugitive, material witness or missing person.
- > Upon the verbal or written request regarding an actual or suspected victim of a crime.
- > To report a death related to possible criminal conduct.
- > To report a crime that has occurred or may occur on or in our property.

Funeral Directors, Coroners or Medical Examiners:

We may disclose your PHI to allow these individuals to carry out their various responsibilities.

Organ Donation:

We may disclose your PHI to a Procurement Organization if you are or may be an organ donor.

Worker’s Compensation:

We may disclose your PHI to comply with Worker’s Compensation Laws or to provide benefits for work-related injuries or illnesses.

Public Health or Safety:

We may use or disclose your PHI as we see fit to prevent a real or other threat to the health or safety of a person or group of people or population.

Military:

We may disclose your PHI to a member or branch of the Armed Forces.

National Security or Intelligence:

We may disclose your PHI to a federal official as it pertains to the national security of or intelligence for the United States of America.

Security Clearance:

We may use or disclose you PHI upon verbal or written request to establish security clearance.

Detainees/Inmate’s:

We may disclose your PHI to a correctional institution, its employees, law enforcement officials or their designees who have custody or are attempting to establish a course of action to take custody of you.

Research:

We may disclose your PHI to researchers under specific and limited circumstances.

Uses or Disclosures that Require Your Authorization

Any other uses or disclosures, which are not listed or cannot be inferred from the instances above, will be made only with your written authorization. You may withdraw authorization by notifying ARS/Metro in writing. If you withdraw authorization for a use or disclosure, such withdraw will have no affect on information which has already been used or disclosed.

Your Rights

Your health or medical record is the physical property of ARS/Metro. The information contained within your health or medical record belongs to you. You have the following Rights as it pertains to the aforesaid information:

Right to Request Restrictions:

You have the Right to Request us not to disclose your PHI for a particular reason to our business associate or to your family members. Such request must be made in writing and received by us. Although we do not have to agree to a Request for Restriction, we must maintain the request, agreement or declination as a part of your medical record.

Right to Receive Confidential Communications:

You have the Right to Request us to communicate with you in a certain manner and at a certain place. We must agree to a reasonable request for the aforementioned communications upon our receipt of your written request.

Right to Inspect and Copy Your Medical Information:

You have the Right to Request an inspection and receive a copy of your PHI which ARS/Metro or our business associates maintain. Such request must be made in writing and received by us. We may charge an appropriate fee for copying, summarizing and/or delivering the requested PHI to you.

Specific instances regarding you/your PHI may allow us not to agree to an inspection or copying. If we deny your request we must tell you why. You then have the Right to submit a Statement disagreeing with our decision which, upon its receipt by us will become a part of your medical record. Some circumstances that allow us to deny a request for inspection/copying are:

- > The requested PHI was not created by ARS/Metro.
- > The requested PHI is not part of your medical information ARS/Metro maintains.
- > The requested PHI is part of your medical record you are not permitted to inspect or copy.
- > The requested PHI has been previously inspected and copied by you.

Right to an Accounting of Access to/Disclosures of Your PHI:

You have the Right to Request an Accounting of disclosures/access from/to your PHI. This Accounting must be maintained by ARS/Metro for a period of SIX YEARS beginning on the date of patient contact but no earlier than 14 April 2003. Any request for an Accounting of Disclosures must be submitted in writing to ARS/Metro.

We are not required to include disclosures/access which occurred prior to 14 April 2003. You are entitled to one free Accounting in any twelve (12) month period. ARS/Metro may charge a fee for additional Accounting requests. You will be notified in writing and payment must be received by

ARS/Metro prior to the completion of an additional Request for Accounting

Right to obtain a copy of our Privacy Practice:

You have the Right to Request and receive a paper copy of our updated Privacy Practice.

Complaints

You have the Right to complain to us, our business associates and/or the United States Secretary of Health and Human Services. If you believe there has been or may be a violation of your rights with regard to your PHI you may:

Write to, fax or call:

The Antioch Rescue Squad
Attention Chief Wayne Sobczak
P.O. Box 604
Antioch, IL 60002
(847) 395-0143 Rescue Squad
(847) 395-0302 Fax

and/or

The Antioch Rescue Squad
Attention Metro Supervisor/Privacy Officer
825 Holbek Drive
Antioch, IL 60002
(847) 395-0143 Rescue Squad
(847) 395-0302 Fax
privacyofficer@antiochrescuesquad.com

and/or

United States Department of Health and Human Services
Attention Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201

You can contact The Antioch Rescue Squad or Metro Paramedic Services, Inc. with questions or information at the above physical addresses above, phone numbers, fax numbers and/or e-mail addresses above.

*** The effective date of this Privacy Notice is *
* 01 May 2005 *
The Original implementation date of our PN was
14 April 2003
Our Original PN may be discarded after
30 April 2011**