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.

Ada County Paramedics is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Ada County Paramedics is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI

Ada County Paramedics may use and disclose PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment

This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as 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.

Reminders for Scheduled Transports and Information on Other Services

We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization

Ada County Paramedics is permitted to use and disclose PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if 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;
- 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;
- 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 projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Uses and Disclosures of Your PHI That Require Your Written Consent

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. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing, except for face-to-face communications between us or a promotional gift of nominal value provided by us; or (c) PHI when engaging in a sale of your PHI.

Patient Rights

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

The Right to Access, Copy or Inspect Your PHI

This means you may inspect and copy most of the medical information about you that we maintain. 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 you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our HIPAA Compliance Officer.

The Right to Amend Your PHI

You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our HIPAA Compliance officer.
The Right to Request an Accounting
You may request an accounting from us of certain disclosures of your medical information 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 information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization and for other purposes authorized by federal regulations. If you wish to request an accounting, contact our HIPAA Compliance Officer.

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 medical information that we have about you. Ada County Paramedics is only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. Ada County Paramedics is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid Ada County Paramedics in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment. Only the Director of Ada County Paramedics or the Board of the Ada County Paramedics may agree to restrict our uses and disclosures that are not required by law.

Right to Notice of a Breach of Unsecured Protected Health Information
If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file.

Right to Request Confidential Communications
You have the right to request that we send your PHI to an alternate location or in a specific manner (e.g., by email rather than regular mail). However, it is generally our policy to only comply with reasonable requests when required by law to do so. Any such request must be in writing. We may agree to provide your PHI to an alternate location or in a specific manner if your written request contains a statement that disclosure of PHI could endanger you.

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
Ada County Paramedics reserves 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. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA compliance officer.

Your Legal Rights and Complaints
You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against 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 HIPAA compliance officer.

About Ada County Paramedics
Ada County Paramedics has provided exceptional medical care and superior service since 1975. Our expertise and genuine concern for our patients helps shape our philosophy which is based on integrity, trust and excellence.

We know emergencies can be scary. That’s why we work hard to ensure our patients are confident in our skill and comfortable in times of medical emergency. Ada County Paramedics is comprised of an experienced team that’s passionate about your health. We’re in it for Life!

Contact Our HIPAA Compliance Officer:
HIPAA Compliance Officer
Ada County Paramedics
370 N. Benjamin Lane
Boise, ID 83704-8498
208-287-2950
208-287-2979 FAX
www.AdaCountyParamedics.org

Effective Date of the Notice: April 14, 2003

Emergencies are $cary
Ambulance bills don’t have to be

Protect your whole family

Just $60/year
www.AdaCountyParamedics.org
208-287-2950

Enroll today!