



Northern Onondaga Volunteer Ambulance, Inc.
4425 Buckley Road
Liverpool, NY 13090
(315) 622-1443

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

NOTICE OF PRIVACY PRACTICES

Northern Onondaga Volunteer Ambulance, Inc. (NOVA) 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. NOVA is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI

NOVA may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of NOVA use of PHI include:

- **Treatment:** This includes obtaining verbal and written information about your medical condition and treatment from you as well as from others such as doctors and nurses who gives 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.
- **Payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, such as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- **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

NOVA is permitted to use PHI without your written authorization or opportunity to object in certain situations (unless prohibited by a more stringent state law). This includes:

- Treatment, payment or health care operations activities of another health care provider who treats you
- Health care and legal compliance activities
- 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 disclosure and you do not raise an objection. Also in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest.
- A public health authority in certain situations as required by law (i.e. to report abuse, neglect or domestic violence).
- 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.
- 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.
- Law enforcement activities in limited situations, such as when responding to a warrant.
- 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.
- 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.

- To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate organ donation and transplantation if you are an organ donor.
- Research projects subject to strict oversight and approval.
- Any use or disclosure of health information that does not personally identify or reveal the patient.

All other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization in writing at any time, 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 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 Privacy 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 circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we have about you, you should contact our Privacy Officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices or as authorized by you in writing. It excludes disclosures we may have made to you, to family members or friends involved in your care. You may receive specific information regarding other disclosures that occurred after April 14, 2003.

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. NOVA is not required to agree to any restrictions you request, but any restrictions agreed to by NOVA in writing are binding on NOVA.

Your legal rights and complaints: You have the right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with our Privacy Officer. You will not be retaliated against in any way for filing a complaint with us or the government. Should you have any complaints, comments or questions you may direct all inquires to our Privacy Officer.

You have the right to obtain a paper copy of this notice from us. If we maintain a website, we will prominently post a copy of this notice on our website.

NOVA reserves the right to change the terms of this notice at any time and changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the notice will be promptly posted in our facilities and on our website if we maintain one. You can get a copy of the latest version by contacting our Privacy Officer.

Privacy Officer Contact Information: Privacy Officer
Northern Onondaga Volunteer Ambulance, Inc.
4425 Buckley Road
Liverpool, NY 13090
(315) 622-1443

Effective date of this notice: April 14, 2003