



24/7 Emergency and Non-Emergency Ambulance Services

4420 Farragut Road, Brooklyn, NY, 11203

TEL: 718-927-2111 | FAX: 718-927-1424

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS CAREFULLY

Crest Ambulance Service Inc., (Assist Ambulance) is required by law to maintain the privacy to certain confidential health care information, known as Protected Health information or PHI, and to provide you with respect to your PHI. Assist Ambulance is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: Assist Ambulance may use PHI for the purposes of treatment, payment and healthcare operation, in most cases without your written permission. Examples of our uses 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 to meet our standard of care and follow established policies and procedures, as well as certain 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 or PHI without your authorization:*** Assist Ambulance is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For treatment, payment or health care operations activities of another healthcare provider who treats you:
- For health care and legal compliance activities:
- To a family member, other relative, or close personal friend or individual involved in your care if we obtain your verbal agreement to do so or we give you the opportunity to object to such disclosure and you do not raise an objection, as in certain other circumstances where we are unable to obtain your agreement and believe the disclosure in your best interests:
- To a public health authority in certain situations are required by law( such as , to report abuse, neglect or domestic violence):
- For health oversight activities including audits or governmental 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 court order, or in some cases in response to the 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
- For research projects , but this will be subject to strict oversight and approvals:
- We may use your disclose health information about you in a way that it does not per personally identify you or reveal who you are.

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.

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

**The Right to access:** copy or inspected your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We normally provide you with access to this information within 30 days of your request in writing. We may also charge you a reasonable fee for you to copy any medical information that's you have the right to access. In limited circumstances, we have available forms to request access to your medical information and you may appeal certain typed 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 right. 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 your 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 your wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

**The Right to request accounting** : You may request accounting from us of certain disclosures of your medical information that we have made in the last 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 form /to which we have transported you. We are also not required to give you and accounting of our uses of PHI for which you have already give us written authorization. If you wish to request and accounting, please contact our privacy officer.

**The Right that we restrict the uses and disclosure 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. Assist Ambulance is not required to agree to any restrictions you request, but any restrictions you request , but any restrictions agreed to by Assist Ambulance in writing are binding on Assist Ambulance.

**Revisions of the Notice:** Assist Ambulance service 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. You can get a copy of our latest version of this Notice by contacting our privacy 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 rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. If you should have any questions, comments, or complaints, you may direct all inquiries to our privacy officer.