

HAVE YOUR RIGHTS BEEN VIOLATED?

You can complain if you feel we have violated your rights by contacting us directly or you can file a complaint to the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against in any way for filing a complaint with us or to the government.

CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of this notice, and the changes may apply to all of the information we have about you. The revised notice will be available on our website and promptly posted in our facilities. You may request a copy from our Privacy Officer. The Privacy Officer will email or mail the copy upon request.

Contact Us

Kayley Mizell, Privacy Officer
Phone: (360) 722-9211
**Northwest Ambulance
Critical Care Transport**
8115 Broadway, Suite 101
Everett, WA 98201

To request a copy of your
protected health records or
request a correction to
your records, please visit
our website at
www.nwamb.us/medical-records

HIPAA Notice of Privacy Practices

Provided by: Northwest Ambulance Critical
Care Transport

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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.



OUR RESPONSIBILITY

- We are required by law to maintain the privacy and security of your protected health information or "PHI".
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

OUR USES & DISCLOSURES

Northwest Ambulance Critical Care Transport typically uses or shares your protected health information or "PHI" in the following ways.

To help manage the health care treatment you receive - We can use the health information we receive both verbally and written about your medical condition and treatment from you and other professionals (i.e. doctors and nurses) who give us orders that allow us to provide treatment to you. Also, we may at times necessary share your PHI with other health care professionals involved in treatment, and may transfer your PHI electronic records 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, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

Run our organization - We may use and disclose information to educate the organization.

For scheduled transports and other services - We may use your personal information to contact you directly, to remind you of any scheduled appointments for non-emergency, ambulance and medical transportation, or to provide information pertaining to other services we provide.

Additionally, we are allowed or required to share your health information in other ways - usually in ways that contribute to the public good (such as public health and research) and are permitted to doing so without your written authorization, unless prohibited by a more stringent 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 written 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, 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 in a way that does not personally identify you or reveal who you are.

YOUR RIGHTS

When it comes to your protected health information or "PHI", you have certain rights. This sections explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records:

- You may request to receive a copy of the health information we have about you. We will normally provide access to this information within 15 days of your request for which we may charge a reasonable, cost-based fee.

Request confidential communications:

- You may ask us to contact you in a specific way (ex. home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to correct your PHI:

- You may ask us to correct your PHI records if you think they are incorrect or incomplete.
- We are permitted by law to deny your request, but we'll tell you why in writing within 60 days.

Ask us to limit what information we use or share:

- You have the right to ask us not to use or share certain PHI for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those whom we've shared information:

- You may request a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment or health care operations, and certain other disclosures (such as you asked us to make, or when we share your health information with business associates like our billing company or a medical facility from/to which we have transported you).

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has written authority and can act for you before we take any action.

Get a copy of this notice:

- We maintain a website and a copy of this notice is posted there. Additionally, you may request an electronic mail or paper copy of this notice.