

(Notice of Privacy Practices continued)

You have the right to request that NVAD restrict the uses and disclosures of your PHI. You may restrict how NVAD uses or discloses your medical information that we have about you for treatment, payment or health care operation or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, if you request restriction and the information you ask us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. NVAD is not required to agree with any restrictions you request, but any restrictions agreed upon by NVAD are binding.

*Internet, Electronic Mail and the Right to Obtain a Copy of the Paper Notice:* The City of Nome Volunteer Ambulance Department maintains a website at which you may review and print a copy of this Notice of Privacy Practices. If you allow us to email a copy of this notice rather than providing a paper version we will do so.

*Revisions to the Notice:* NVAD reserves the right to change the terms of the Notice at any time, and the 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 posted to our web site. You may obtain a copy of the latest version of this Notice by contacting the Privacy officer identified below.

*Your legal rights and complaints:* You 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. If you have any questions, comments or complaints you may direct all inquiries to the privacy officer.

*Effective Date of Notice:* April 14th, 2003.

Emergency Services Administrator,  
Nome Volunteer Ambulance Department  
PO Box 281  
Nome, AK 99762

Phone: 907-443-7824

Fax: 907-443-4109

Email: [pubsafe@nook.net](mailto:pubsafe@nook.net) or [pubsafe@ci.nome.ak.us](mailto:pubsafe@ci.nome.ak.us)

CITY OF NOME  
VOLUNTEER AMBULANCE DEPARTMENT  
NOTICE OF PRIVACY PRACTICES

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice: Nome Volunteer Ambulance Department is required to maintain the privacy of certain confidential health information, known as "Protected Health Information" or "PHI", and to provide you with a notice of your legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how NVAD is permitted to use and disclose PHI about you.

NVAD is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written consent, if we are required by law to do so.

Uses and Disclosures of PHI: NVAD may use PHI for the purpose of treatment, payment and health care operations, in most cases without your written consent. Here are examples of our use of your PHI:

**TREATMENT:** To include such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by use and other medical personnel including doctors & nurses, who give orders to allow us to provide treatment to you. It includes information we give to other health care personnel whom we transfer your care and treatment too, and includes transfer of PHI by radio, telephone or cell phone to the hospital or Nome Police Department Dispatch, as well as providing the hospital with a copy of the written records we create in the course of providing you with treatment and transport.

**PAYMENT:** Includes activities we must do in order to obtain reimbursement for the services we provide to you, including organizing your PHI and submitting bills to insurance companies, management of billed claims for service rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

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PO Box 281  
Nome, AK 99762

Patient

**HEALTH CARE OPERATIONS:** Includes quality assurance activities, licensing and training programs to ensure that our volunteers meet our standards of care and follow established policies & procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, for example NVAD submits information relating to traumatic injuries and certain health conditions to the State of Alaska Community and Emergency Medical Services for their annual survey. This survey compiles reports on health conditions & injuries such as: Cardiac events, Diabetic emergencies, Trauma, Burns, Drowning or near drowning, Frostbite and Hypothermia, Poisoning, Obstetrics, Respiratory emergencies, Alcohol or drug related overdose or injuries related to their use, Seizures, Altered mental status—for instance becoming unconscious and Strokes.

**FUNDRAISING:** NVAD does not engage in fundraising involving past, present or future patients information

Reminders for Scheduled Transports and Information on Other Services: NVAD may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Uses and Disclosures of PHI without your Authorization: NVAD is permitted to use PHI without your written authorization, or opportunity to object in certain situations including:

1. NVAD's use in treating you or in obtaining payment for services provided to you or in other health care operations;
2. For the treatment activities of another health care provider;
3. To another health care provider or entity for the payment activities of the provider or entity that receives the information (i.e. hospital or insurance company);
4. Another health care provider for the health care operation activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
5. For health care fraud and abuse detection or for activities related to compliance with the law;
6. 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. Health information may also be disclosed to your family, relatives, or friends if we infer from the circumstance that you would not object. A professional judgment determination to disclose your health information to family, relatives or close personal friends will be made in situations where you are unable to verbally approve or object due to your incapacitation or inability to consent due to your health status. Only health information relating to that particular date of services provided will be given;
7. For judicial & administrative proceedings as required in certain situations disclosures to Public Health Authorities will be made to report a birth, death or disease as required by law as part of a public health investigation to report child or adult abuse or neglect or domestic violence. Adverse events such as product defects or to notify a person about an exposure to a possible communicable disease as required by law;
8. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions by a government entity by law to oversee the health care system;
9. By a court or administrative order, or in some cases in response to a subpoena or other legal process;
10. For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
11. For military, national defense and security and other special government functions;
12. To avert a serious threat to the health and safety of a person or the public at large;
13. For worker's compensation purposes and in compliance with worker's compensation laws;
14. 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;
15. To Organ Donor Organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, if you are an Organ Donor;
16. Organ research projects, however subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
17. Use and Disclosure of health information about you in a way that does not personally identify you or reveal who you are.

Any other uses or disclosures of PHI will only be made with your written authorization. The authorization must be directly related to the services provided to you. You have the option to revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance to that authorization.

Patient Rights: As a patient you have a number of rights with respect to the protection of your PHI including:

*The Right to access, copy or inspect your PHI.* You may come by our offices and inspect a copy of the medical information within 30 days of your request. A reasonable fee for copying may be charged. You may obtain or provide a written request for the release of your information or utilize the "Release of Medical Information" form we provide you.

*The right to amend your PHI:* You have the right to ask NVAD to amend your written medical information that we may have about you. Amendment to your information will occur within 60 days of your request and we will notify you of this occurrence. By law we are permitted to deny your request for amendment to your medical information when we believe what is documented is true and accurate. You may contact the Privacy officer at the address or number on the opposite side of this page.

*You have the right to request an accounting of our uses and disclosure of your PHI.* You have six years from the date that services were provided to you to request information on certain disclosures of your PHI. We are not required to account for uses and disclosures for the purposes of your treatment, payment or health care operations or when your PHI has been shared with our business associate—Norton Sound Health Corporation. As well, NVAD is not required to give an accounting of uses or disclosures that you have already authorized.