Cavalier Ambulance Service, Inc.

Notice of Privacy Practices

CAS is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how CAS is permitted to use and disclose PHI about you.

Uses and Disclosures of PHI: CAS may use PHI for the purpose of treatment, payment, and health care operations, in most cases without your written permission.

Examples of our use of your PHI:

Treatment: This includes 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 us and medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel when we transfer your care and treatment; and includes the transfer of PHI radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Payment: This includes an activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

Health Care Operations: This includes quality activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and 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, fundraising, and certain marketing activities.

Fundraising: We may contact you when we are in the process of raising funds for CAS, or to provide you with information about our annual subscription program.

Reminders for Scheduled Transports and 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 for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI without your Authorization: CAS is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For CAS's use in treating you or in obtaining payment for services provided to you or in other health care operations
- For the treatment activities of another health care provider
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or company)
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that received 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
- For health care fraud and abuse detection or for activities related to compliance with the law
- 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 if we give you opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have symptoms, and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law
- 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 there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime
- 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' purposes, and in compliance with worker's 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, 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
- We may use or disclose health information about you in a way that does not 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, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). 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.

As a patient, you have a number of rights in respect to the protection of PHI, including:

- *The right to access, copy or inspect your PHI*: This means you may come to our office and 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 to certain types of denial. 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. If you wish to inspect and copy your medical information, you should contact the Privacy Officer.
- *The right to amend your PHI*: You have the right to ask us to amend written medial 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 the Privacy Officer.

- *The right to request an accounting of our use and disclosure of your PHI*: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six (6) 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. If you whish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.
- *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 for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in you health care, but if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use or disclose the PHI to a health care provider to provide you with emergency treatment. CAS is not required to agree to any restrictions you request, but any restrictions agreed to by CAS are binding on CAS.
- *Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice of Request*: If we maintain a website, we will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. 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*: CAS 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 posted in our facilities and posted to our website, if we maintain one. You can get a copy of the latest version of this Notice by contact the 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 privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or with the government. Should you have any questions, comments, or concerns you may direct all inquires to the Privacy Officer. Individuals will not be retaliated against for filing a complaint.
- *Your Right to request Restrictions on our use of PHI*: You also have the right to request that we restrict the uses or disclosures of your PHI by CAS at any time. CAS is not required to agree to any restrictions you request, however, any restrictions agreed to by CAS are binding to us.

If you have questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Privacy Officer: Logan Spanier
Cavalier Ambulance Service, Inc
PO Box 231
Cavalier, ND 58220
701-265-8259
cavamb@polarcomm.com

You also have the right to revoke your consent, in writing, at any time, except to the extent that CAS has already relied on your consent.