

## **Mad River Valley Ambulance**

### **Notice of Privacy Practices.**

**Important: 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.**

As part of our commitment to our patients Mad River Valley Ambulance has always treated any medical information obtained during the course of our duties as private and confidential. The Health Insurance Portability and Accountability Act, under the Privacy Rule, specifies our legal duties and privacy practices with regards to this medical information, which is now referred to as Protected Medical Information.

This Notice of Privacy Practices also describes how MRVAS may use and disclose Protected Medical Information about you, and your legal rights and access to this information.

**Please read the following detailed Notice. If you have any questions please contact us using the information at the end of this Notice.**

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#### **Uses and Disclosures of Health Information**

MRVAS may use your Protected Health Information for purposes of treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services provided to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. These include quality assurance and improvement activities, conducting training programs, required accreditation, certification, licensing or credentialing.

**Law Enforcement and Fire Departments as Mutual Agency Responders:** These agencies are not covered under HIPAA and can freely share Protected Health Information with MRVAS without your permission. MRVAS may disclose your health information to these agencies, only as necessary, for treatment purposes and safety.

**Family, Friends and Caregivers:** We may disclose your health information to a family member, other relative, close personal friend or designated caregiver, if we obtain your permission to do so, either verbally or by other physical means of communication.

In situations where you are not capable of giving your permission (due to your absence or incapacity), we may determine that a disclosure to family member, relative or friend is in your best interest. In such a situation we will disclose only health information relative to that person's involvement in your care.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we have reason to believe that you are the victim of abuse or neglect.

**Any other use or disclosure of your Protected Health Information that is not listed above will only be made with your written authorization.**

**This authorization may be revoked at any time, in writing, except for any medical information already used or disclosed, since receipt of your original authorization.**

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**Patient Rights:** As a patient, you have a number of rights with respect to the protection of your health information. These are as follows:

**Access:** You have the right to look at or obtain copies of your health information. You must make a request in writing to obtain access to your health information. The address to send this request is at the end of this Notice.

**Amendment:** You have the right to request that we amend your health information. You must make a request in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Restrictions:** You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclose your health information for purposes other than treatment, payment and healthcare operations. This applies to any disclosures occurring after April 14, 2003.

**Electronic Notice:** A copy of this Notice is available on our web site at [www.mrvas.org](http://www.mrvas.org). You are entitled to receive this notice in written form.

**Revisions:** MRVAS reserves the right to change the terms of this Notice at any time. Any changes will be effective immediately and will apply to all health information that we maintain. Any material changes to this Notice will be posted promptly on our web site. You may obtain a copy of the latest version of this Notice by calling 802-496-8888.

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## Questions and Complaints:

You have the right to complain to us if:

You are concerned that we may have violated your privacy rights.

You disagree with a decision we made about access to your health information.

You are dissatisfied with our response to a request you made to amend or restrict the use or disclosure of your health information.

Should you have any questions, comments or complaints you may direct inquiries to:

Adrienne Brady  
Privacy Officer

Telephone: 802-496-8888      Fax: 802-329-2142

Address: Mad River Valley Ambulance Service  
P.O. Box 305  
Waitsfield, VT 05673.

Should MRVAS fail to handle your complaint satisfactorily, you may submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint with us or with the appropriate government department.