

WAVES HIPAA NOTICE

This notice describes how medical information about you may be used and disclosed. It also advises you on how you may obtain and get access to this information. Please review it carefully.

The Western Area Volunteer Emergency Services, Inc, also known as WAVES, is required by law to maintain the privacy of certain confidential health care information known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. WAVES is also required to abide by the terms of this version of this notice currently in effect.

Uses and Disclosure of PHI:

WAVES may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Example usage of your PHI is as follows:

For Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you and 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 this information 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 meet our standards of care and follow our established policies and procedures, as well as certain other management functions.

For Scheduled Transports and other information of other services: We may also contact you to provide you with a reminder of any scheduled appointments for non-emergent ambulance and medical transport, or to provide information about other services that we may provide.

Use and Disclosure of PHI without Your Authorization:

WAVES is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by more stringent state law, including:

For the treatment, payment or healthcare operations activities of other health care providers who treat 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 verbal agreement to do so, or if we give you an opportunity to object to such 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 interest;

To a public health authority in certain situations as required by law (such as to report abuse, neglect or 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 healthcare system.

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to 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 governmental 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 the 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 PHI 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 disclose PHI 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. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed PHI in reliance on that authorization.

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Patient Rights:

As a patient, you have the right with respect to your PHI including: The right to access copy or inspect your PHI. This means you may 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 written request. We may also charge you a reasonable fee 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 certain types of denials. We have available forms to request access to your PHI and will provide you with a written response if we deny you access, and let you know your appeal rights. 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 our agency 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 written request, and notify you of same. We are permitted by law to deny your request only in certain circumstances, like when we believe the information you have asked us to amend is correct. Any requests for amendment of information must be submitted in writing to the agency Privacy Officer.

The right to request an accounting:

You may request from our Privacy Officer, in writing, an accounting from us of certain disclosures of your medical information that we have made in the 6 years prior to the date of your request. We are not required to you an accounting of information we have used or disclosed for the purpose of treatment, payment or healthcare operations, or when we share your health information with our business associates, like our billing company or medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses for your PHI for which you have already given us written authorization.

The right to request that we restrict the use 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. WAVES is not required to agree to any restrictions you request, but any restrictions agreed to by WAVES in writing are binding.

Revisions to notice:

WAVES 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 PHI that we maintain. Any material changes to the notice will be promptly posted in our facility. You can get a copy 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 US 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 the government. Should you have any questions, complaints or concerns, you may contact our agency Privacy Officer.

WAVES
Attn: Privacy Officer
PO Box 156
Camillus, NY 13031
Phone: 315-487-1212