

**CETRONIA AMBULANCE CORPS, INC.**

**NOTICE OF PRIVACY PRACTICES**

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.

Effective: April 14, 2003

Rev.1- September 12, 2013

We are required by law to protect the privacy of your health information. We are also required to send you this notice which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice.

The terms “information” or “health information” in this notice include any personal information that is created or received by a health care provider or health plan that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We are required to abide by the terms of this notice currently in effect. We also have the right to change our privacy practices, which will apply to all information we maintain. If we do make changes to these practices, we will make available a copy of the new notice upon request. A current copy of this notice will always be available on our website at [www.cetronia.org](http://www.cetronia.org).

**I. HOW WE USE OR DISCLOSE INFORMATION**

A. We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

B. We have the right to use and disclose health information to render health care services, to process payment for rendered health care, and to operate our business. We may disclose health information to our business associates in accordance with federal privacy laws. We may use and disclose your health information:

- For Treatment to deliver our services to you and to assist your health care providers, such as doctors and nurses, and health care facilities, such as hospitals and long-term care facilities, in providing medical care to you.

- For Payment to bill, collect and process claims for payment for the health care services you receive, and to determine eligibility or coverage for the treatment and services that you receive. We may provide certain portions of your health information to your health plan, to our billing personnel, and to outside billing companies to obtain payment for the health care services rendered to you.
- For Health Care Operations as necessary to operate and manage our business in connection with providing you medical care. We may use your health information to evaluate the quality of health care services you receive or to evaluate the performance of our health care personnel. We may also provide your health information to our accountants, attorneys, consultants, and others to assist us with maintaining our business and quality objectives.
- To Family Members, Friends and other Individuals who identify themselves as close personal friends or representatives who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures when you are also present and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, we may disclose information when called by a spouse or close family member or friend to discuss your health claim.

We also may disclose your health information to family members or people who identify themselves as close personal friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures, and the disclosures relate to that family member or friend's involvement in your care.

- To Disaster Relief Agencies. We may disclose your health information to disaster relief agencies, such as the Red Cross.
- To Raise Funds. We may use information to contact you to raise funds for Cetronia Ambulance Corps, which is a non-profit EMS provider. You may, however, request (opt out) in writing from fund raising efforts of Cetronia Ambulance Corps.

C. We may use or disclose your health information without your authorization under limited circumstances for the following purposes:

- To Comply With the Law if the use or disclosure is required by law.
- For Public Health Activities such as reporting disease outbreaks and other public reporting.
- For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities, including a social service or protective service agency.
- For Health Oversight Activities such as governmental audits and fraud and abuse investigations.

- *For Judicial or Administrative Proceedings* such as in response to a court order, search warrant or subpoena.
- *For Law Enforcement Purposes* such as providing limited information to locate a missing person.
- *To Provide Information Regarding Decedents* to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- *For Organ Procurement Purposes*. We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
- *For Research Purposes* such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- *To Avoid a Serious Threat to Health or Safety* by, for example, disclosing information to public health agencies.
- *For Specialized Government Functions* such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- *For Workers Compensation* including disclosures required by state workers compensation laws of job-related injuries.
- *Other Purposes* for any other purposes permitted by the federal privacy laws.

If none of the above reasons applies, and if applicable law does not otherwise allow, then we must get your written authorization to use or disclose your health. You have the right to opt out of having your health information released to anyone whom you do not specifically authorize to receive. If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. In many states, your authorization may be required in order for us to disclose your highly confidential health information, as described below. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization, except if we have already acted based on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and another law provides the insurer with the right to contest a claim under the policy or the policy itself. To revoke an authorization, you must do so in writing by sending the revocation to the address of the Privacy Officer whose name is described under the section “Exercising Your Rights.”

## II. HIGHLY CONFIDENTIAL INFORMATION

Federal and applicable state laws may require special privacy protections for highly confidential information about you. “Highly confidential information” may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

## III. WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information.

- You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. ***Please note that while we will consider your request and will permit requests consistent with its policies, we are not required to agree to any restriction.***
- You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. box instead of your home address) if the request is reasonable.
- You have the right to see and obtain a copy of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information if we agree. In certain limited circumstances, we may deny your request to inspect and copy your health information, and you may have a right to review such denial.
- You have the right to ask to amend information we maintain about you, if you believe the health information about you is wrong or incomplete. We may deny your request if it was not properly submitted or for other reasons, including that the information is accurate or not kept by us. If we deny your request, you may have a statement of your disagreement added to your health information.
- You have the right to receive an accounting of disclosures of your information made by us during the six (6) years prior to your request. This accounting will not include

disclosures of information: (i) made prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you, or pursuant to your authorization; (iv) for incidental disclosures; (v) to correctional institutions or law enforcement, officials; and (vi) other disclosures that federal law does not require us to provide an accounting.

- You have the right to an electronic copy and a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may obtain a copy of this notice at our website, [www.cetronia.org](http://www.cetronia.org).

#### IV. **EXERCISING YOUR RIGHTS**

- **Contacting us.** If you have any questions about this notice, please call the Privacy Officer at (610) 398-0239. If you would like to exercise any of your rights, you must put your request in writing and describe your request and mail it to the Privacy Officer at the address below.
- **Charges.** In some instances, we have the right to charge you for the cost(s) associated with providing you the requested information.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the following address:

Privacy Officer  
c/o Cetronia Ambulance Corps, Inc.  
4300 Broadway  
Allentown, PA 18104-9564  
(610) 398-0239

You may also contact the Secretary of the U.S. Department of Health and Human Services at (800-368-1019). We will not take any action against you for filing a complaint.