



Florham Park Memorial First Aid Squad HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices (“Notice”) apply to Florham Park Memorial First Aid Squad, its affiliates, and its employees. Florham Park Memorial First Aid Squad will share protected health information (PHI) of patients as necessary to facilitate treatment, payment, and health care operations as permitted by law.

Florham Park Memorial First Aid Squad is required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices regarding protected health information. Healthcare institutions are to abide by the terms of this Notice, for the time period it remains in effect. We reserve the right to change the terms of this Notice as directed by the DOH and make a new notice of privacy practices effective for all protected health information maintained by FPMFAS. It is a requirement that we notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision NJ state law that relates to the privacy of your health information that may be more stringent than the standard set by the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Compliance Officer.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Authorization and Consent: Except as outlined below, we will not use or disclose your PHI for any purpose other than treatment, payment, or health care operations unless you have signed an authorization giving complete use or disclosure. You have the right to revoke such authorization in writing, revocation will be complied with as soon as the written authorization is received and recorded. However, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization is obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Uses and Disclosures for Treatment: We will make uses and disclosures of your PHI as necessary for your treatment, other health care professionals involved in your care will be able to access and potentially use information in your medical records and information that you provide about your symptoms and any other medical history.

Uses and Disclosures for Payment: We make use and disclosures of your PHI as necessary for payment purposes. During the normal course of business operations, we share information regarding your medical information with our third-party billing company or agents or the person who is responsible for the payment of any billing and Insurance company personnel who are responsible for processing your claim.

Uses and Disclosures for Health Care Operations: We will make uses and disclosures of your PHI as necessary, and as permitted by law, for our pre-hospital care operations, which may include clinical improvement, professional review, quality assurance, business management, accreditation, and licensing. For example, we may disclose PHI for training and improvements of patient care.

Individuals Involved in Your Care: We may disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts so an entity can locate a family member or other persons that may be involved in an aspect of caring for you.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as, legal services or auditing, etc. It may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with Pre-hospital care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

Services or appointments: We may contact you to request information related to pre-hospital care provided or scheduled. You have the right to request, and we will accommodate reasonable requests not to contact you. You must make those requests in writing, including your name and address, and send them in writing to the Compliance Officer at the address below.

Research: In limited circumstances, we may use and disclose your protected health information for research purposes. Your specific authorization will be obtained specifically for research, or no information will be released.

Fundraising: We may use your information to contact you for fundraising purposes. We may disclose this contact information to a related foundation so that the foundation may contact you for similar purposes. If you do not want us or the foundation to contact you for fundraising efforts, you must send such a request in writing to the Compliance Officer at the address below.

Other Uses and Disclosures: We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following:

- Any purpose required by law.
- Public health activities such as required reporting of immunizations, disease, injury, birth, and death, or in connection with public health investigations.
- If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect, or domestic violence.
- To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls.
- To your employer when we have provided health care to you at the request of your employer.
- To a government oversight agency conducting audits, investigations, civil or criminal proceedings.
- The court or administrative ordered subpoena or discovery request.
- To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To coroners and/or funeral directors consistent with law.
- If necessary to arrange an organ or tissue donation from you or a transplant for you.
- If you are a member of the military, we may also release your protected health information for national security or intelligence activities.
- To workers' compensation agencies for workers' compensation benefit determination.

DISCLOSURES REQUIRING AUTHORIZATION:

Psychotherapy Notes: We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain

treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

Genetic Information: We must obtain your specific written authorization prior to using or disclosing your genetic information for treatment, payment, or health care operations purposes. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law.

Marketing: We must obtain your authorization for any use or disclosure of your PHI for marketing, except if the communication is in the form of (1) a face-to-face communication with you, or (2) a promotional gift of nominal value.

Sale of Protected Information: We must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your health information; however, such authorization is not required where the purpose of the exchange is for:

- Public health activities.
- Research purposes, if we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes.
- Treatment and payment purposes.
- Health care operations involve the sale, transfer, merger or consolidation of all or part of the First aid squad and for related due diligence.
- Payment, we provide to a business associate for activities involving the exchange of protected health information that the business associate undertakes on our behalf (or the subcontractor undertakes on behalf of a business associate) and the only remuneration provided is for the performance of such activities;
- Providing you with a copy of your health information or an accounting of disclosures.
- Disclosures required by law.
- Disclosures of your health information for any other purpose permitted by and in accordance with the Privacy Rule of HIPAA, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit your health information for such purpose or is a fee otherwise expressly permitted by other law; or

Any other use or disclosure of PHI, any other use will require written authorization, (the authorization must specifically identify the information we seek to use or disclose, when and how we will 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.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

The right to access, copy or inspect your PHI: You have the right to copy and/or inspect much of the PHI that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Patient Access to Health Information Form" This means you may come to our offices to inspect or copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days.

There will be a reasonable copying fee, actual postage, and supply costs for copies of protected health information. If you request additional copies, you will be charged a fee for copying and postage.

Amendments to Your Protected Health Information: FPMFAS 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. All amendment requests must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. Any material changes to the Notice will be posted in our facility and posted on our website if we maintain one. We aren't obligated to make requested amendments, but we will give each request careful consideration. You can get a copy of the latest version of this Notice by contacting the Compliance@fpfirstaid.org.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your legal representative.

Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. We are not mandated to agree to or comply with most restriction requests but will attempt to accommodate reasonable requests; when appropriate. You do, however, have the right to restrict disclosure of your PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law.

Right to Notice of Breach: Confidentiality of our patients' PHI is a priority, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information.

Paper Copy of this Notice: You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please submit a request to the Compliance Officer at the address below or print it from our website www.fpfirstaid.org.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Compliance Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

online to
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

For Further Information: If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact Florham Park First Aid Squad Compliance Officer by phone at (973) 377-4226 or at the following address: 60 Felch Road Florham Park, NJ 07932.

This Notice of Privacy Practices is also available on the Florham Park Memorial First Aid Squads website www.fpfirstaid.org