



## 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 date April 14, 2003. Revised December 11, 2017 and October 1, 2021.

PHI Health, LLC (dba PHI Air Medical) is required by law to keep your Protected Health Information private, to provide you with this Notice, to abide by its terms, and to notify you of any breach of your unsecured Protected Health Information.

### **How We May Use and Disclose Your Medical Information, also known as Protected Health Information or “PHI”**

We may use and disclose your PHI without your authorization for:

**Treatment, Payment, and Operations** We may use or disclose PHI

(1) To provide medical care and treatment (ex: coordinating information with hospitals, physicians, and other persons who are involved in your care);

(2) To bill and get payment for services (ex: making disclosures to your health insurance plan so that payment may be collected from you, your insurance company, or a third party for the transport services we provide); and

(3) For health care operations such as quality improvement activities, training, accreditation or to conduct business planning (ex: clinical peer review of patient transports to ensure high quality of services and safety).

We may also share PHI with other contractors or companies (called business associates) to assist us in our operations.

**Family Members and Other Involved in Your Care** We may disclose PHI to a family member or friend who is involved in your medical care or payment.

**Fundraising Activities** We may use your PHI to contact you in an effort to raise money for PHI Health, LLC and its operations. You may opt out of these efforts by contacting us.

**Health-Related Products and Services** We may use or disclose your PHI to tell you about health-related products or services, or to recommend possible treatment alternatives that may be of interest to you.

**Disaster Relief Efforts** We may disclose PHI to entities assisting in a disaster relief effort, to notify your family about your condition, status, and location.

**Research** We may use PHI to contact you for a particular research study.

**Required By Law** We will disclose PHI when required by applicable laws.

**To Avert a Serious Threat to Health and Safety** We may use and disclose PHI, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

**Organ & Tissue Donation** If you are a donor, we may release PHI to organ or tissue procurement organizations to facilitate donation and transplantation.

**Workers' Compensation** We may release PHI to workers' compensation programs or other similar programs.

**Public Health Disclosures** We may disclose PHI to public health agencies for preventing or controlling disease or injury, or reporting the abuse or neglect of children, elders, and dependent adults.

**Health Oversight Activities** We may disclose PHI to a health oversight agency for activities such as audits, investigations, inspections, and licensure.

**Law Enforcement** We may disclose PHI under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

**Lawsuits and Disputes** We may disclose PHI in response to a court or administrative order, or a subpoena, discovery request, or other lawful process in certain circumstances.

**Coroners, Medical Examiners and Funeral Directors** We may disclose PHI to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

**Specialized Government Functions** We may disclose PHI as required by military authorities or to authorized federal officials for national security.

**Other Uses of Medical Information.** Other uses and disclosures of PHI not covered in this Notice will be made only with your written permission. Uses and disclosures for marketing and disclosures that would be a sale of medical information require your written authorization.

### **Your Rights Regarding Your Medical Information**

**You have the right** to inspect or obtain a paper or electronic copy of your PHI, with certain exceptions.

**You have the right** to request an amendment of your PHI if you believe it incorrect or incomplete. We may deny your request if you ask us to amend PHI that is accurate and complete or is not part of the PHI kept by or for us.

**You have the right** to an accounting of disclosures of your PHI that we have made, other than for treatment, payment or health care operations, and other exceptions permitted under federal law.

**You have the right** to request that we follow special restrictions when using or disclosing your PHI for treatment, payment, or health care operations. However, in most cases we are not required to agree to your request. We will agree to the requested restriction as required by law if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the PHI pertains solely to a health care item or service for which you, or someone other than your health plan on your behalf, has paid us in full.

**You have the right** to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests. The list may also exclude certain other disclosures, such as for national security purposes.

**You have the right** to receive a paper copy of this Notice upon request.

**If you pay for a service** or health care item out-of-pocket and in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

**If you have given someone** medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure this person has this authority and can act for you before we take any action.

**You may revoke** a written authorization to disclose your information at any time and we will stop use and disclosure for the reasons covered in your written permission. You understand that we are unable to take back any disclosures that we may have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Breach of PHI** We will notify you if a reportable breach of your unsecured PHI is discovered. Notification will be made to you no later than 60 days from the discovery date and will include a brief description of how the breach occurred, the PHI involved, and contact information for PHI Health.

**Changes to This Notice** We reserve the right to change this Notice and make the revised Notice effective for PHI we already have about you as well as any PHI we receive in the future. A current copy of the Notice is available for review online at [www.phiairmedical.com](http://www.phiairmedical.com)

**Questions or Complaints** If you have any questions or concerns about this Notice, or if you believe your privacy rights have been violated, please contact the **HIPAA Privacy Official** at 2800 N 44th Street, Suite 800 Phoenix, AZ 85008 or by calling 602-224-3500.

You may also file a complaint with the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201, or by visiting online at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

PHI Health will not take action against you for filing a complaint.