

***Notice of Privacy Practices***  
**Johnson County Ambulance District**

**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.**

Your health information is personal and private, and Johnson County Ambulance District (JCAD) is committed to protecting it. We are required by law to maintain the privacy of health information that could be used to identify you, known as protected health information (PHI). This notice describes our privacy practices and our legal duties with respect to your PHI. Under certain circumstances, we may be required to notify you in the event of a breach of unsecured PHI. The law requires that we make this notice available to you.

**Your Rights** You have the following right with respect to your PHI:

- You may ask to see or get an electronic or paper copy of your medical records and other PHI we have about you. We will respond to your request within 30 days. We may charge a reasonable, cost-based fee.
- You may ask us to correct PHI about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- You may request to receive your PHI in a specific location (specified address) or in a specific manner (email vs postal mail). You may request that we contact you in a specific way (specific phone number or email address). We will comply with all reasonable requests.
- You may ask us not to use or share certain PHI for treatment, payment, or internal operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for your service in full, you may ask us not to share your PHI for the purpose of payment or our operations with your health insurer. We will work to honor reasonable request to not share your PHI unless the law requires us to do so.
- You may ask for a list (accounting) of the time we have shared your PHI for six years to the date you ask, who we have shared it with, and why.

We will include all the disclosures except those about treatment, payment, health care operations, made directly to you, or made for national security purposes to law enforcement. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for additional accountings within 12 months.

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide the notice to you promptly. A copy of the Notice is available on our web site at [www.JOCOAMB.com](http://www.JOCOAMB.com). If you request, we send you a copy of this Notice by electronic email instead of on paper.
- 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.

**How we may use or disclose your PHI** We may use or share your PHI in the following ways:

- We can use and share your PHI in connection with your treatment and transportation. We may disclose your PHI to doctors, nurses, healthcare professional, hospitals, clinicals, and care facilities involved in caring for you. We may provide information about you to a hospital or dispatch center via radio or telephone.
- We can use and share your PHI to bill and get payment from you, an insurance company, Medicare, Medicaid, and other third-party payors.
- We can use and share your PHI for quality assurance activities, licensing, and training programs to assist us in ensuring our personnel meet our standards of care and to ensure our personnel are adhering to established policies and protocols.
- We can use and share your PHI for business operations including obtaining legal, financial, or accounting services, conducting business planning, processing complaints, and for the creation of reports that do not individually identify you.
- We are allowed or required to share your PHI without your authorization:
  - When required by law, but only to the extent required by law. For judicial and administrative proceeding, in response to a court order, subpoena, discovery request, or other lawful processes.
  - For public health and safety such as preventing infectious disease, assisting in product recall, and reporting adverse reactions to medications (including vaccines).
  - When reporting suspected abuse, neglect, and domestic violence to social service, protective service agencies, and law enforcement.
  - To a coroner, medical examiner, or funeral director when an individual has died.
  - With health oversight or licensing agencies for activities authorized by law.
  - To organ procurement organizations.
  - For workers compensation claims.
  - For approved medical research projects.
  - For military and veteran’s activities, national security, and presidential protective services.
  - To organizations providing disaster relief (if it involved you).
  - To prevent or avert a serious threat to a person(‘s) or public’s health and safety.

## **Your Choices**

Unless you object, we may provide relevant portions of your PHI to a family member, or other person that you indicate is involved in making decisions about care or in paying for your health care. Under some circumstances you may restrict or object to how we disclose PHI about you. In an emergency or when you are not capable of agreeing or objecting to how we share your PHI, we will disclose your PHI only to the extent we reasonably believe to be in your best interests.

We will not share your PHI unless you give us written permission for marketing purposes, sale of your information, or fundraising efforts.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your PHI other than described in this notice unless you give us permission in writing. If you give us permission, you can change your mind at any time by notifying us in writing.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

To the extent we are required to notify you, we must do so no later than 60 days following our discovery of unauthorized use or disclosure of your PHI. This notification will be made by first class mail or email (if you have indicated a preference to be notified by email) and will contain the following information:

- A description of the unauthorized use or disclosure including the date of the event (if known) and date of its discovery
- A description of the type of PHI that was used or disclosed.
- A description of the steps you should take to protect yourself from potential harm resulting from the unauthorized use or disclosure.
- A brief description of what we are doing to investigate the breach, protect against future breaches, and reduce harm to you.
- A way to contact us to ask questions or obtain additional information.

**Changes to this Notice** We have the right to change the terms of this notice, and the changes will apply to all PHI we have about you. The new notice will be available upon request, in our office, mailed written request, or on our website at [www.jocoamb.com](http://www.jocoamb.com).

## **To File a Complaint**

If you believe we have violated your rights, you may file a complaint with us. Please contact our HIPAA Compliance Officer.

You may also file a complaint with the U.S. Department of Health & Human Service Office of Civil Rights by sending a letter to 200 Independence Ave., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you for filing a complaint.

**How to Contact Us** You may visit our office at the address below

By Postal Mail  
HIPAA Compliance Officer  
Johnson County Ambulance District  
500 E. Young Ave.  
Warrensburg, MO 64093

Telephone #: 660-747-5735  
Email: [contact@jocoamb.com](mailto:contact@jocoamb.com)  
Website: [www.JOCOAMB.com](http://www.JOCOAMB.com)

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)