

Washington Township Ambulance & Rescue Privacy Policy

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.

The WASHINGTON TOWNSHIP AMBULANCE & RESCUE ASSOCIATION (WTARA) 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 notice of our legal duties and privacy practices with respect to your PHI. WTARA is also required by law to abide by the terms of this version of this Notice currently in effect.

Uses and Disclosures of PHI: WTARA may use PHI for the purpose of treatment, payment and health care operations in most cases without your permission.

Examples of our use of your PHI

For treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you, as well as from others 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 your PHI 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 determination, and collecting outstanding accounts.

For Health Care Operations: This includes quality assurance and improvement activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization: WTARA is permitted to use PHI without your written authorization, or opportunity to object in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations of another provider who treats you.
- For Health 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 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 disclosure is in your best interest, such as an emergency situation.
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic 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 health care system.
- For Judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a 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 government functions.
- To avert serious threat to the health and safety of a person or the public at large.
- For workers compensation purposes, and in compliance with 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 the law.
- If you are an organ donor, we may release health information 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 approval.
- We may also use or disclose health information about you 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 medical information in reliance on that authorization. If and to the extent that New Jersey law may have more stringent requirements as to the use and or disclosure of information, it is our policy to abide by the more stringent requirements of the State law.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy, or inspect your PHI: This means that 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 request. We may also charge you a reasonable fee to you 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 we will provide you with a written response if we deny 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 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 request and will notify when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe that that the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer at 856-228-5995.