

AETNA AMBULANCE SERVICE, INC. ("AAS")  
AMBULANCE SERVICE OF MANCHESTER LLC. ("ASM")

**NOTICE OF PRIVACY PRACTICES  
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED BY EACH OF AAS, AND ASM AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT  
CAREFULLY.**

AAS and ASM are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI; to provide you with a notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI. AAS and ASM are also required to abide by the terms of the version of this Notice currently in effect.

**I. Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations.** The following are various ways that AAS and ASM may use and disclose your PHI for treatment, payment, and health care operations:

**For treatment.** This includes such things as obtaining verbal and written information about your medical condition and treatment from you and from others, such as doctors and nurses who give orders 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 determinations, and collecting outstanding accounts.

**For health care operations.** This includes quality assurance 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.

**Specific Uses and Disclosures of PHI Without Your Authorization.** AAS and ASM are permitted to use and disclose your PHI without your written authorization in certain situations, and unless prohibited by more stringent state law, including:

- Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose PHI about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.
- Emergencies. We may use and disclose your PHI as necessary in emergency treatment situations.
- As Required By Law. We may use and disclose your PHI when required by law to do so.
- Public Health Activities. We may disclose your PHI for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elder abuse or neglect; or reporting deaths.
- Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority, if authorized by law or if you agree to the report.
- Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use and disclose your PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm.
- Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions including making efforts to contact you about the request or to obtain an order or agreement protecting the PHI.
- Law Enforcement. We may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.
- Research. We may use and disclose your PHI for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting

information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

■ Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

- Disaster Relief. We may disclose your PHI to a disaster relief organization.
- Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may disclose your PHI for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- Workers' Compensation. We may use and disclose your PHI to comply with laws relating to workers' compensation or similar programs.
- Inmates/Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your PHI to the institution or official for certain purposes including the health and safety of you and others.

**II. Uses and Disclosures With Your Authorization.** We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes; and (3) disclosures that constitute a sale of your health information. Except as described in this Notice, any other use or disclosure of PHI 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.

**III. Patient Rights.** Listed below are your rights regarding your PHI. These rights may be exercised by submitting a request to the Privacy Officer. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, the Privacy Officer will supply you with the appropriate form to complete. You have the following rights:

**The right to request access, copy or inspect your PHI:** You may request, in writing, access to inspect and/or make copies of the medical or billing records or other written information that may be used to make decisions about your care ("your designated record set"). To the extent that we maintain your designated record set electronically, you also have the right to receive an electronic copy of such information. In limited circumstances, we may deny your request and will provide you with written notice of the denial and of your appeal rights, if applicable. In the event we grant your request, we will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for our costs in responding to your request. You may also direct us to send a copy directly to a third party designated by you.

**The right to request amendment of your PHI:** You have the right to ask us to amend your PHI maintained by us for as long as the information is kept by or for us. Your request must be in writing, must state the reason for the request and must be submitted to the Privacy Officer. We will act on your request no later than 60 days after receipt of your request. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when we believe the information you have asked us to amend is correct. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

**The right to request restrictions:** You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment, or health care operations. You have the right to request restrictions on the PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members and friends). If we do agree to your requested restriction, we will comply with your request except as needed to provide you with emergency treatment or in accordance with applicable law. However, if you paid out-of-pocket in full for a health care item or service, and you do not want us to disclose PHI about that item or service to your health plan for purposes of payment or health care operations, we must comply with your request.

**The right to request confidential communications:** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

**The right to request an accounting:** You may request an accounting from us of certain disclosures of your PHI that we have made in the six years prior to the date of your request. We are not required to give you an accounting of disclosures made for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company. We are also not required to give you an accounting of disclosures made pursuant to an authorization or under certain other exceptions. To request an accounting, submit a request in writing to the Privacy Officer, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**The Right to Obtain Copy of Notice:** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. [In addition, you may obtain a copy of this Notice at our website, [www.asm-aetna.com](http://www.asm-aetna.com).

**IV. Revisions to the Notice.** We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI already received and maintained as well as for all PHI we receive in the future

**V. Special Rules Recording Disclosure of Psychiatric, Substance Abuse and HIV-Related Information.** Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV related testing or treatment. This information may not be disclosed without your specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

**Psychiatric information.** We may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. We may also disclose very limited psychiatric treatment for purposes of payment.

**HIV-related information.** We may disclose HIV-related information for purposes of treatment or payment.

**Substance abuse treatment.** We may disclose information obtained from a substance abuse program in an emergency.

**VI. Your Legal Rights and Complaints.** If you believe your privacy rights have been violated, you may file a complaint in writing with the Privacy Officer and/or to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our Privacy Officer:

Jason Bak  
AETNA AMBULANCE SERVICE, INC.  
AMBULANCE SERVICE OF MANCHESTER LLC  
275 NEW STATE ROAD P.O. BOX 300  
MANCHESTER, CT 06045  
TEL: 860-647-9798 FAX: 860-643-0759 E-MAIL:  
[Jbak@asm-aetna.com](mailto:Jbak@asm-aetna.com)

To file a complaint with the Office for Civil Rights, send a written statement to: Office for Civil Rights - Region I, US Department of Health and Human Services JFK Federal Building Room 1875, Government Center, Boston, MA 02203

Effective Date of the Notice: April 1, 2014