



## Notice of Privacy Practices

**IMPORTANT: 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.**

As an essential part of our commitment to you, ATS Medical Services (ATS) maintains the privacy of certain confidential healthcare information about you, known as Protected Health Information or PHI. We are required by law to protect your healthcare information and to provide you with this Notice of Privacy Practices (Notice).

This Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how ATS is permitted to use and disclose your PHI, how you can access and copy PHI, how you may request amendments to that information and how you may request restrictions on our use and disclosure of your PHI.

We respect your privacy and treat all patient healthcare information carefully. Our staff is committed to following a strict confidentiality policy.

**PLEASE READ THIS DETAILED PRIVACY NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT OUR CHIEF COMPLIANCE AND PRIVACY OFFICER:**

**Kathy Loya**  
**Chief Compliance & Privacy Officer**  
**ATS Medical Services LLC**  
**720 Portal Street, Cotati, CA 94931**

**Email:** [Kathy@covalent-health.com](mailto:Kathy@covalent-health.com)  
**Phone:** (707) 992-1263

**Purpose of This Notice:** ATS is required by law to maintain the privacy of certain confidential healthcare information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how ATS is permitted to use and disclose your PHI.

### Uses and Disclosures of PHI

ATS may use PHI for the purposes of treatment, payment and healthcare operations, in most cases without your written permission. Examples of our use of your PHI are:

**Treatment.** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical providers (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

**Payment.** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

**Healthcare 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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

### Use and Disclosure of PHI Without Your Authorization

ATS is permitted to use PHI without your written authorization or an opportunity to object in certain situations, including the following:

- For the treatment activities of another healthcare provider.
- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).
- To another healthcare provider (such as the hospital to which you are transported) for healthcare operation activities, if the entity receiving the PHI has or has had a relationship with you and the PHI pertains to that relationship.
- For healthcare fraud and abuse detection or for activities related to compliance with the law.
- To a family member, other relative, friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose PHI to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to the disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of

objecting (because you are not present, due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will only disclose the PHI relevant to that person's involvement in your care. For example, we may inform the person who comes with you in the ambulance about your symptoms or give that person an update on the treatment being administered by our ambulance crew.

- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law), as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law.
- 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 healthcare 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 there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- For military, national defense and security and other special government functions.
- To avert a 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 other duties as authorized by 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 approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

**Reminders for Scheduled Transports and Information on Other Services** We may contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

#### **Uses and Disclosures of Your PHI that Require Your Written Consent**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out treatment, payment or healthcare operations, (b) PHI for marketing when we receive payment to make a marketing communication or (c) PHI when engaging in the sell of your PHI. **You may revoke your authorization at any time, in writing, except**

**to the extent that we have already used or disclosed PHI in reliance on that authorization.**

#### **Patient Rights Regarding Your PHI**

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

##### **The Right to Access, Copy or Inspect Your PHI.**

Requests to access or inspect your PHI should be made in writing to our Chief Compliance and Privacy Officer. In limited circumstances, we may deny you access to your medical information and you may appeal certain types of denials. We have forms available to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our Chief Compliance and Privacy Officer.

We will normally provide you with access to this information within 30 days of your written request. If we maintain your PHI in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative) and you clearly identify the designated person and where to send the copy of your PHI. We may charge a reasonable, cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

##### **The Right to Request an Amendment to Your PHI.**

Requests for amendments to PHI should be directed to our Chief Compliance and Privacy Officer in writing. We are permitted by law to deny a request to amend your PHI in certain circumstances, such as when we believe the information you have asked us to amend is correct. When required by law to do so, we will



deny or amend your information within 60 days of your request.

**The Right to Request an Accounting of Uses and Certain Disclosures of Your PHI.** You should contact our Chief Compliance and Privacy Officer to request an accounting of the uses of your PHI and the disclosures that are subject to the accounting requirement. We'll provide one accounting a year for free, but if you ask for another within 12 months, we may charge a reasonable, cost-based fee, subject to the limits of applicable state law.

You may receive an accounting of certain disclosures of your PHI made within 6 years prior to the date of your request. We are not required to give you an accounting of disclosures of your PHI: (a) for purposes of treatment, payment or healthcare operations, (b) for disclosures you expressly authorized, (c) disclosures made to you, your family or friends, or (d) for disclosures for law enforcement or certain other government purposes.

**The Right to Request that We Restrict the Use and Disclosure of Your PHI** for treatment, payment or healthcare operations, or to restrict PHI to family, friends and other individuals involved in your healthcare. ATS is required to abide by any restrictions that we agree to. However, if you request restrictions, that we agree to, and that PHI is needed for your emergency treatment, then we may disclose that PHI to healthcare providers giving you emergency treatment.

If you wish to request a restriction on the use and disclosure of your PHI, you should contact our Chief Compliance and Privacy Officer and make the request in writing.

ATS is required to abide by a requested restriction when you ask that we not release PHI to your health plan about services which you (or someone on your behalf) has paid to ATS out-of-pocket and in full, unless a law requires us to share that PHI.

A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by ATS if we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. However, PHI that was restricted prior to the notification from ATS to you voiding the restriction, will continue to be treated as restricted PHI.

**Right to Request Confidential Communications.** You can request that we send your PHI to an alternate location (e.g. somewhere other than your home address) or in a specific manner (e.g. by email rather than regular mail). However, we will only comply with reasonable requests when required by law to do so. Requests to communicate your PHI to a specific location or in a specific format should be made in writing and directed to our Chief Compliance and Privacy Officer.

**The Right to Choose Someone to Act on Your Behalf.** 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.

ATS will verify the person has this authority and can act on your behalf before we take any action.

#### **Our Responsibilities Regarding Your PHI**

ATS is required by law to maintain the privacy and security of your PHI and to follow the duties and privacy practices described in this Notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We will never sell your PHI for any purpose (including marketing by a third party).

A copy of this Notice will be provided to you upon request.

**Internet, Email and the Right to Obtain a Paper Copy of this Notice.** We will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. If you allow us, we will forward you this Notice by email instead of on paper and you may always request a paper copy of the Notice.

**Revisions to the Notice.** ATS is required to abide by the terms of the version of this Notice currently in effect. However, ATS 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our website. You can get a copy of the latest version of this Notice by contacting the Chief Compliance and Privacy Officer.

**Complaints Involving Your Privacy Rights.** You have the right to complain if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.



You can file a complaint with the Secretary of the United States Department of Health and Human Services by sending a letter to 200 Independence Ave., S.W., Washington DC 20201 or calling 1-877-696-6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Also, you can file a complaint with our Chief Compliance and Privacy Officer:

**Kathy Loya**  
**Chief Compliance & Privacy Officer**  
**Email:** [Kathy@covalent-health.com](mailto:Kathy@covalent-health.com)  
**Phone:** (707) 992-1263

Should you have any questions or comments please contact our Chief Compliance and Privacy Officer.

Notice Effective Date: Updated 8/15/2019