



Riverhead Volunteer Ambulance Corps, Inc.  
**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: MAY 1<sup>st</sup>, 2019**

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**IMPORTANT: The privacy of your medical information is important to us. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

**CONTACT INFORMATION**

For more information about our privacy procedures, to discuss questions or concerns, or to get additional copies of this notice, please contact Riverhead Volunteer Ambulance Corps Privacy Officer Sara Anderson.

**Telephone:** (631) 727-2395 **Fax:** (631) 727-2375

**Email:** HIPAACompliance@Riverheadvac.com **Address:** 200 Howell Ave., Riverhead NY 11901

**YOUR RIGHTS:**

When it comes to your health information, you have certain rights. These include the right to get an electronic or paper copy of your medical record, to inspect, and correct your medical record, request confidential communications with you in a specific way. You have the right to ask us to limit what we use or share, get a list of those with whom we've shared information, get a copy of this privacy notice, and choose someone to act for you. You have the right to be notified following a breach of unsecured protected health information, and to file a complaint if you feel your rights are violated. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/.com](http://www.hhs.gov/ocr/privacy/hipaa/complaints/.com). We will not retaliate against you for filing a complaint.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION:**

Riverhead Volunteer Ambulance Corps, Inc. is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information. We are required by law to provide you with this Notice of Privacy Practices, explaining our legal duties and privacy practices with respect to your protected health information. We may not use or disseminate any information other than described herein without prior written consent. Information may be shared with said consent until such time as consent is removed via written correspondence. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Changes to this policy may be made as needed to comply with HIPAA and state regulations. Current policies may be found on our website or requested via our P.O. Box 924 Riverhead NY 11901. This notice takes effect on the date set forth at the top of this page.

**WITH YOUR AUTHORIZATION:**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. You (or your legal personal representative) may give us written authorization to use your medical information or to disclose to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided to will not disclose the information. You may take back or "Revoke" your authorization in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization we will not use or disclose your medical information for any purpose other than those described in this notice

**WITHOUT YOUR AUTHORIZATION:**

**TREATMENT:** We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail, or by mail.

**PAYMENT:** We may use or disclose your health care information to obtain payment for your health care services.

**HEALTH CARE OPERATIONS:** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law.

**OTHER INSTANCES:** 1. We may use and disclose your health information when that use or disclosure is required by law. 2. Reporting to local, state or federal public health regarding communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration. 3. Reporting abuse, neglect or violence relating to children or the elderly to a government authority authorized by law to receive those reports. 4. Audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system. 5. Complying with an administrative or judicial proceeding in response to a court order. 6. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or other law enforcement purposes. 7. We may disclose your information to coroners and medical examiners to assist in determining the cause of death. 8. To prevent a serious threat to the health or safety of a particular person or the general public. 9. We may disclose your health care information under certain and very limited circumstances for military, national security, or law enforcement custodial situations. 10. For a worker's compensation injury.