



Detailed Notice of Privacy Practices

Effective Date: January 1, 2018

Purpose of this Notice: This Notice describes your legal rights, advises you of our privacy practices and lets you know how PLMD, LLC d/b/a Pulse Medical Transportation, is permitted to use and disclose PHI (Protected Health Information) about you.

Uses and Disclosures of Your PHI We Can Make *Without Your Authorization*: PLMD, LLC d/b/a Pulse Medical Transportation may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

1. **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 personnel which includes 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 located at Pulse Medical Transportation headquarters as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transportation.
2. **Payment.** This includes any activities we must undertake in order to get reimbursed for the services that we provide you, including such things as organizing your PHI, submitting claims and bills to insurance companies on your behalf (directly or through a third party billing agency), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews and collecting outstanding accounts.
3. **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 set forth by Pulse Medical Transportation, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collections purposes, fundraising and certain marketing activities.
4. **Fundraising.** We may contact you when we are in the process of raising funds for PLMD, LLC d/b/a Pulse Medical Transportation, or provide you with information about our annual subscription program. In addition, we may use your PHI for certain fundraising activities. If you do not wish to be contacted for our fundraising efforts, please contact our HIPAA Compliance Officer in writing. Contact information for our HIPAA Compliance Officer is listed at the end of this notice. PLMD, LLC d/b/a Pulse Medical Transportation will never condition the provision of

medical care based off your willingness or non-willingness to receive fundraising communications.

5. **Information & Other Services.** PLMD, LLC d/b/a Pulse Medical Transportation may also 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.

Other Uses and Disclosure of Your PHI We Can Make *Without Your Authorization*: PLMD, LLC d/b/a

Pulse Medical Transportation is also permitted to use or disclose your PHI without your written authorization in situations including:

- 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 you were transported to) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information 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 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 an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives or individuals closely involved in your care if we infer circumstances that you would not object to. For example, we may assume that you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting because you are not present or due to your incapacity or medical emergency, we may, in our professional judgement, determine that a disclosure to your family, relative or individuals closely involved in your care is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is 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 public health investigation, to report child or adult abuse, 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 the cause of death or carrying on their 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 PHI will only be released when there is minimal risk to your privacy and adequate safeguards are in place and in accordance with the law.

Uses and Disclosures of Your PHI That Require Your Written Consent: Any other use or disclosure of your PHI, other than those listed above, will only be made with your written authorization. Such 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: psychotherapy notes other than for the purpose of carrying out our own treatment, payment or health care operations purposes; PHI for marketing when we receive payment to make a marketing communication; or when engaging in a sale of your PHI. **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.**

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

1. ***Right to access, copy or inspect your PHI.*** You have the right to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer. In limited circumstances, we may deny you access to your medical information and you may appeal certain types of denials. We have available forms for you to request access to your PHI and we will provide you with 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 HIPAA Compliance Officer whose information is listed at the end of this notice. We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in an 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/POA) and you clearly identify the designated person and where to send a copy of your PHI to. Please see our website for an appropriate release of PHI form- www.pulsemt.com. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

2. **Right to request an amendment of your PHI.** You have the right to ask us to amend protected health information that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer to request. We have appropriate forms to make this request and are available upon request.
When required by law to do so, we will amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information in certain circumstances such as when we believe that the information you have asked us to amend is correct.
3. **Right to request an accounting of uses and disclosures of your PHI.** You may request an accounting from us of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer and make a request in writing. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures of your PHI: for purposes of treatment, payment or healthcare operations; for disclosures that you expressly authorized; disclosures made to you, family or friends or for disclosures made for law enforcement or certain other governmental purposes.
4. **Right to request restrictions on uses and disclosures of your PHI.** You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, please contact our HIPAA Compliance Officer and make a request in writing. PLMD, LLC d/b/a Pulse Medical Transportation is required to abide by a requested restriction when you ask that we not release PHI to your health plan insurer about a service for which you or someone on your behalf have paid PLMD, LLC d/b/a Pulse Medical Transportation for in full. We are also required to abide by any restriction that we agree to. Notwithstanding, if you request a restriction that we agree to and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment.
A restriction can be terminated if you agree to or request the termination. Most current restrictions may also be terminated by PLMD, LLC d/b/a Pulse Medical Transportation as long as we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.
5. **Right to notice of a breach of unsecured protected health information.** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer to make PLMD, LLC d/b/a Pulse Medical Transportation aware of this preference and to provide a valid email

address to send said electronic notice to. You may withdraw your agreement to receive notice by email at any time by contacting our HIPAA Compliance Officer in writing.

6. **Right to request confidential communications.** You have the right to 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 e-mail rather than regular USPS mail). However, we will only comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

Internet, E-Mail and the Right to Obtain Copy of Paper Notice: If we maintain a website, 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 electronic mail instead of on paper and you may always request a paper copy of this Notice.

Revisions to this Notice: PLMD, LLC d/b/a Pulse Medical Transportation is required to abide by the terms of the version of this Notice currently in effect. However, PLMD, LLC d/b/a Pulse Medical Transportation 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, as long as we maintain one. You can obtain a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer in writing.

Your Legal Rights and Complaints: You also have the right to complain to us or to the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against 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 the following HIPAA Compliance Officer(s):

Justin Kinsey
Pulse Medical Transportation
10715 Red Run Blvd, Suite 110
Owings Mills, Maryland 21117
(443) 501-3939

Beth Lopez
Pulse Medical Transportation
10715 Red Run Blvd, Suite 110
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