



**COMPREHENSIVE COMPLIANCE PROGRAM  
NOTICE OF PRIVACY PRACTICES**

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\*\****

Volunteer Medical Service Corp of Lansdale d/b/a VMSC is committed to protecting your personal health information. We are 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 a notice of our legal duties and privacy practices with respect to your PHI. VMSC is also required by law to abide by the terms of this notice that is currently in effect.

VMSC may use PHI for the purposes of **treatment, payment, or healthcare operations**, in most cases without your written permission. We respect your privacy and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

We are dedicated to excellence and if you have any questions or concerns about this notice, please contact our Compliance Department at 215-855-3779.

**YOUR Information.**  
**YOUR Rights.**  
**OUR Responsibilities.**

**You Have The Right To:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated.
- transportation, or to provide information about other services we provide.

**You Have Some Choices In The Way That We Use And Share Information As We:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services and sell your information
- Raise Funds

**We May Use And Share Your Information To:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with law
- Respond to organ and tissue donation request
- Work with medical examiner or funeral director
- Address workers' compensation requests, law enforcement and other government request
- Respond to lawsuits and legal actions

## **Your Rights**

*When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.*

### **Get An Electronic Or Paper Copy Of Your Medical Record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask Us To Correct Your Medical Record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request Confidential Communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to reasonable request.

### **Ask Us To Limit What We Use Or Share**

- You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” to all reasonable request

### **Get A List Of Those With Whom We’ve Shared Information**

- You can ask for a list (accounting) for the times we’ve shared your health information for six years prior the date you ask, who we share it with, and why.
- We will include all the disclosures except for those about treatment, payment health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get A Copy Of This Privacy Notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy or you can download and view at [vmsclansdale.com](http://vmsclansdale.com).

### **Choose Someone To Act For You**

- 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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File A Complaint If You Feel Your Rights Are Violated**

- You can complain if you feel we have violated your rights by contacting us using the previous information
- You can file a complaint with the U.S. Department of Health and Human Services Office of 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

*For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

### **In These Cases, You Have Both The Right And Choice To Tell Us To:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety*

### **In These Cases, We Never Share Your Information Unless You Give Us Written Permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (hospital mostly)

### **In The Case Of Fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

*How do we typically use or share your health information? We typically use or share your health information in the following ways*

### **Treat You**

- We can use your health information and share it with other professionals who are treating you.

***Example: Paramedic gives report to the receiving Doctor or nurse that is taking over your care***

### **Run our Organization**

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

***Example: We use health information about you to manage your treatment and services***

### **Bill for Your Services**

- We can use and share your health information to bill and get payment from health plans or other entities.

***Example: We give information about you to your health insurance plan so it will pay for your services.***

*How else can we use or share your health information? We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:*

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Help With Public Health And Safety Issues**

- We can share health information about you for certain situation such as:
  1. Preventing disease
  2. Helping with product recalls
  3. Reporting adverse reactions to medications
  4. Reporting suspected abuse, neglect, or domestic violence
  5. Preventing or reducing a serious threat to anyone's health or safety

## **Do Research**

- We can use or share your information for health research

## **Comply With The Law**

- We will share information about you if state or federal laws require it, including with the department of Health and Human Services if they want to see that we're complying with federal privacy law

## **Respond To Organ And Tissue Donation Requests**

- We can share health information about you with organ procurement organizations.

## **Work With A Medical Examiner Or Funeral Director**

- We can share health information with a coroner, medical examiner, or funeral director when and individual dies.

## **Address Workers' Compensation, Law Enforcement, And Other Government Requests**

- We can use or share information about you:
  1. For workers' compensation claims
  2. For law enforcement purposes if victim of a crime
  3. With health oversight agencies for activities authorized by lay
  4. For special government functions such as military, national security, and presidential protective services.

## **Respond To Lawsuits And Legal Actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Special Considerations**

***Please note that VMSC does not create or manage any directories, nor do we create or maintain any psychotherapy notes as we are an ambulance provider not physicians.***

## **Our Responsibilities**

- We are required to by law maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see

[www.hhs.gov/ocr/privacy/hipaa/understnading/consumers.noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understnading/consumers.noticepp.html).

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## **Volunteer Medical Service Corps of Lansdale (VMSC)**

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