

Notice of Privacy Practices

Chase County Ambulance

Effective Date: 12/24/2026

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.

1. Our Commitment to your Privacy

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices.

2. How We May Use or Disclose Your PHI

We may use or disclose your PHI for the following purposes:

- **Treatment:** We may use or share your information with doctors, nurses, and hospitals to provide, coordinate, or manage your care.
- **Payment:** We may use or disclose your information to bill and collect payment from you, an insurance company, or a third party.
- **Healthcare Operations:** We may use your information for quality assessment, training, and internal administration.
- **Required By Law:** We may disclose PHI to public health authorities, law enforcement, or for legal proceedings (e.g., subpoenas, coroner reports).
- **Family/Friends:** We may disclose information to individuals involved in your care, unless you object in an emergency situation.

3. SUD Treatment Information

We may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent

that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

4. Your Rights Regarding Your PHI

- Inspect and Copy: You have the right to inspect and copy your ambulance run reports.
- Request Restrictions: You may request restrictions on how we use or share your information.
- Confidential Communications: You may request to receive communications in a specific manner or location.
- Amend Records: You may request an amendment to your records if you believe they are inaccurate.
- Accounting of Disclosures: You have the right to a list of certain disclosures we have made of your PHI.
- Paper Copy: You have the right to receive a paper copy of this notice.

5. Our Duties

- We are required by law to maintain the privacy of PHI and provide notice of our duties.
- We must abide by the terms of this notice, but we reserve the right to change our practices and the notice.
- We will notify you if a breach occurs regarding your unsecured PHI.

6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services.

Contact Information:

Chase County

308-882-7510