

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.

Mason County Medic One, Inc.

Effective Date: 15 April 2003

Mason County Medic One is required by law to give you this notice of our legal duties and privacy practices regarding health information about you, to follow our current privacy practices, and to maintain the privacy of protected health information (PHI).

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU IN THE FOLLOWING WAYS:

- *Treatment** We may use PHI to treat you, and we may disclose PHI to doctors and other people involved in your medical care.
For example: We may give your PHI to an emergency room doctor and nursing staff.
- *Payment** We may use PHI to send you and/or your insurance provider a bill, or to collect money from you.
For example: We may give your PHI to your insurance company so that they will pay for your transport.
- *Health Care Operations** We may use PHI to make sure that all of our patients receive quality care.
For example: We may give our managers PHI so they can study how quickly you received treatment.

WE MAY ALSO USE AND DISCLOSE YOUR PHI WITHOUT YOUR CONSENT IN THE FOLLOWING SPECIAL SITUATIONS:

- As authorized by applicable law or regulation
- To command authorities if you are in the military
- To business associates that work for or with us
- To medical examiners and funeral directors
- To courts, administrative agencies, or attorneys in response to a subpoena or other discovery request
- To law enforcement officials in response to a court order, to identify or locate a suspect, fugitive, material witness, or missing person, to provide information about the victim of a crime or a death that may be the result of criminal conduct, and in an emergency
- To a correctional institution if you are an inmate or in custody and the information is needed for your care and/or safety
- To others involved in your medical care or payment for your medical care, like your family or a friend. We may also tell your relatives about your general condition and where you are located.
- To avoid a serious threat to the health and safety of you or others
- To organizations involved in organ donation, if you are a donor
- To worker's compensation or similar programs
- To national security agencies and intelligence officials

YOU HAVE THE FOLLOWING RIGHTS REGARDING PHI THAT WE MAINTAIN ABOUT YOU:

- To request an opportunity to inspect and copy your PHI;
 - To ask us to amend your PHI if you believe that it is incorrect or incomplete;
 - To request an accounting of our disclosures of your PHI;
 - To request that we communicate with you about your PHI in a certain way or at a certain location;
 - To request a paper copy of this Notice of Privacy Practices, even if you agreed to receive a copy electronically; and,
 - To request that we restrict or limit the disclosure of your PHI for treatment, payment and health care operation purposes. Also you may request a limit on the PHI we disclose about you to others involved in your care or payment of your care.
For example: You could ask us not to tell your spouse that you were in a car accident. IMPORTANTLY, we are not required to agree.
- All of your requests and inquiries must be made in writing to the address identified at the bottom of this Notice.**

WE MAY CHANGE OUR PRIVACY PRACTICES

We reserve the right to change our privacy practices. If we do, the changes may be effective for PHI we already have as well as protected medical information we receive in the future. A current copy of our Notice of Privacy Practices will be posted at our office identified below. You may request a current copy of the Notice by contacting us in writing.

DO YOU HAVE A COMPLAINT?

If you believe your privacy rights have been violated, please let us know by writing to us at the address identified below. You may also contact the Secretary of the Department of Health and Human Services. Your privacy is very important to us. **You will not be retaliated against for filing a complaint or penalized for raising a concern.**

FOR FURTHER INFORMATION

Your contact for further information and for all written communications required by this Notice of Privacy Practices is as follows:

Mason County Medic One, Inc.
ATTN: Department of Privacy Practices
301 E. Wallace Kneeland Blvd.
Suite 224 Box 329
Shelton, WA 98584

Telephone: (360) 426-3403