

Notice of Privacy Practices

IMPORTANT: 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.

Purpose of this Notice: Emergency Medicine Responders from the agencies and companies listed at the end of this Notice, ("Agencies") work in cooperation with each other to respond and provide healthcare services. In some cases you may be transported to a local hospital for additional care.

The Agencies 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. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how we are permitted to use and disclose PHI about you.

The Agencies have adopted mutual privacy practices as described in this Notice. The responsibility for providing you with this Notice rests with the agency or company that completes your healthcare services or transports you to a hospital for further care. Each party hereto is solely responsible for its own privacy practices and compliance with HIPAA. The Agencies are also required to notify you following a breach of unsecured protected health information.

In most situations the Agencies may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

The Agencies are also required to abide by the terms of the version of this Notice currently in effect.

PLEASE READ THIS DETAILED NOTICE OF PRIVACY PRACTICES. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE SEE THE CONTACT INFORMATION PROVIDED AT THE END OF THE NOTICE.

Uses and Disclosures of PHI: We may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission.

Some Substance Use Disorder (SUD) treatment records may be subject to additional federal confidentiality protections under 42 C.F.R. Part 2 (Part 2). When Part 2 applies, we will follow Part 2 if it is more restrictive than the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For additional information, see the "Substance Use Disorder Treatment Confidentiality Regulations (42 C.F.R. Part 2)" section of this Notice.

Use and Disclosure of PHI Without Your Authorization. We are permitted to use PHI *without* your written authorization or opportunity to object in certain situations, including:

- For 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 (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.
- For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- Emergency Services also participates with the Nevada Health Information Exchange (NV HIE), which allows participating providers across Nevada to share and view your health information if you choose to participate. You may update your preferences for sharing your information through the NV HIE at participating providers.
- For health care operations. This includes quality assurance and patient safety activities, licensing, and training programs conducted by each of the participating agencies and companies and those conducted under the oversight of the EMS Board to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, also, to conduct data aggregation relating to the health care operations. Any of these Agencies may use certain information such as your name, address, age, birth date, health insurance status, to contact you for the purpose of raising money for the Agency and you will have the right to opt out of receiving such communications with each solicitation. Your decision will have no impact of your treatment or payment for the health care services provided by any of the Agencies.
- 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 friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional

judgment, determine that a disclosure to your family member, relative, or friend 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 a public health investigation, to report child or adult abuse or 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 care fraud and abuse detection or for activities related to compliance with the 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 health 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. However, Substance Use Disorder (SUD) treatment records received from programs subject to 42 C.F.R. Part 2, and testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order, after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2, and the order is accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed:
- 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 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 health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- During Emergencies/Disasters: As required by law, we may use or disclose your Protected Health Information to appropriate governmental or non-governmental agencies for the purpose of treatment, family reunification, to lessen a serious or imminent threat, and other related purposes during an emergency or disaster.

When applicable, uses and disclosures of Substance Use Disorder (SUD) treatment records subject to Part 2 may be prohibited or materially limited, and we will follow Part 2's more stringent requirements. For additional information, see the "Substance Use Disorder Treatment Confidentiality Regulations (42 C.F.R. Part 2)" section of this Notice.

Reminders for Scheduled Transports and Information on Other Services. We 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.

Any other use or disclosure of PHI for marketing purposes or that constitutes a sale of PHI can only be made with your written authorization. Any other uses or disclosures, other than those listed above, will only be made with your written authorization (the 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). **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.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. Each of the participating agencies and companies identified on this Notice maintain their own records separately. You may request to inspect and copy most of the medical information about you that we maintain, and if more than one of us participated in your care you will need to make the request to each of us. If we maintain your information electronically, you have the right to request an electronic copy. You have the right to direct us to send your copy to another entity or person you designate. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. Please refer to the contact information listed at the end of this Notice for the agency or company from whom you wish to inspect and copy your medical information.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally 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 reasonably believe the information you are asking to be amended is already correct, or if we reasonably believe the information you are asking us to add/change/remove is not correct. Please refer to the contact information listed at the end of this Notice for the agency or company from whom you wish to request to amend your medical information.

The right to choose how we communicate with you. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You may make any such request in writing, addressed to the applicable contact listed at the end of this notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. Please refer to the contact information listed at the end of this Notice for the agency or company from whom you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. You also have the right to request that your health care services not be disclosed to your health plan for payment or healthcare purposes. However, we are only required to honor your request if the services are paid out of pocket and in full. We are not required to notify future providers about your restriction to your health plan. This restriction does not apply to uses or disclosures related to your medical treatment. This restriction does not apply to future follow up services, unless an additional request is made, and the services are also paid out of pocket and in full. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Except for the health plan restriction described above we are not required to agree to any restrictions you request, but any restrictions agreed to by any of the agencies or companies participating in this arrangement are binding on that agency or company alone. You may cancel a restriction at any time.

Internet, Electronic Mail, and the right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. 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 the Notice.

Revisions to the Notice. We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that each of us maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web sites, if one is maintained. You can get a copy of the latest version of this Notice from any of the agencies or companies listed at the end of this Notice.

Substance Use Disorder Treatment Confidentiality Regulations (42 CFR Part 2)

Some records, including certain substance use disorder treatment records, may be protected by a federal confidentiality rule codified at **42 CFR Part 2**. When Part 2 applies, Part 2 may prohibit or materially limit uses and disclosures that would otherwise be permitted under the HIPAA Privacy Rule, and we will follow the more stringent requirements.

- **This Joint Notice does not modify or supersede Part 2.** It does not limit your rights under Part 2 and does not reduce our duties to protect records subject to Part 2.
- **How Part 2 affects uses and disclosures described in this Notice.** If this Notice describes a use or disclosure that would be permitted under the Health Insurance Portability and Accountability Act but is prohibited or materially limited by Part 2, Part 2 controls, and we will use or disclose those records only as Part 2 permits (including, when required, with your written consent)
- **Court cases and other legal proceedings.** Substance use disorder treatment records received from programs subject to Part 2, and testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Fundraising. If we intend to use or disclose records subject to Part 2 for fundraising for the benefit of the covered entity, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications

Your Legal Rights and Complaints. You also have the right to complain to the agency or company who provided services to you, or to the Secretary of United States Department of Health and Human Services if you believe 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 appropriate contact listed at the end of this Notice.

Contact Information for Participating Agencies and Companies:

<input type="checkbox"/> American Medical Response, Inc. HIPAA Privacy Officer 6200 S. Syracuse Way, Suite 200 Greenwood Village CO 80111 888-828-7284	<input type="checkbox"/> City of North Las Vegas Fire Department HIPAA Privacy Officer 4040 Losee Road North Las Vegas, NV 89030 702-633-1102
<input type="checkbox"/> City of Las Vegas Fire & Rescue Privacy Office 702-229-0330 500 N. Casino Center Blvd. Las Vegas, NV 89101	<input type="checkbox"/> Clark County Fire Department For information about requesting medical records please visit www.clarkcountynv.gov/depts/fire/ or call 702-455-7322 For complaints or concerns: Clark County Privacy Officer Clark County Audit Department P.O. Box 551120 Las Vegas NV 89155-1120 CountyAuditor@clarkcountynv.gov(702) 455-3269
<input type="checkbox"/> City of Henderson Fire Department Privacy Officer 240 Water Street PO Box 95050 Henderson NV 89009-5050 702-267-1900	<input type="checkbox"/> MedicWest Ambulance HIPAA Privacy Officer 6200 S. Syracuse Way, Suite 200 Greenwood Village CO 80111 888-828-7284
<input type="checkbox"/> Community Ambulance Privacy Officer 91 Corporate Park Drive, Suite 120 Henderson, NV 89074 702-438-9100	

Effective date of this Notice: January 2026