



## 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.**

Your health information is personal, and we are committed to protecting your privacy. Your health information is also very important to our ability to provide you with quality care and to comply with certain laws. This Notice of Privacy Practices (this “Notice”) describes the ways we may use and disclose your information. It also describes your rights and our obligations regarding the use and disclosure of your information.

This Notice applies to health care provider subsidiaries and affiliates of Global Medical Response, Inc., American Medical Response, Inc., and Air Medical Group Holdings LLC.

### **I. Our Responsibilities Regarding Your Protected Health Information.**

We are required by law to:

- A. maintain the privacy of your health information, also known as “protected health information” or “PHI”;
- B. notify you if there is a breach of your unsecured PHI;
- C. provide you with this Notice; and
- D. comply with this Notice.

### **II. Future Changes to Our Practices and This Notice.**

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you previously. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Ethics & Compliance Department at 877-631-5722 or emailing [compliance@gmr.net](mailto:compliance@gmr.net). We will also make any revised Notice available on our website at [www.globalmedicalresponse.com](http://www.globalmedicalresponse.com).

### **III. How We May Use and Disclose Your Protected Health Information Without Your Written Authorization.**

Under certain circumstances, the law allows us to use or disclose PHI without your written authorization. This section gives examples of each of these circumstances.

- For Your Treatment. We may use or disclose your PHI to provide health care treatment. For example, we may share your PHI with other health care providers who are involved in your care.
- To Collect Payment for Our Services. We may use or disclose your PHI to obtain payment for our services. For example, we may share relevant PHI with your insurance company to receive payment for the services we provided to you.

- For Our Health Care Operations. We may use and disclose your PHI for our health care operations. For example, we may use your PHI to perform quality improvement and assessment activities.
- When Required by Law. We will disclose your PHI when we are required to do so by applicable federal, state, or local law.
- Uses and Disclosures That Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person you indicate is involved in your health care or in helping you get payment for your health care. We may use or disclose your PHI to notify your family or personal representative of your location or condition. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under these circumstances, we disclose only information that is directly relevant to the person's involvement with your care.
- For Public Health Activities. We may use and disclose your PHI for public health and safety activities. For example, we may share your PHI when we report to public health authorities, cooperate with public health investigations, or notify a product manufacturer regulated by the U.S. Food and Drug Administration of a potential problem.
- To Health Oversight Agencies. We may disclose your PHI to a health oversight agency for activities that are authorized by law, such as investigations, audits, inspections, and licensure activities. For example, we may share your PHI with agencies that ensure compliance with Medicare or Medicaid program rules.
- For Reports About Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI to a government agency, such as a social services or protective services agency, if we reasonably believe that an individual is the victim of abuse, neglect, or domestic violence.
- For Lawsuits and Disputes. We may disclose your PHI during a judicial or administrative proceeding in response to a court order, subpoena, or other lawful process.
- To Law Enforcement. We may release PHI about you if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) if you are the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.
- To Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.
- To Organ Procurement Organizations. We may disclose PHI to organ procurement organizations.

- Research. We may use or share your PHI if the group that oversees our research (e.g., an Institutional Review Board/Privacy Board) approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.
- To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI to prevent or reduce the risk of a serious and imminent threat to the health or safety of an individual or the general public.
- For Specialized Government Functions. We may use or disclose your PHI for special government functions, such as military, national security, and presidential protective services.
- To Workers' Compensation or Similar Programs. We may disclose your PHI in connection with worker's compensation claims.

#### **IV. Other Uses and Disclosures of Your Protected Health Information.**

Other uses and disclosures of your PHI that are not described in this Notice will be made only with your written authorization. For example, the law requires your written authorization before we may use or disclose: (i) psychotherapy notes, other than for the purpose of carrying out our treatment, payment, or health care operations purposes, (ii) any PHI for our marketing purposes, or (iii) any PHI as part of a sale of PHI. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclosure your PHI for the purposes specified in the written authorization, except that we are unable to retract any disclosures we have already made with your authorization. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance on your authorization.

#### **V. Your Rights Related to Your Protected Health Information.**

You have the following rights:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI. Any such request must be submitted in writing to our Privacy Officer by emailing [compliance@gmr.net](mailto:compliance@gmr.net) or mailing your request to:

Attn: Privacy Officer  
 4400 State Hwy 121  
 Ste. 700  
 Lewisville, TX 75056

B. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment. Notwithstanding the foregoing, we must agree to a restriction on the use or disclosure of your PHI if: (i) the disclosure is for our payment or health care operations purposes and is not otherwise required by law and (ii) you or another person acting on your behalf has paid for our services in full.

C. 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, or never by telephone). We must accommodate your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer, at [compliance@gmr.net](mailto:compliance@gmr.net) or mailing your request to:

Attn: Privacy Officer  
4400 State Hwy 121  
Ste. 700  
Lewisville, TX 75056

D. The Right to See and Copy Your PHI. You may ask to view or access a copy of your PHI. We will provide a copy or a summary of your health information in accordance with the law. We may charge a reasonable, cost-based fee. Please review the below instructions for requesting access to your PHI:

(1) For ground ambulance transports: Go to <https://Medicopy.net/AMR> and complete the medical record request form that is linked on the website. Alternatively, you may ask for a copy of the medical record request form by calling toll free at 866-587-6274 or emailing [medAMRmedical@mrocorp.com](mailto:medAMRmedical@mrocorp.com).

(2) For air ambulance transports: Send an email to our Patient Billing Service Center at [MedicalRecords@gmr.net](mailto:MedicalRecords@gmr.net) or call toll free at 866-286-1827.

In certain situations, we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If we keep your PHI in an electronic format, you may request that we provide it to you in that format and we will do so if it would be feasible.

E. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must tell us why you think the amendment is appropriate. Requests for amendments may be emailed to our Patient Billing Service Center at [MedicalRecords@gmr.net](mailto:MedicalRecords@gmr.net). For verbal inquiries, call toll free at 866-286-1827. We will respond and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment. If you have questions, please contact the Privacy Officer at [compliance@gmr.net](mailto:compliance@gmr.net) or 877-631-5722. If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

F. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list (accounting) of instances in which we have disclosed your PHI going back six years from the date of your request. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends, or for disaster relief purposes. The list also will not include disclosures we have made for national security purposes or to law enforcement personnel.

Your request for a list of disclosures must be made in writing and be addressed to our Patient Billing Service Center at [MedicalRecords@gmr.net](mailto:MedicalRecords@gmr.net). For verbal inquiries, call toll free at 866-286-1827. We will respond to your request in accordance with law. The first list you request

within a 12-month period will be free. You may be charged a reasonable cost-based fee for providing any additional lists within the 12-month period. If you have questions, please contact the Privacy Officer at [compliance@gmr.net](mailto:compliance@gmr.net) or 877-631-5722.

G. The Right to Get a Paper Copy of This Notice. You have the right to request a paper copy of this notice. You may obtain a paper copy of this Notice by contacting the Privacy Officer at 877-631-5722 or emailing [compliance@gmr.net](mailto:compliance@gmr.net). The Notice is also available online at [www.gmr.net](http://www.gmr.net).

## **VI. Complaints.**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with the DHHS put your complaint in writing and address it to the US Department of Health & Human Services, 200 Independence Ave. S.W., Washington DC, 20201. Or call them at 877-696-6775. To file a complaint with us, put your complaint in writing and address it to the GMR HIPAA Privacy Officer at Global Medical Response, 4400 State Hwy 121, Ste. 700, Lewisville, TX 75056. You may also contact our Privacy Officer at 877-631-5722 to file a complaint, or if you have questions or comments about our privacy practices. We will not retaliate against you for filing a complaint.

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