

Notice of Privacy Practices



Kanawha County Emergency Ambulance Authority
601 Brooks Street • Charleston, WV 25301
(304) 345-2312 • www.KCEAA.org

Revision Effective February 16, 2026

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice of Privacy Practices (“Notice”) describes how Kanawha County Emergency Ambulance Authority (“KCEAA”) may use and disclose your health information to carry out treatment, payment, or healthcare operations and for other purposes that are required by law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and subsequent regulations, including the Health Information Technology for Economic and Clinical Health (HITECH”) Act. It also describes your rights to access and control your “Protected Health Information”/“electronic Protected Health Information” (“PHI/ ePHI”). PHI/ePHI is information about you, including demographic information, which may identify you and that relates to your past, present, or future physical or mental health or condition and related services.

1. OUR COMMITMENT TO YOUR PRIVACY

As part of our mission of providing professional health care and support services while maintaining a standard of excellence, it is necessary for us to gather medical and personal information from our patients that is private. Under Federal and/or State laws, some of the medical and personal information you provide to us is considered PHI/ePHI. As your emergency medical services responder and/or medical transporter, we appreciate and respect your trust, and we are dedicated to maintaining the privacy of your PHI/ePHI.

In providing healthcare services and conducting our business, we will create records regarding you and the services we provide to you. This Notice describes how we may use and disclose your PHI/ePHI to carry out treatment, payment, or healthcare operations, as well as other purposes that are permitted and/or required by law. It also describes your rights to access and control your PHI/ePHI. The terms of this Notice apply to all records containing your PHI/ePHI that are created or retained by our organization.

2. OUR DUTIES TO YOU REGARDING YOUR PHI/ePHI

We are required by law to maintain the privacy of PHI/ePHI and to provide patients with notice of our legal duties and privacy practices with respect to PHI/ePHI. We are required to abide by the terms of this Notice. KCEAA reserves the right to revise or amend this Notice at any time in the future, without prior notice. This Notice’s effective date is found at the top of the first page. We reserve the right to make any revision or amendment to this Notice effective for all PHI/ePHI that our organization has created or maintained in the past, as well as for any information we receive and for any records that we may create or maintain in the future. At all times, we will post a copy of our current Notice in a visible location within our offices, and you may request a copy of our most current Notice at any time. A copy also may be obtained through our website at www.KCEAA.org.

If you have questions about this Notice, please contact the KCEAA Privacy Officer at 601 Brooks Street, Charleston, WV 25301.

3. USES AND DISCLOSURES OF PHI/ePHI

A. *Uses and Disclosures of PHI/ePHI for Treatment, Payment, and Healthcare Operations*

KCEAA is permitted to use and disclose your PHI/ePHI for treatment, payment and health care operations as described herein. Your PHI/ePHI may be used and disclosed by us and others outside of our organization that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI/ePHI also may be used and disclosed to facilitate payment of your health care bills and to support our operations. Following are examples of the types of uses and disclosures of your PHI/ePHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that KCEAA may make.

Treatment. We will use and disclose your PHI/ePHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has

already obtained your permission to have access to your PHI/ePHI. For example, we would disclose your PHI/ePHI, as necessary, to an emergency room or a home health agency that provides care to you. We will also disclose PHI/ePHI to other physicians and health care providers who may be treating you.

Payment. Your PHI/ePHI may be used, as needed, to obtain payment for your health care services. This may include certain activities that a payor, whether a government entity (e.g., Medicaid or Medicare) or private insurance or other health plan, may undertake before it approves or pays for the health care services we provided to you. This may include certain activities that we are required to undertake before payment can be obtained from your health insurance plan or other third party. For example, we may contact your health insurer to certify that you are eligible for benefits (and to determine that range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI/ePHI to obtain payment from third parties that may be responsible for such costs, such as family members. We also may use your PHI/ePHI to bill you directly for services and items.

Health Care Operations. We may use or disclose, as needed, your PHI/ePHI in order to support KCEAA's business operations and related activities. These activities include, but are not limited to, quality assessment and improvement activities; employee review activities; training; accreditation; certification; licensing; credentialing; and conducting or arranging for other business activities. For example, we may use and disclose PHI/ePHI when training and reviewing our staff. We will share PHI/ePHI with third party "business associates" that perform various activities; provided, however, that whenever an arrangement between KCEAA and a business associate involves the use or disclosure of your PHI/ePHI, we will have a written agreement, called a "Business Associate Agreement," in which the business associate shall acknowledge its obligations in complying with HIPAA and protecting the privacy of your PHI/ePHI.

While we are permitted to engage and/or change our business associates at any time, without prior notice to you, we want to inform you that, like all healthcare organizations, we currently contract with numerous third-party business associates for many of the essential services required to assist us in providing healthcare and other supportive services. These services are all designed to improve our quality of care, to decrease our costs, and to improve your patient experience. While not an exhaustive listing of all such services,

such essential functions may include electronic health records systems and other digital platforms, billing and claims processing services, practice management software systems and platforms, quality improvement and assessment services, value-based care initiatives, inventory management systems, and state healthcare reporting and information-sharing platforms.

Because we constantly strive to improve our services, we may disclose information to others within our organization for employee evaluation and learning purposes. Whenever reasonably possible, we will remove identifying data to prevent the unnecessary disclosure of your identity.

Emergencies. We may use or disclose your PHI/ePHI in an emergency treatment situation.

Substance Abuse Disorder Records. As an EMS provider, KCEAA generally does not create medical records relating to substance use disorder ("SUD") treatment. However, KCEAA may receive such records when transferring patients to or from a Part 2-covered treatment facility. In addition to the protections afforded by HIPAA, SUD records are entitled to separate, heightened protections under 42 C.F.R. Part 2. We will limit any use of your SUD records to only those permissible uses set forth in this Notice, if provided with a general authorization, and we will limit our use or disclosure of such records consistent with your specific written consent. You should be aware that any disclosed SUD information may be subject to redisclosure. If you wish to limit our use of this information for any purposes, you have those rights described herein, and you should notify KCEAA. You also should be aware that these records may not be used against you in any civil, criminal, administrative, or legislative proceedings without your written consent or a court order.

B. Uses and Disclosures of PHI Based Upon Your Authorization

Other uses and disclosures of your PHI/ePHI will be made with your written authorization, unless otherwise permitted or required by law as described herein. You may revoke your authorization, at any time, in writing, except to the extent that KCEAA has taken action in reliance on the use or disclosure indicated in the authorization.

C. Other Permitted Uses and Disclosures to Which You May Agree or Object

We may use and disclose your PHI/ePHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI/ePHI. If you are not present or able to agree or object to the use or

disclosure of the PHI/ePHI, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI/ePHI that is relevant to your health care will be disclosed. Such disclosures may include, for example, those (1) to a member of your family, a relative, a close friend, your personal representative, or any other person that you involve in your care, but only to the extent that the PHI/ePHI directly relates to that person's involvement in your healthcare; (2) to notify a family member or other person responsible for your care of your location, general condition, or death; or (3) to authorized public or private entities to assist in disaster relief efforts and to coordinate uses and disclosures to family and other individuals involved in your health care.

We will not use or disclose your PHI/ePHI for marketing purposes without your written authorization. We do not and will not provide or sell your PHI/ePHI to any outside marketing firms or agencies.

D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or an Opportunity to Object

We may use or disclose your PHI/ePHI in the following situations that do not require your authorization or opportunity to object:

Required By Law. We may use or disclose your PHI/ePHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the applicable law.

Public Health. We may disclose your PHI/ePHI for public health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We also may disclose your PHI/ePHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases. We may disclose your PHI/ePHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities. We may disclose your PHI/ePHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Food and Drug Administration. We may disclose your PHI/ePHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI/ePHI in response to a court or administrative order. We also may be required to disclose your PHI/ePHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, where allowable under HIPAA. We will make a good faith effort to inform you of all such requests when received.

Abuse or Neglect. We may disclose your PHI/ePHI to a law enforcement agency or to a public health authority, such as the WV Department of Human Services, Bureau for Social Services, and Child or Adult Protective Services, which is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your PHI/ePHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable Federal and State laws.

Law Enforcement. We may disclose PHI/ePHI, so long as applicable legal requirements are met, for law enforcement purposes. Such disclosures include (1) the reporting of certain physical injuries; (2) responding to legal processes; (3) providing limited information for identification and location purposes; (4) providing law enforcement officials with information pertaining to victims of a crime; (5) reporting deaths possibly resulting from criminal conduct; (6) reporting a crime that occurs within our ambulances or our facilities; and (7) reporting criminal activity outside our premises that results in emergency medical services.

Inmates. We may use or disclose your PHI/ePHI if you are an inmate of a correctional facility and we created or received your PHI/ePHI in the course of providing care to you.

Coroners, Funeral Directors, and Organ Donation. We may disclose PHI/ePHI to a coroner or medical examiner for identification purposes, for determining cause of death, or for other duties authorized by law. We may also disclose PHI/ePHI to funeral directors to carry out their duties. PHI/ePHI may be used and disclosed for organ, eye, or tissue donation purposes.

Research. We may disclose your PHI/ePHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI/ePHI.

Serious Threat to Health and Safety. Consistent with applicable Federal and State laws, we may disclose your PHI/ePHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We also may disclose PHI/ePHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose PHI/ePHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI/ePHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or certain other individuals.

Workers' Compensation. Your PHI/ePHI may be disclosed by as authorized to comply with Workers' Compensation laws and other similar legally established programs.

Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Title 45, Code of Federal Regulations, Parts 160 and 164.

E. Permitted Uses and Disclosures For Which You May "Opt Out"

KCEAA has chosen to participate in the West Virginia Health Information Network ("WVHIN"), a regional health information exchange serving all of West Virginia. As permitted by law, your PHI will be shared with this exchange in order to provide faster access, to facilitate better coordination of care, and to assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your PHI available through WVHIN by completing the Opt-Out Form, which is available, upon request, from at any KCEAA health center. Public health reporting and Controlled Dangerous Substances information, as part of the

West Virginia Prescription Drug Monitoring Program, will still be available to providers.

4. NOTICE OF MORE STRINGENT REQUIREMENTS UNDER WEST VIRGINIA LAW

You should note that the foregoing summary of permitted uses and disclosures of PHI/ePHI is based upon Federal requirements. Those requirements are to be followed unless West Virginia law offers greater protection to PHI/ePHI. In certain situations, West Virginia has adopted stronger protections than the Federal provisions. Since we are providing your healthcare in West Virginia, these laws will apply even though you may be a citizen of another state.

In West Virginia, mental health information obtained in the course of our care is considered confidential and generally may only be disclosed with patient authorization, under command of a qualified court order, or where necessary to protect someone from clear and substantial danger of imminent harm.

Similarly, under West Virginia law, the identity of a person who has received an HIV-related test and the results of such test may not be disclosed without the person's consent. However, disclosure is permitted to certain parties, such as to the victim of a sexual assault or to healthcare workers involved in the treatment of the person. Recipients of such information under one of these exceptions are prohibited from further disclosing the PHI/ePHI. We also cannot disclose to a third party any PHI/ePHI concerning treatment for substance abuse disorder without patient authorization.

5. YOUR RIGHTS

A. You Have the Right to Inspect and Obtain a Copy of Your PHI/ePHI

You may obtain a copy of PHI/ePHI about you that is contained in a designated record set for as long as we maintain the PHI/ePHI. A "designated record set" contains medical and billing records that we use for making healthcare or business operation decisions about you.

We are required to respond to your request to for a copy of your records within thirty (30) days of receipt of your request if the requested information is maintained onsite, or within sixty (60) days if the information is maintained offsite. We also have the right to extend this response time by up to an additional thirty (30) days with written notice to you of the reasons for the delay and the date by which we will complete our action on your request.

We may deny your request to inspect and copy your records in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Our Medical Director will review your request and the denial, and we will comply with the outcome of that review.

Please note that all original health records created by us in the course of providing services to you remain our property. We are required to take reasonable measures to safeguard these records and to prevent unauthorized additions, deletions, or changes to these records. Accordingly, while you have a general right to inspect and copy your medical records under Federal and State law, we must control the conditions and circumstances under which any inspection and copying occurs. No patient or authorized representative will be permitted unsupervised access to any records, and no records may leave our control for inspection and copying purposes. Under both HIPAA and West Virginia law, we are permitted to charge you a fee for the cost of copying, mailing, or searching these records, except where expressly prohibited by such governing laws and regulations. If you request, we may prepare a summary of your PHI/ePHI (a fee will be charged). You may request information concerning our fees from our Privacy Officer. To request a copy of your medical or billing information, contact our Privacy Officer, 601 Brooks Street, Charleston, WV 25301.

B. You Have the Right to Request Restrictions or Limitations on Certain Uses and Disclosures of Your PHI/ePHI

You may ask us not to use or disclose any part of your PHI/ePHI for the purposes of treatment, payment, or healthcare operations. You also may request that any part of your PHI/ePHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply; and (4) an expiration date.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI/ePHI, then it will not be restricted. If KCEAA does agree to the requested restriction, we may not use or disclose your PHI/ePHI in violation of that restriction, unless it is needed to provide emergency treatment. Please feel free to discuss any restriction you wish to request with us.

To the extent that you wish to restrict our ability to use or disclose your PHI/ePHI for payment, you will be asked to make alternative arrangements for making all payments owed at the time of your request.

To request a restriction of your personal health information, please send your written request to our Privacy Officer.

C. You Have the Right to Request to Receive Confidential Communications By Alternative Means or Locations.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications of your PHI, or if you desire for your billing information to be sent to another address please send your written request to our Privacy Officer at 601 Brooks Street, Charleston, WV 25301.

D. You Have a Right to Request That We Amend Your PHI/ePHI that is in Your Designated Record Set.

You may request an amendment of PHI/ePHI about you in a designated record set for as long as we maintain this information. Requests for amendment must be in writing and must provide a reason to support each requested amendment. In certain cases, we may deny your request for an amendment and must notify you in writing within sixty (60) days. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. In addition, we may deny your request if you ask us to amend information that was not created by us; is not part of the designated record set kept by us; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Please contact our Privacy Official if you have questions about amending your PHI/ePHI.

E. You Have a Right to Receive an Accounting of Certain Disclosures We Have Made of Your PHI/ePHI

This right applies to disclosures for purposes other than treatment, payment, or health care operations. This right does not apply to information provided to you or others pursuant to your authorization, to family members or friends you have involved in your care, or for certain government functions as addressed in this Notice. The right to receive this information is subject to certain other exceptions, restrictions, and limitations. The first accounting of disclosures you request within a 12-month period shall be free of charge, but we reserve the right to charge you for additional lists within the same 12-month period. We will notify you of the costs involved in your request, and

you may withdraw your request before you incur any costs. To request an accounting of applicable disclosures, contact the KCEAA Privacy Officer.

F. *You Have a Right to Obtain a Paper Copy of this Notice of Privacy Practices.*

You may ask us to give you a copy of this Notice at any time, even if you have previously agreed to accept this Notice electronically.

G. *You Have the Right to Choose Someone to Act For You*

If you have given someone medical power of attorney or if someone is your legal guardian, that individual can exercise your rights and make choices about your PHI. If alerted to the appointment of a power of attorney or guardian, we will need to make sure that the person has the proper legal authority to act on your behalf before we take any action.

6. PHI/ePHI BREACH NOTIFICATION

In the event of a breach of your PHI/ePHI, we will ensure compliance with the requirements of the HIPAA Breach Notification Rule, including an individual written notice, via first-class mail, sent to the last known address, or email if you have specified, no later than sixty (60) days after the discovery of the breach. We also will ensure that all required reports are made to the Office of Civil Rights (OCR) of the Department of Health and Human Services, as required by law.

7. OTHER USES OF YOUR PHI/ePHI

Other uses and disclosures of your PHI/ePHI not covered by this Notice or the laws and/or regulations that apply to KCEAA will be made only with your written permission. If you provide us with permission to use or disclose your PHI/ePHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI/ePHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made in reliance upon your prior authorization.

8. CONTACT INFORMATION AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI/ePHI or in response to a request you made to amend or restrict the use or disclosure of your PHI/ePHI or to have us communicate with you in confidence by alternative means or at an alternative location, you may file a written

complaint with our Privacy Officer, 601 Brooks Street, Charleston, WV 25301. You also may submit a written complaint to 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.

We support your right to protect the privacy of your medical information. **You will not be penalized for filing a complaint.** We will not retaliate in any way if you choose to file a complaint with KCEAA or the U.S. Department of Health and Human Services.



KCEAA Is Committed to Earning and Protecting Your Trust!

If you do not understand any portion of the foregoing Notice, or if you need someone to assist you in reading it, please ask for assistance. We want you to understand what your PHI/ePHI is, how your PHI/ePHI may be used or disclosed, and your rights to access or control your PHI/ePHI.