Rural/Metro Fire

Ground Ambulance & Emergency Medical Services

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.

This Notice applies to protected health information ("PHI") created or received by Rural/Metro Fire ("we," "us," or "the Company") in the course of providing 911 emergency response, ground ambulance transport, and related emergency medical services in the communities we serve, including our licensed service areas in Arizona, Louisiana, and Ohio. We are required by law to maintain the privacy of your PHI, provide you with this Notice describing our legal duties and privacy practices, and abide by the terms currently in effect.

How We May Use and Disclose Your Health Information

Because of the emergency nature of our services, most uses and disclosures of your PHI occur without your prior authorization, as permitted by HIPAA and applicable state law. Categories of permitted use include:

Treatment

- Coordinating and providing your emergency medical care, including verbal and written patient care reports (PCRs) shared with receiving hospital emergency departments, trauma centers, or other providers who continue your care.
- Consulting with online medical direction (base hospital physicians) and other EMS or fire personnel involved in your treatment.

Payment

- Billing and collecting payment from you, your insurance company, Medicare, state Medicaid programs (including AHCCCS in Arizona, Louisiana Medicaid, and Ohio Medicaid), or another responsible party for the ambulance services provided, including submitting claims and supporting documentation, and verifying coverage or eligibility.

Health Care Operations

- Quality assurance, medical direction review, incident review, training of EMS personnel, accreditation, licensing/CON compliance, and other internal administrative and business functions.

Disclosures Where You Have the Opportunity to Object

- Unless you object, we may share relevant portions of your PHI with a family member, friend, or other person you identify as involved in your care or in helping pay for your care, and we may notify such a person of your location or general condition. If you are unable to agree or object because of your medical condition or an emergency, we will use our professional judgment to determine whether sharing information with a family member or friend is in your best interest, limited to information directly relevant to that person's involvement in your care. Unless you object, we may also share PHI with disaster relief organizations coordinating relief efforts.

Other Permitted Uses and Disclosures (Without Your Authorization)

- **Required by Law:** As required by federal, state, or local law, including reporting to the state EMS regulatory authority in the state where your care was provided (for example, the Arizona Department of Health Services Bureau of EMS and Trauma System).
- **Public Health:** For public health activities, such as reporting to the applicable state trauma registry, disease/injury surveillance, vital statistics, and communicable disease reporting.
- **Abuse or Neglect:** To report suspected abuse, neglect, or domestic violence to the appropriate government authority as required or authorized by law.
- **Health Oversight & Safety:** To the FDA, or to a person subject to FDA jurisdiction, regarding product or activity quality, safety, or effectiveness.
- **Judicial and Law Enforcement:** In response to a court order, subpoena, warrant, summons, or similar legal process, and other limited law-enforcement purposes (e.g., identifying a suspect, fugitive, witness, or missing person).
- **Decedents:** To coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors as necessary.

- **Organ & Tissue Donation:** If you are an organ donation candidate, to organ procurement organizations as necessary to facilitate donation and transplant.
- **Research:** If our institutional review board or privacy board has approved a waiver of authorization for an approved research project, or to a researcher preparing to contact potential study subjects.
- **Military & National Security:** To military command authorities for members of the Armed Forces, and for other specialized government functions such as national security and protective services, where required.
- **To Avert a Serious Threat:** To avert a serious and imminent threat to your health or safety or that of the public, consistent with applicable law.
- **Workers' Compensation:** To workers' compensation agencies as authorized by, and to the extent necessary to comply with, workers' compensation laws.
- **Inmates:** To correctional institutions or law enforcement officials having lawful custody of an inmate or other person, if necessary for your health and safety or the safety of others.
- **Business Associates:** With companies that perform services on our behalf (e.g., billing vendors, medical records software, quality review contractors) under a written business associate agreement requiring them to safeguard your PHI.

Substance Use Disorder (SUD) Treatment Records

We may receive or maintain SUD treatment records that originate from a program governed by 42 C.F.R. Part 2 (a "Part 2 Program"), the federal rule protecting the confidentiality of substance use disorder patient records. If we receive Part 2 records under a patient's general consent authorizing their use for treatment, payment, and health care operations, we will use and disclose those records for those purposes as described in this Notice, subject to the same rights and protections that apply to Part 2 records. If we receive Part 2 records under a more limited, specific consent, we will use and disclose them only as that consent permits. Consistent with 42 C.F.R. Part 2, we will not use or disclose Part 2 records, or testify about the information they contain, in a civil, criminal, administrative, or legislative proceeding against you unless you have given written consent or a court has ordered disclosure after notice and an opportunity for you to be heard. Part 2 records that are disclosed may be subject to further restrictions on redisclosure under federal law.

Uses and Disclosures Requiring Your Written Authorization

Other than as described above, we will not use or disclose your PHI without your written authorization, including for marketing purposes, sale of PHI, or disclosure of psychotherapy notes (if applicable). You may revoke a prior authorization in writing at any time, except to the extent we have already relied on it.

State Law and Your Prehospital Medical Record

In addition to HIPAA, the states where we operate impose their own confidentiality protections for prehospital and patient care records. These state-law protections apply in addition to, and do not reduce, the HIPAA rights and protections described in this Notice.

Arizona

Arizona law (A.R.S. § 36-2220) specifically protects your prehospital and patient care records from public disclosure. Medical records developed and kept by us as part of the statewide EMS and trauma system — including clinical records, prehospital care records, and related reports — are confidential and will not be released to the public without your written authorization (or that of your guardian or agent), except as otherwise required or permitted by state or federal law.

Louisiana

Louisiana law (La. R.S. § 40:1165.1, Health Care Information; Records) governs the confidentiality, access, and disclosure of your medical records, including records maintained by health care providers such as ambulance services. This statute operates alongside HIPAA and includes Louisiana-specific procedures for record requests, including applicable response timeframes.

Ohio

Ohio law exempts medical records, including the medical content of EMS patient care ("run") reports, from disclosure under the state's public records law (R.C. § 149.43(A)(1)(a)); the treatment, diagnosis, and condition information in a run report is confidential and is redacted before any public release of the report. Separately, Ohio law (R.C. § 4765.06) protects the confidentiality of information reported to the state's EMS incident reporting system and trauma registry.

Your Rights Regarding Your Health Information

Right to Inspect and Copy

You may request to inspect and obtain a copy of your PHI that we maintain, including your patient care report. Requests must be made in writing and we will respond within the time required by law (generally within 30 days). We may charge a reasonable, cost-based fee for copies. If we maintain your PHI electronically, you may request an electronic copy, and we will provide it if readily producible in that format.

Right to Request Amendment

You may ask us to amend your PHI if you believe it is incorrect or incomplete. We may deny the request in certain circumstances, and will explain the reason in writing.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we made of your PHI, other than for treatment, payment, health care operations, and certain other excepted disclosures, generally covering the six years prior to the request.

Right to Request Restrictions

You may ask us to restrict how we use or disclose your PHI for treatment, payment, or operations. We are not required to agree, except where you paid out of pocket in full for a service and ask that we not disclose that information to your health plan.

Right to Request Confidential Communications

You may ask us to communicate with you about your health information by alternative means or at an alternative location (for example, by mail rather than phone).

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Notification of a Breach

We will notify you if we discover a breach of your unsecured PHI, as required by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing; you may revoke that permission in writing at any time.

Changes to This Notice

We reserve the right to change this Notice at any time. Any revised Notice will apply to PHI we already have as well as PHI we create or receive in the future. The current Notice will be posted at our stations and administrative offices and made available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Privacy Officer

3414 Governors Dr SW Ste #350
Huntsville, AL 35805
Phone: (256) 776-7665
Email: AskHR@ruralmetrofire.net

U.S. Dept. of Health & Human Services

Office for Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
Phone: (800) 368-1019 | www.hhs.gov/ocr

Effective Date: August 1, 2026