

**SUSQUEHANNA
REGIONAL EMS
MEDICAL CONTROL
PLAN**

UPDATED 7/13/07

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SREMS MEDICAL CONTROL PLAN

INTRODUCTION / OVERVIEW

The Susquehanna Regional Emergency Medical Services Program serves the respective geographical area encompassed by the Regional Council, and includes the relationships, territories and practitioners in the counties of Broome, Chenango and Tioga. Its operational funding is received from the New York State Department of Health, under contract with an administrative sponsor, which currently is the Susquehanna Regional EMS Council, Inc.

The Susquehanna Regional Medical Advisory Committee has formulated this Medical Control Plan in order to ensure the continuity of high-quality prehospital emergency medical care in this three-county area.

DEFINITION OF MEDICAL CONTROL AND STATEMENT OF PURPOSE

Medical Control is the physician-provided medical responsibility for emergency medical services.

Medical Control is defined in Article 30, Section 3001 as:

- a. advice and direction provided by a physician to certified first responders, emergency medical technicians or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility and;
- b. indirect medical control including the written policies, procedures and protocols for prehospital emergency medical care and transportation developed by the State Emergency Medical Advisory Committee, approved by the State Council and the Commissioner and implemented by the Regional Medical Advisory Committees.

All aspects of the organization and provision of emergency medical services (EMS), including both basic and advanced life support, require the active involvement and participation of physicians. These aspects should incorporate design of the EMS system prior to its implementation; continual review of the system; and operation of the system from initial access to prehospital contact with the patient through delivery of the patient to the emergency department. All prehospital medical care may be considered to have been provided by one or more agents of the physicians who participate in the prehospital system. REMAC, Agency Medical Directors and on-line and off-line Medical Control Physicians have assumed the oversight for such care.

Medical oversight is the complex task that involves the direction of the EMS system and providers in the overall clinical management of patients.

Medical Control/oversight of prehospital emergency care may be accomplished through direct voice communication with prehospital emergency medical personnel (direct control) or through the provision of care in accordance with patient care protocols developed and promulgated by physicians (indirect control), and physician supervised quality assurance activities.

Every pre-hospital ambulance or rescue service is encouraged to look at an identifiable service Medical Director who is responsible for all aspects of indirect control (off-line) of that service. All training of emergency medical personnel, including supervision of training, re-training, continuing education, ongoing performance evaluation through audit, review and critique sessions, and other appropriate components, shall be under the general supervision of a Medical Director.

PARTICIPATING HOSPITALS

All hospitals with emergency departments/services receiving patients by ambulance will assume the responsibility of assuring familiarity of their medical and nursing staff with prehospital capabilities and levels of care, and cooperation with regional system planning and development, QA/QI activities, etc. Participating hospitals will provide both assessments of prehospital care as well as aggregate outcome information related to the performance of prehospital care to the REMAC.

The Medical Control Hospitals participating within the Susquehanna region are as follows:

- ❖ Chenango Memorial Hospital
- ❖ Our Lady of Lourdes Hospital
- ❖ Robert Packer Hospital
- ❖ United Health Services (Binghamton General Hospital and Wilson Memorial Regional Medical Center)

Surrounding REMAC agreements:

- ❖ Southern Tier (STREMS, Inc.)
- ❖ Central New York (CNY)
- ❖ Adirondack-Appalachian (AAREMS)
- ❖ Bradford-Susquehanna, PA Medical Advisory Board

MEDICAL CONTROL FACILITIES

MEDICAL CONTROL HOSPITAL – DEFINITION, ROLES AND RESPONSIBILITIES

A Medical Control Hospital is an emergency department/services as defined under Sections 405 and 708 of the NYS Hospital Code which provides on-line ALS and BLS physician direction for patients being brought to that facility or to a participating (receiving) hospital.

A Medical Control Hospital must meet the following criteria:

1. Have an emergency department, which meets all standards for emergency department/service as defined under Sections 405 and 708 of the NYS Hospital Code.
2. Maintain VHF/EMS Radio Base station and compatible telephones connected to regional communications systems to communicate with BLS and ALS units and Medical Control Hospitals. Review radio practices of medical control.
3. Assume the responsibility for the care and maintenance of necessary communications equipment within the institution.
4. Use and have available regional and state protocols approved by the Susquehanna Regional EMS program.
5. Replenish medical supplies used by field units for those patients brought to that facility, as appropriate.
6. Provide facilities for EMS clinical training and recertification.
7. Participate in prehospital QA/QI activities as defined in Sections 405 and 708 of the NYS Hospital Code as well as the Regional Medical Advisory Committee. Provide quarterly QA/QI reports and outcome data to the Susquehanna REMAC. It is understood that the REMAC is a physician body involved in maintaining the utmost patient confidentiality. REMAC can only perform its role to improve prehospital care, design new protocols, etc., with the help of the hospitals through the use of patient outcome data.
8. Provide medical direction for agencies transporting patients to their facility and the area First Responder Units as appropriate.
9. Participate in regional EMS planning activities as appropriate (i.e. REMAC, Regional Council).
10. Designate a physician Medical Director to be in charge of overall coordination of medical control in that facility. (See qualifications and responsibilities to follow.)
11. Have physician staff capable of providing Medical Control physically present in the emergency department and immediately available 24 hours a day.
12. All Medical Command physicians are required to take a Base Station course or its equivalent.
13. Have appropriate designated hospital personnel sign transfer of care on PCR.
14. Provide training to ED RNs and physician extenders regarding the BLS and ALS protocols.
15. Medical Control Physician may evaluate the patient's choice of medical facility and determine if the patient's status permits transport to the facility of choice.

Each Medical Control Physician **must** be:

- a. AHA certified as a provider in ACLS and ATLS or equivalent.
- b. Trained in and thoroughly familiar with:
 - 1) Regional and state BLS and ALS protocols
 - 2) Communications system
 - 3) EMT levels of training and responsibilities
 - 4) Medical control system and expectations of a Medical Control Physician
 - 5) Provide on-line physician direction for prehospital patients and provide secondary transfer management for patient transports.
 - 6) Complete medical command records

When providing medical control direction for a patient being transported to a different hospital, the medical control physician must notify the receiving hospital with the following:

- a. Patient's presenting problem and treatment
- b. Medical control orders given to the ALS provider
- c. All ALS and BLS treatment done for the patient under standing orders or on-line medical control
- d. Patient's response to therapy
- e. Receiving hospital ED physician may sign off on PCR record

MEDICAL CONTROL FACILITY MEDICAL DIRECTOR: ROLE AND RESPONSIBILITIES:

Each Medical Control Hospital is to identify one physician as the Medical Control Director whose duty is the overall coordination and medical accountability of the medical control system in his/her facility. He/she will report to REMAC, provide a summary of all QA/QI initiatives and patient outcome data.

Qualifications of a Medical Control Director are as follows:

1. An emergency department physician who is not in residency training.
2. American Heart Association certified as both a basic and advanced cardiac life support provider.
3. American College of Surgeons certified in Advanced Trauma Life Support.
4. Trained in the use of NYS BLS and Susquehanna ALS protocols, system configuration, and communication.
5. Be an active participant in REMAC.

RESPONSIBILITIES OF THE MEDICAL CONTROL HOSPITAL MEDICAL DIRECTOR

The Medical Director will:

1. Be a member of the REMAC, and will participate regularly in its functions.
2. Mediate prehospital issues and problems concerning medical control as appropriate.
3. Assure adequate training and familiarity of all emergency department physicians and nursing staff with:
 - a. Prehospital medical control system and issues
 - b. Training and responsibilities of all levels of prehospital EMS providers
 - c. Quality assurance concerns
 - d. Susquehanna and NYS BLS and ALS protocols
 - e. Prehospital/hospital interface and cooperation
4. Facilitate compliance with all regional medical control policies, procedures and protocols.
5. Direct and facilitate an on-going review of the functioning of the medical control system and quality assurance program including regular ALS run reviews. When the medical director notices a significant deviation from protocol, it is his/her responsibility to contact the on-line physician, agency Medical Director and AEMT(s) involved as soon as possible and resolve the problem in question.
6. Have the right to request, due to serious protocol violations, the suspension of ALS privileges for an AEMT with the agreement of REMAC Chair pending full review by the Agency Medical Director. All complaints will be submitted in writing within 48 hours citing the reason for suspension and delineating what privileges are being revoked thereby ensuring the AEMT's right for due process. This suspension will be in effect pending review at the next REMAC meeting. Notice of this suspension must be communicated immediately to all Regional Medical Control Hospitals and the Program Agency.
7. Participate regularly in EMT and AEMT training in his/her area.

GENERAL MEDICAL CONTROL POLICIES AND GUIDELINES

1. The Susquehanna REMAC adopted the NYS BLS protocols for patient care, triage and transfer. They have developed their own ALS Protocols. These along with the NYS BLS Protocols are the foundation for all patient care and treatment decisions for BLS and ALS prehospital care and medical control.
2. The decision regarding the patient destination depends on many factors and is not always able to be determined by a simple protocol or rule. Among the factors in the decision are:
 - a. Patient, family, or physician preference.
 - b. Type and critical nature of the patient's complaint.
 - c. Proximity to hospitals.
 - d. Categorization or destinations of hospitals for specific care capabilities.
 - e. Emergency department overcrowding/emergency department ambulance diversion.
 - f. Capabilities of continuous telephone/radio contact with Medical Control Facility in rural areas.

In general, the patient should be taken to the nearest appropriate facility, with due consideration given to the patient/family preference. **In ALS medical control situations, the Medical Control Physician shall be considered the Final Authority in patient destination decisions.**

3. Communications – In ALS situations, the AEMT should establish contact with medical control within twenty minutes of patient contact. Contact can be established via VHF or UHF radio or telephone. Where distance and/or terrain precludes direct contact, the prehospital provider can establish medical control contact through the agency/county dispatcher.
4. When medical control has been established, the patient/physician relationship is also established and medical command assumes responsibility for the patient care. According to COBRA, contact by radio does not establish a relationship until the patient arrives at the receiving hospital.

PROFESSIONALISM in EMS

- ◆ **Maintain the highest standards of care, appearance, vocabulary, and attitude**
- ◆ **You are as you are perceived by the eyes of the patients, the families, and the Medical community**
- ◆ **Project the image that you wish the rest of the world to envision when they think of EMS**
- ◆ **There are no shortcuts in healthcare or EMS, only dead ends**

CREDENTIALING PROCESS

With the completion of every Advanced EMT-I/CC and Paramedic Original course, the arrival of new ALS providers from other systems, and the appointment of new ALS Supervisors, we receive inquiries about the process to be used to obtain “independent” practice privileges for AEMTs from various sources. This section is intended to clarify this process for ALS Supervisors and AEMTs alike.

All AEMTs functioning in the ALS system must sign an “Agency Medical Director/Practitioners Statement of Agreement” before they are granted privileges to practice as an AEMT. This statement should be re-executed at the time of the provider’s renewal of his/her AEMT certification. It shall be the responsibility of the Agency Medical Director from which the ALS provider receives his Practitioners Agreement to assure compliance with this policy. A copy of such agreement should be kept at the agency.

All ALS practioners must meet the minimum procedure and/or continuing education requirements set by the Regional Medical Advisory Committee. (See Appendix A)

NEWLY-CERTIFIED ADVANCED EMTs

AEMT-Is, CCs and Ps who have recently completed their training and become NYS certified, and who have NOT held practice privileges in another ALS system, need to complete a field evaluation period with the ALS agency or agencies wishing to sponsor the candidate for privileges. Evaluation forms may be obtained from this office.

Graduates of AEMT training programs within our region may begin this field evaluation period immediately upon receiving NYS certification and do not require individual authorization from the EMS Medical Director to engage in ALS activities supervised by a regional authorized ALS preceptor certified at or above the level of the candidate’s certification.

Graduates of AEMT training programs based outside the region must provide the office with copies of their NYS AEMT certification, copies of laboratory ALS skills sign-off documents (if any), and must be provided with a copy of the Susquehanna Regional ALS Protocols and a Protocol Update packet (we will furnish these). ALS Supervisors of these candidates should provide a letter to the Medical Director introducing the candidate, and requesting permission for the candidate to begin supervised ALS evaluation. **THESE CANDIDATES MAY NOT BEGIN SUPERVISED ALS EVALUATION UNTIL PERMISSION HAS BEEN GIVEN BY THE MEDICAL DIRECTOR!**

The field evaluation period for candidates in this category will consist of a MINIMUM OF 10 field evaluations by authorized preceptors within the region involving patients receiving ALS care. These evaluations must all involve “Phase 3” Level responsibilities and performance on the part of the candidate and may be taken from the candidate’s pre-certification field internship experience (Phase 3 experiences ONLY*) or evaluations taking place after the candidate’s certification. Evaluations must be signed off by the preceptor and sent to the Agency Medical Director. Field evaluations may be undertaken with other agencies besides their own.

NO CANDIDATE MAY BEGIN UNSUPERVISED ALS PRACTICE UNTIL THE MEDICAL DIRECTOR HAS GIVEN PERMISSION TO DO SO.

*Note: Phase 3 level means newly certified provider’s 3rd or final phase actually running calls.

EXPERIENCED ADVANCED EMTs

AEMTs who are coming into the Regional EMS System and who have held “independent” practice privileges in another ALS system may enjoy an abbreviated evaluation period. Like new AEMTs trained outside of the region, however, we must verify their credentials and obtain permission from the Agency Medical Director BEFORE these individuals may begin supervised field evaluation. These candidates must provide the Regional Office with copies of their NYS AEMT certification, copies of laboratory ALS skills sign-off documents or field performance records (if any) and a letter from their previous ALS Agency Medical Director, administrator or agency supervisor verifying their prior ALS affiliation in good standing. They must also be provided with a copy of the Susquehanna Regional ALS Protocols.

ALS Supervisors of these candidates for the new agencies should provide a letter to the Agency Medical Director introducing the candidate and requesting permission for the candidate to begin supervised ALS evaluation. **THESE CANDIDATES MAY NOT BEGIN SUPERVISED ALS EVALUATION UNTIL PERMISSION TO DO SO HAS BEEN GIVEN BY THE AGENCY MEDICAL DIRECTOR.**

The field evaluation period for candidates in this category will consist of a MINIMUM of 5 field evaluations by authorized preceptors involving patients receiving ALS care. These evaluations must all involve “Phase 3” level responsibilities and performance on the part of the candidate and must take place within the Susquehanna Region.

AEMTs who hold current practice privileges in the Susquehanna ALS System, through one ALS agency, and who are forming an affiliation with a 2nd ALS Agency, are not required to obtain further permission from the Region to practice with the new agency. These persons are, however, subject to any internal evaluation process or restrictions on their practice in the new agency that is imposed by that agency’s ALS Supervisor or Agency Medical Director. The Regional Office will be notified in writing when a currently authorized AEMT is authorized for “independent” practice by an additional ALS agency, so that we may amend our records to reflect the new affiliation. We will be notified when an AEMT’s affiliation with your agency ends for any reason.

Upon completion of the field evaluation periods described above, it is completely at the discretion of the Agency ALS Supervisor as to when the agency is satisfied with the candidate’s performance, and wishes to sponsor the candidate for Regional privileges. In other words, the agency (ALS Supervisor) is well within his/her rights to require ADDITIONAL evaluations beyond the minimums specified in this policy. Agencies, however, may not waive Regional requirements, and may not abbreviate the experience requirements here specified. Agencies may also set their own requirements as to how much of the evaluation experience must take place within the agency, and how much may be accepted from other agencies in the Regional EMS System.

QUALITY ASSURANCE
QUALITY IMPROVEMENT

Patient Motivated.....

CQI Driven.....

Educational System

PROCESS/REPORTING RELATIONSHIP OF MEDICAL ADVISORY QA/QI COMMITTEE

REMAC/CQI RESPONSIBILITIES:

1. Direct ongoing CQI activities
2. Review applications for all new ALS services and approve/disapprove all new ALS services in their area.
3. Review policies and protocols especially the impact and ramifications of that policy/protocol.
4. Review **all matters** of individual and agency practice, suspensions and remediation and assist agency medical directors in these matters.
5. Review quarterly agency reports of CQI activity.
6. Serve as a reporting body to REMAC.

AGENCY MEDICAL DIRECTOR

- ◆ NYS Licensed Physician, EMS service specific
- ◆ Directly responsible for the medical care provided by the specific service
- ◆ Medical overview of protocol compliance, agency procedures relating to medical care
- ◆ Extends their license to individual medics so they can render care in the field.
- ◆ Must be active in training, education, CQI and remediation of providers, Must advise Program Agency of any remediation
- ◆ May participate in REMAC
- ◆ Cannot direct more than 10 EMS services
- ◆ Ratio of Physician to certified EMS providers
 - ◆ 1: 500 AED
 - ◆ 1:100 ALS Providers

Note: No physician can supervise more than 100 ALS or 500 AED certified providers.

(County Medical Directors are multiple agency directors)

- ◆ Familiarity with prehospital EMS systems
- ◆ Familiarity with concepts of medical command
- ◆ Familiarity with emergency medicine
- ◆ Familiarity with BLS and ALS scope of practice
- ◆ Familiarity with CQI process

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES PROGRAM

CQI REPORTING/COMPLAINT PROCESS

REPORTING PROCESS:

- ◆ The agency Medical Director is the person who grants the privilege to practice to the EMS provider
- ◆ Decisions over the medical suspension of a provider **must** involve the agency medical director.
- ◆ All medical suspensions and remediations **must** be reported to the program agency.
- ◆ Any suspension or remedial action may be appealed to the Agency Medical Director.

COMPLAINT PROCESS:

- ◆ Anyone can forward a complaint regarding medical care.
- ◆ The complaint must be submitted in writing as soon as possible. Serious complaints must be submitted within 48 hours of the incident.
- ◆ The complaint must contain complete details; word-of-mouth is not a complaint.
- ◆ The complaint may be sent to the Program Agency, REMAC, hospital, or Regional Council then referred to the Agency Medical Director.

THIS PROCESS IS CONFIDENTIAL FOR ALL INVOLVED.

- ◆ The Medical Director may deal with the complaint themselves or bring the complaint to the REMAC CQI committee for assistance.
- ◆ Documentation should be to the finest detail!
- ◆ DOH should become involved as advisors when the need arises.
- ◆ In the regional system, when a provider is taken off line for remediation, he/she is offline in the region as a whole!
- ◆ Reporting of remediation to the Program Agency needs to include the expected remediation and duration.
- ◆ The Program Agency will be responsible for notifying the hospitals (and DOH where needed) of a suspension.
- ◆ Suspended providers will be locked out of the electronic database of the region for the duration of the suspension.
- ◆ **EVERY EFFORT SHOULD BE MADE TO WORK WITH THE PROVIDER TO DEVELOP THE APPROPRIATE REMEDIATION.**

SUSPENSION/REVOCAION PROCESS AND NOTIFICATION:

Set length and terms of suspension, what conditions must be met for reinstatement of privileges to occur at the conclusion of the suspension period. Determine what will happen if those conditions are not met.

NOTIFICATION

- Must be within five business days of the decision to suspend. .
- Must be by certified mail to the agency or individual AEMT, with copies to NYS DOH and agency Medical Director. If individual AEMT practice privilege is being suspended, notify the agency or agencies with which he/she is affiliated.
- Specify allegations and/or circumstances, which caused the Medical Director to suspend privileges. Summarize the findings of the investigation, if an investigation occurred.
- State that ALS practice privileges are suspended and specify the duration of the suspension.
- State that practicing ALS during the period of suspension is a direct violation of the public health law since medical control has been withdrawn.
- Specify the conditions that must be met in order for reinstatement of privileges to occur at the conclusion of the suspension period.
- For suspension of an individual AEMT's privilege to practice, include a statement that the AEMT must report the suspension if he/she applies for employment or membership in another EMS agency during the period of suspension.
- Hospital Emergency Room Medical Directors within the region must be notified

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES PROGRAM

QA COMPLAINT AND DISCIPLINARY PROCESS STATUTORY, RELATED AND NON-PATIENT RELATED COMPLAINTS DEFINITIONS / EXAMPLES

STATUTORY EVENT

Incident/event, which violates the NYS Public Health Law and/or those requirements, included in Chapter VI, Title 10, Part 800 of the NYS Codes, Rules and Regulations, or conviction of a crime or crimes (felony). Any of the below may be statutory.

NON-PATIENT RELATED EVENT

- Practicing without NYS Certification or Regional ALS approval. Unprofessional conduct such as disrespect towards fellow providers, hospital staff, under the influence of alcohol or other drug affecting physical coordination or intellectual ability while on duty, indecent behavior, or other such offenses.
- Criminal Acts
- Falsification of Records

PATIENT RELATED EVENT *No Direct Patient Harm*

- Failure to follow protocols (Serious violation of state/regional protocols)
- Medication/procedural error resulting in no patient harm
- Criminal Acts
- Unprofessional Conduct – Disrespect towards patients families
 - Breaking patient confidentiality

PATIENT RELATED EVENT *Patient Harm*

- Act, or failure to act, according to protocol resulting in patient harm
- Medical or procedural errors resulting in significant patient harm
- Patient harm attributable to actual failure to provide proper treatment or to provide it in a professionally competent manner
- Criminal Acts
- Equipment failure resulting in patient harm

Specific Examples:

- *Medication errors with negative patient outcome*
- *Undetected accidental esophageal intubation*
- *Improperly performed invasive procedures*
- *Invasive procedures performed when not medically indicated*

THE FOLLOWING EVENTS ARE IMMEDIATELY REPORTABLE TO THE NYS DOH:

- Non-compliance with Part 800.15
- Maintain confidentiality of information about names, treatment, and conditions of patient/s treated.
- When acting as a CFR, EMT, or AEMT, treat patients in accordance with applicable state approved protocols, unless authorized to do so otherwise for an individual patient by a Medical Control Physician.
- Comply with the terms of a non-hospital order not to resuscitate.
- Use an AED only if:
 - 1) acting as a CFR, EMT or AEMT
 - 2) under medical control
 - 3) authorized by, and serving with an agency providing EMS which has been approved by the REMAC to provide AED level care within the EMS system
 - 4) after completion of AED training which meets or exceeds the state minimum AED curriculum.
- Fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of the certificant's duties and practice.
- Deceit or fraud in the procurement of certification
- Any crime/s related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse or sale of drugs.
- Has provided patient care or driven an ambulance or other emergency medical services response vehicle while under the influence of alcohol or any other drug affecting physical coordination or intellectual functions.
- CFR, EMT, or AEMT has knowingly aided or abetted another in practice as an emergency medical technician who is not certified as such.
- CFR, EMT, or AEMT has held himself or herself out as being certified at a higher level than actually certified, or has used skills restricted to individuals holding a higher level of certification.
- A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of an ambulance service.
- An EMS response vehicle is involved in a motor vehicle crash in which a patient, member of the crew, or another person is killed or injured to the extent requiring hospitalization or care by a physician.
- A member of an ambulance service is killed or injured to the extent requiring hospitalization or care of a physician while on duty.
- Patient care equipment fails while in use, causing patient harm.

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES PROGRAM
QUALITY IMPROVEMENT – MEDICAL ADVISORY COMMITTEE

REQUEST FOR REVIEW

DATE OF REQUEST: _____

DATE OF INCIDENT: _____

TIME: _____

REVIEW REQUESTED BY: _____

AGENCY REPRESENTED: _____

HOSPITAL: _____

PREHOSPITAL AGENCY: _____

PCR: (if applicable): _____

PLEASE STATE THE NATURE OF THE INCIDENT AND THE REASON THE REVIEW IS REQUESTED:

REVIEW/RESOLUTION

DOCUMENTS REVIEWED

PCR# _____

ED RECORD _____

MEDICAL LOG # _____

TRANSFER RECORDS

INPATIENT RECORDS

OTHER _____

DISCUSSION WITH ED STAFF

DISCUSSION WITH PREHOSPITAL AGENCY CREW

DISCUSSION WITH OTHERS INVOLVED (Please Specify)

OTHER INFORMATION

For further documentation, use reverse side of this form.



SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL, INC.

153 Lt. VanWinkle Drive
Binghamton, New York 13902-0747
(607) 778-2180 FAX (607) 778-1182

OR OFFICIAL USE ONLY:
Digital Camera Exposure #: _____

APPLICATION FOR REGIONAL EMS SYSTEM PHOTO IDENTIFICATION CARD

SOCIAL SECURITY NUMBER _____ ALS PROVIDER OR PHYSICIAN TEK # _____

LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____

EMAIL _____

DATE OF BIRTH _____ AGE _____ SEX: MALE FEMALE

HEIGHT _____ WEIGHT _____ EYE COLOR _____

HAIR COLOR _____ COMPLEXION _____ BLOOD TYPE _____

AFFILIATE AGENCY/AGENCIES _____ AGENCY CODE: _____

MEDICAL/EMS LICENSE/CERTIFICATION LEVEL (CHECK HIGHEST LEVEL ONLY):

PHYSICIAN EMT-P EMT-CC EMT-I EMT CFR

NYS PHYSICIAN LICENSE/DOH CERTIFICATION # _____ EXPIRATION DATE _____

IF NO CERTIFICATION, CHECK AS APPROPRIATE: EMS VEHICLE DRIVER PATIENT CARE AIDE

CERTIFICATION: By completing and signing this application, I hereby affirm that the foregoing information is, to the best of my knowledge and belief at the time of completion, true, correct, and complete.

I understand that it is a crime, punishable as a class A misdemeanor under the laws of the State of New York, to knowingly file a false written statement with a government agency.

I further affirm that I am not currently charged with, nor have I ever been convicted of, any criminal offense related to murder, manslaughter, assault, rape or sexual assault, theft, robbery, or criminal possession or sale of drugs.

I also affirm that I am not currently addicted to alcohol or any other drug or controlled substance.

I authorize the Susquehanna Regional EMS Council, Inc. to conduct or cause to be conducted a check of my background, including criminal history, for the purpose of verifying the statements made in this application.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

DO/ Supervisor/ Officers SIGNATURE _____ DATE _____

Revised 4/12/07

AGENCY MEDICAL DIRECTOR / ADVANCED LIFE SUPPORT PROVIDER AGREEMENT

I, _____, in accepting the privilege to practice as an Advanced Emergency
(Name of AEMT)

Medical Technician – Level _____, in the Susquehanna Regional Advanced Life Support (ALS) System, do hereby agree, without exception, to all of the following provisions:

1. That the privilege to practice as an Advanced Emergency Medical Technician in the Susquehanna Regional Advanced Life Support (ALS) System is separate from, but in addition to and expiring with, my certification as a New York State AEMT, and is granted by the Agency Medical Director, at his/her discretion, upon evidence of satisfactory knowledge, competence, and ability in the role of an AEMT. I acknowledge that this privilege represents a limited extension to me, by the EMS Medical Director, of his/her license to practice medicine in the State of New York, and that the Medical Director therefore reserves the right to control, within reason, all aspects of my practice as an AEMT within the Susquehanna Regional Advanced Life Support (ALS) System.
2. That I will abide by the rules, regulations, and protocols of the New York State Department of Health and the Susquehanna Regional Emergency Medical Services as they relate to my practice as an Advanced Emergency Medical Technician, as they exist now and upon reasonable notice as they may be revised in the future, and that my failure to do so will constitute due cause for the restriction, suspension, or revocation of my ALS practice privileges by the Agency Medical Director.
3. That the Agency Medical Director has the absolute right to restrict, suspend, or revoke my ALS practice privileges, at his/her discretion, upon evidence or charges of behavior on my part which is harmful to myself or others, including, but not limited to; murder, manslaughter, attempted suicide, assault, battery, sexual abuse or misconduct, theft, robbery, fraud, drug or alcohol abuse, illegal sale of drugs, or attempts to commit any such acts.
4. That I will participate, upon reasonable notice and as required by the Agency Medical Director, in skills maintenance, continuing education, and Continuous Quality Improvement activities, and that my failure to comply with generally or individually prescribed requirements in any of these categories will constitute due cause for the restriction, suspension, or revocation of my ALS practice privileges by the Agency Medical Director.
5. In the event that the Agency Medical Director shall restrict, suspend or revoke my ALS practice privileges as provided in paragraph 3 or paragraph 4 above, the Medical Director agrees to provide me with a written statement of the reasons for such restriction, suspension or revocation within five (5) days thereof, and shall afford me an opportunity to meet with him/her to address, refute or otherwise contest the basis for such restriction, suspension or revocation within thirty (30) days thereof. All information and documentation regarding the basis for the restriction, suspension or revocation shall remain confidential between the parties until it is agreed upon in writing by both parties that such information and/or documentation shall not be confidential.

IN WITNESS WHEREFORE, this acceptance is executed this _____ day of _____, 20_____.

(AEMT Signature)

(TEK Number)

(Witness Signature)

(Date)

(Agency Medical Director's Signature)

(Date)

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES

Emergency Medical Services Education Program

ALS SKILLS LABORATORY COMPETENCY CHECKLIST FOR ADVANCED EMT STUDENTS

STUDENT'S NAME _____ COURSE LEVEL _____

ACADEMIC YEAR _____ SEMESTER _____

SKILL	A= adult P= peds	# of Attempts	# of Successful	Evaluator Signature/Title
Airway Management (#Required)				
A. Adult ET (2 successful)				
B. External Jugular Vein Access (2)				
C. Digital ET (2)				
D. LMA (2)				
E. Needle Chest Dec. (CC/P only) (2)				
F. Needle Cricothyrotomy (P only) (2)				
IV Therapy				
A. Peripheral IV Line (2)				
B. External Jugular Vein Access (2)				
C. Intraosseous Access. (CC/P only) (2)				
Medication Administration (CC/P only)				
A. IV Push (2)				
B. IV Drip (2)				
C. Endotracheal (2)				
D. Intramuscular (IM) (2)				
E. Subcutaneous (SQ) (2)				
F. Nebulizer (2)				
Electrical Therapy				
A. Adult Defibrillation (2)				
B. Pediatric Defibrillation (CC/P only) (2)				
C. Synchronized Cardioversion (CC/P only) (2)				
D. Transcutaneous Pacing (CC/P only) (2)				
Miscellaneous Skills				
A. Nasal Gastric Tube (P only) (2)				
B. Medical Incident Management - annually, all levels				
C. Dual Lumen				
D. CPAP				
In-service Education (Topic) (Total of 6 hours)	DATE	TIME	LOCATION	

BLS providers must have 2 defibrillations every six months

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES

Emergency Medical Services Education Program

STANDARD FIELD ASSESSMENT

CANDIDATE'S NAME: _____ LEVEL: I CC P

INTERNSHIP SITE: _____ DATE: _____

PCR #(s): _____ PRECEPTOR'S NAME: _____

Please rate the intern on each category listed, on the scale provided: 1 being poor, and 5 being outstanding. N indicates that the category is not applicable to the experience being evaluated. In the comment section please elaborate on both strong and weak performance areas, and include specific suggestions for continued development and improvement.

1. General Knowledge and Understanding	1	2	3	4	5	N
2. Attitude and Initiative	1	2	3	4	5	N
3. Scene Assessment and Concern for Safety	1	2	3	4	5	N
4. Crew Leadership and Task Delegation Skills	1	2	3	4	5	N
5. Communication with Patient, Family, Witnesses, etc.	1	2	3	4	5	N
6. Patient Assessment Skills	1	2	3	4	5	N
7. Patient Treatment Skills – Basic Life Support	1	2	3	4	5	N
8. Patient Treatment Skills – Advanced Life Support	1	2	3	4	5	N
a. Advanced Airway Management / ET Intubation	1	2	3	4	5	N
b. Cardiac Rhythm Monitoring / Interpretation	1	2	3	4	5	N
c. Defibrillation / Cardioversion / External Pacing	1	2	3	4	5	N
d. Intravenous Access / Fluid Therapy	1	2	3	4	5	N
e. Drug Administration	1	2	3	4	5	N
f. Other (Specify) _____	1	2	3	4	5	N
9. Written Documentation Skills	1	2	3	4	5	N
10. On-Line (Radio-Telephone) Communication Skills	1	2	3	4	5	N
11. Infection Control Skills and Concern	1	2	3	4	5	N
12. General Appearance, Personal Cleanliness / Grooming	1	2	3	4	5	N
13. Overall Rating (Check One: SAFE UNSAFE)	1	2	3	4	5	N

(continued on next page)

SUSQUEHANNA REGIONAL EMERGENCY MEDICAL SERVICES
Prehospital Advanced Life Support Program

ADVANCED EMERGENCY MEDICAL TECHNICIAN REQUEST FOR PRACTICE PRIVILEGES

A. (This Section to be Completed by AEMT/Candidate)

I, _____ have completed all of the
(name of candidate)
requirements prescribed by the Susquehanna Regional EMS Agency Director for unsupervised
practice privileges as an AEMT _____ in the County of _____, do hereby
(level) (Broome, Tioga or Chenango)
request to be granted these privileges, subject to all the provisions and limitations of the provisions and
limitations of the Susquehanna Regional EMS ALS Provider Agreement (attached), which I have read, signed,
and accepted without limitation. As evidence of my completion of the prescribed requirements, I have attached
all of the appropriate documentation to this application.

(Signature of Candidate) (Date)

B. (This section to be completed by Agency ALS Supervisor)

I hereby certify that the above-named AEMT has successfully completed the requirements
prescribed for him/her to have unsupervised practice privileges in the County of _____,
(Broome, Tioga or Chenango)
at the AEMT _____ and on behalf of _____ do hereby
(level) (Name of EMS Agency Represented)
recommend that these privileges be granted, and do represent that he/she is to be granted permission by this
agency to practice unsupervised at this level upon receipt of Regional privileges.

(Signature of ALS Supervisor) (Date)

SUSQUEHANNA REGIONAL AEMT REQUEST FOR PRACTICE PRIVILEGES (CON'T)

C. (EMS Office Use Only)

- _____ ALS Provider Agreement Completed
- _____ ALS Agency Agreement on File
- _____ EMS Provider Profile on File
- _____ Prescribed Clinical Experience Completed
- _____ Prescribed Field Internship Experience Completed
- _____ Copy of NYS AEMT Certification on File

Completed by _____ Date _____

D. (EMS Coordinator)

I have reviewed the above application, as well as the attached supporting documentation, and do hereby recommend to the Susquehanna Regional EMS Agency Medical Director that the requested unsupervised privileges be granted, subject to any limitations noted below:

Signed _____ Date _____
(Susquehanna Regional EMS Coordinator)

E. (EMS Medical Director Approval)

I have reviewed the above application and do hereby grant the requested unsupervised AEMT practice privileges subject to any limitations noted in Section D above.

Signed _____ Date _____
(Susquehanna Regional Agency Medical Director)

SUSQUEHANNA REGIONAL COUNTIES RESOURCES

	BROOME	CHENANGO	TIOGA
POPULATION	212,160	51,768	52,337
EMERGENCY SQUADS	BINGHAMTON FD.	AFTON EMERGENCY SQUAD	APALACHIN FD. EMERGENCY SQUAD
	BROOME VOLUNTEER EMERGENCY SQUAD	COVENTRY VOLUNTEER FD. EMERGENCY SQUAD	BERKSHIRE EMERGENCY SQUAD
	CHENANGO AMBULANCE SQUAD	GREENE FD. EMERGENCY SQUAD	CAMPVILLE FD. EMERGENCY SQUAD
	COLESVILLE VOLUNTEER EMERGENCY SQUAD	GUILFORD FD. EMERGENCY SQUAD	CANDOR EMERGENCY SQUAD
	DEPOSIT FD. EMERGENCY SQUAD	MT. UPTON EMERGENCY SQUAD	GREATER VALLEY EMERGENCY MEDICAL SERVICE
	HARPUR'S FERRY VOLUNTEER EMERGENCY SQUAD	NORWICH EMERGENCY SQUAD	NEWARK VALLEY FD EMERGENCY SQUAD
	MAINE EMERGENCY SQUAD	OXFORD FD EMERGENCY SQUAD	NICHOLS JOINT FIRE DISTRICT EMERGENCY SQUAD
	SUPERIOR AMBULANCE SERVICES, INC. (BINGHAMTON)	SHERBURNE FD EMERGENCY SQUAD	OWEGO FD EMERGENCY SQUAD
	UNION VOLUNTEER EMERGENCY SQUAD	S. NEW BERLIN EMERGENCY SQUAD	RICHFORD FD EMERGENCY SQUAD
	VESTAL EMERGENCY SQUAD	SUPERIOR AMBULANCE SERVICE (NORWICH)	SPENCER EMERGENCY SQUAD
	WEST WINDSOR FD EMERGENCY SQUAD		TIOGA CENTER FD EMERGENCY SQUAD
	WINDSOR FD EMERGENCY SQUAD		

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	BROOME	CHENANGO	TIOGA
FIRST RESPONDER UNITS	BINGHAMTON REGIONAL AIRPORT FRU	BAINBRIDGE FRU	HALSEY VALLEY FD FRU
	BROOME SECURITY MED TEAM FRU	McDONOUGH FRU	LOCKWOOD VOLUNTEER FD FRU
	CASTLE CREEK FRU	NEW BERLIN VOL. FD FRU	SOUTH SIDE FD FRU
	CHENANGO BRIDGE FD FRU	NORTH NORWICH FRU	WAVERLY/BARTON FD FRU
	CHENANGO FD FRU	PHARSALIA FRU	WELTONVILLE FD FRU
	CHENANGO FORKS FD FRU	PLYMOUTH FD FRU	
	CHOCONUT CENTER FRU	PRESTON FD FRU	
	CONKLIN FD FRU	SMITHVILLE FD FRU	
	EAST MAINE FD FRU	SMYRNA FRU	
	ENDICOTT FD FRU		
	ENDWELL FD FRU		
	FIVE MILE POINT FD FRU		
	GLEN AUBREY FRU		
	HILLCREST FRU		
	IBM ENDICOTT EMERGENCY SERVICES		
	JOHNSON CITY FD FRU		
	KIRKWOOD FD FRU		
	LISLE MED TEAM FRU		
	LOCKHEED MARTIN FRU		
	NANTICOKE FD FRU		
	PORT CRANE FD FRU		
	SANITARIA SPRINGS FRU		
	TRIANGLE FRU		
UNION CENTER FD FRU			
UNIVERSAL INSTRUMENTS FRU			
WEST COLESVILLE FRU			
WEST CORNERS FD FRU			
WHITNEY POINT FRU			

(continued on next page)

	BROOME	CHENANGO	TIOGA
MENTAL HEALTH TEAMS	COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) UHS - BINGHAMTON GENERAL HOSPITAL SOUTHERN TIER OF NY CRITICAL INCIDENT STRESS MANAGEMENT (CISM) TEAM	SOUTHERN TIER OF NY CRITICAL INCIDENT STRESS MANAGEMENT (CISM) TEAM	SOUTHERN TIER OF NY CRITICAL INCIDENT STRESS MANAGEMENT (CISM) TEAM
HAZMAT TEAMS	911 / FIRE COORDINATOR	911/FIRE COORDINATOR & PROCTOR AND GAMBLE	FRU WITH BROOME COUNTY BACKUP
SEARCH AND RESCUE TEAMS	911 / BROOME COUNTY COMMAND CENTER	911 / CHENANGO COUNTY COMMAND CENTER	911 / TIOGA COUNTY COMMAND CENTER

REGIONAL RESOURCES

HOSPITALS:

EMERGENCY DEPARTMENT NUMBERS

OUR LADY OF LOURDES HOSPITAL
169 RIVERSIDE DRIVE
BINGHAMTON, NEW YORK 13905

(607)-798-5231

UNITED HEALTH SERVICES:

◆ BINGHAMTON GENERAL HOSPITAL
42 MITCHELL AVENUE
BINGHAMTON, NEW YORK 13903

(607)-762-2231

◆ WILSON MEMORIAL REGIONAL MEDICAL CENTER
33-57 HARRISON STREET
JOHNSON CITY, NEW YORK 13790

(607)-763-6611

CHENANGO MEMORIAL HOSPITAL
179 N. BROAD STREET
NORWICH, NEW YORK 13815-1097

(607)-337-4157

GUTHRIE MEDICAL CENTER/
ROBERT PACKER HOSPITAL
1 GUTHRIE SQUARE
SAYRE, PENNSYLVANIA 18840-1698

MED COMMAND – (570)-882-4926
GUTHRIE ONE – 1-800-535-0911
LIFELINE – GEISINGER – 1-800-852-828
HERSHEY – 1-800-225-4837

HELICOPTER RESOURCES:

MERCY FLIGHT:

800-886-3000 – EMERGENCY DISPATCH
716-626-4100 – PROGRAM ADMINISTRATION

STAT MEDEVAC:

800-633-7828 – EMERGENCY DISPATCH
814-765-9001 – PROGRAM ADMINISTRATION

LIFE NET:

800-435-3822 – EMERGENCY DISPATCH
518-262-8800 – PROGRAM ADMINISTRATION

AIR METHODS-

SAYRE BASE:

800-535-0911 – EMERGENCY DISPATCH
570-882-4919 – PROGRAM ADMINISTRATION

BURN CENTERS:

ST. JOSEPH'S HOSPITAL
PO BOX 1512
555 EAST MARKET STREET
ELMIRA, NY 14902-1512

ED – (607)-737-7806
BURN UNIT (ICU) – (607)-733-6541 x229

UPSTATE MEDICAL CENTER/
UNIVERSITY HOSPITAL
750 E. ADAMS ST.
SYRACUSE, NY 13210-2306

ED – (315)-464-5611
BURN UNIT – (315)-464-6083

ALBANY MEDICAL CENTER HOSPITAL
43 NEW SCOTLAND AVE
ALBANY, NEW YORK 12208

518-262-3125

BENEDICTINE
HOSPITAL
105 MARYS AVE
KINGSTON, NEW YORK 12401

914-338-2500

ERIE COUNTY MEDICAL CENTER
462 GRIDER ST.
BUFFALO, NEW YORK 14215

716-898-3000

NEW YORK HOSPITAL MEDICAL CENTER
OF QUEENS
5645 MAIN ST.
FLUSHING, NEW YORK 11355

718-670-1231

STRONG MEMORIAL HOSPITAL
601 ELMWOOD AVE.
ROCHESTER, NEW YORK

716-275-2100

COMMUNITY MEDICAL CENTER
1800 MULBERRY ST.
SCRANTON, PA 18510

570-969-8000

LEHIGH VALLEY HOSPITAL
PO BOX 689
CEDAR CREST I 78
ALLENTOWN, PA 18105

610-402-8000

HYPERBARIC CHAMBERS:

ALBANY

ALBANY MEDICAL CENTER HOSPITAL
43 NEW SCOTLAND AVE.
ALBANY, NY 12208-3412

(518)-262-3125

SYRACUSE

UPSTATE MEDICAL CENTER/
UNIVERSITY HOSPITAL
750 E. ADAMS ST.
SYRACUSE, NY 13210-2306

(315)-464-5540

BUFFALO

MILLARD FILLMORE HOSPITAL
1 GATES CIRCLE
BUFFALO, NY 14209-1194

(716)-887-4600

Organizations

Air Medical Physicians Association

951 E Montana Vista Lane
Salt Lake City, UT 84124
Phone: 801-263-2672
Email: Ppeters1@IHC.com
Website: <http://www.ampa.org>

International Society of Fire Service Instructors

2425 Highway 49 East
Pleasant View, TN 37146
Phone: 1-800-435-0005
Fax: 615-746-1170
Email: info@isfsi.org

American Academy Of Orthopaedic Surgeons

6300 North River Road
Rosemont, Illinois 60018-4262
Phone: 847-823-7186
Fax: 847-823-8125
Website: <http://www.aaos.org>

American Academy of Pediatrics

141 Northwest Point Blvd.
Elk Grove Village, IL, 60007
Phone: 847-434-4000
Fax: 847-434-8000
Web site: <http://www.aap.org>

American Ambulance Association

8201 Greensboro Drive, Suite 300
McLean, VA 22102
Phone: 800-523-4447
Fax: 703-610-9005
Website: <http://www.the-aaa.org>

American Association for Respiratory Care

9425 N. MacArthur Blvd. Suite 100
Irving, TX 75063-4706
Phone: 972-243-2272
Website: <http://www.aarc.org>

American Association of Avalanche Processionals

PO Box 1032
Bozeman, MT 59771-1032
Phone: 406-587-3830
Fax: 406-586-4307
Email: avaipro@theglobal.ent
Website: <http://www.avalanche.org/~aaap>

American Association of Critical Care Nurses

101 Columbia, Aliso Viejo, CA 92656-4109
Phone: 800-899-2226
Fax: 949-362-2020
Email: info@aacn.org
Website: <http://www.aacn.org/>

American Associations of Women Emergency Physicians

3020 Legacy Drive, 100-102
Plano, TX 75023
Phone: 972-208-4544
Email: aawep.section@acep.org

American Board of Emergency Medicine

3000 Coolidge Road
East Lansing, MI 48823-6319
Phone: 517-332-4800
Website: <http://www.abem.org/>

American Burn Association

625 N. Michigan Ave., Ste 2550
Chicago, Illinois 60611
Phone: 312.642.9260
Fax: 312.642.9130
email: info@ameriburn.org
Website: <http://www.ameriburn.org>

American College of Emergency Physicians

P.O. Box 619911
Dallas, TX 75261-9911
Phone: 800-798-1822
Fax: 972-580-2816
Website: <http://www.acep.org>

American College of Healthcare Executives

One North Franklin Suite 1700
Chicago, IL 60606-3529
Phone: 312-424-2800
Fax: 312-424-002
Website: <http://www.ache.org>

American College of Osteopathic Emergency Physicians

142 East Ontario Street, Suite 1250 Chicago, Illinois 60611
Phone: 800-521-3709
Fax: 312-587-9951
Website: <http://www.acoep.org/>

American College of Surgeons

633 N. Saint Clair Street
Chicago, IL 60611-3211
Phone: 800-621-4111
Fax: 312-22-5001
Email: Postmaster@facs.org
Website: <http://www.facs.org>

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
Phone: 800-242-8721
Fax: 214-987-9361 (ECC Programs Division)
Website: <http://www.amhrt.org>

American Medical Association

515 N. State Street
Chicago, IL 60610
Phone: 800-621-8335
Website: <http://webapps.ama-assn.org>

American Medical Directors Association

10480 Little Patuxent Parkway
Suite 760, Columbia, MD 21044
Phone: 800-876-2632
Website: <http://www.amda.com>

American Medico-Legal Foundation

The Barclay, Rittenhouse Square,
Suite 11D, Philadelphia, PA 19103
Phone: 215-545-6363
Fax: 215-545-2163

American Osteopathic Association

142 East Ontario Street
Chicago, IL 60611
Phone: 800-621-1773
Fax: 312-202-8200
Website: <http://www.osteopathic.org/>

American Pediatric Surgical Association Committee of Trauma

60 Revere Drive, Suite 500
Northbrook, IL 60062
Phone: 847-480-9576
Fax: 847-480-9282
E-mail: eapsa@eapsa.org
Website: <http://www.eapsa.org>

American Public Health Association, Injury Control and Emergency Health Services

UNMSON, Dept Of Emergency Medicine
ACC 4 West, 2211 Lomas Blvd,
NE Albuquerque, NE 87131
Phone: 505-272-5066
Fax: 505-272-6503
Email: Lolsen@unm.edu
Website:
<http://www.injurycontrol.com/ICEHS>

American Public Works Associations, Council on Emergency Management

2345 Grand Blvd., Suite 300
Kansas City, MO 64105-1806
Phone: 816-472-6100
Fax: 816-472-1610
Email: apwa@mail.pubworks.org
Website: <http://www.pubworks.org>

American Rescue Dog Association

P.O. Box 613
Bristow, Virginia 20136
Website: <http://www.ardainc.org/>

American Trauma Society

8903 Presidential Parkway Suite 512 Upper
Marlboro, MD 20772
Phone: 800-556-7890
Fax: 301-420-0617
Email: info@amtrauma.org
Website: <http://www.amtrauma.org>

Associated Public Safety Communications Officers Inc.

351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
Phone: 888-272-6911
Fax: 904-322-2501
Email: apco@apointl.org
Website: <http://www.apointl.org>

Association of Public Safety Communications Officials International Inc

351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
Phone: 888-272-6911
Fax: 904-322-2501
Email: apco@apointl.org
Website: <http://www.apointl.org>

Association for the Advancement of Automotive Medicine

PO Box 4176
Barrington, IL 6001-4176
Phone: 847-844-3880
Fax: 847-844-3884
Email: info@aaam.org
Website: <http://www.carcrash.org>

Organizations

International Association of Fire Chiefs

4025 Fair Ridge Drive,
Suite 300
Fairfax, VA 22033-2868
Phone: 703-273-0911
Fax: 703-273-9363
Website: <http://www.iafc.org>

International Association Of Fire Fighters

1750 New York Avenue, NW Suite 300
Washington, DC 20006-5395
Phone: 202-737-8484
Fax: 202-737-8418
Website: <http://www.iaff.org/>

International Critical Incident Stress Foundation

3290 Pine Orchard Lane, Suite 106 Ellicott
City, MD 21042
Phone: 410-750-9600
Fax: 410-750-9601
Website: <http://www.icisf.org>

International Fire Service Training Association

930 N. Willis
Stillwater, Oklahoma 74078
Phone: 405-744-5723
Fax: 405-744-8204
Website: <http://www.ifsta.org/>

International Union Of Operating Engineers

National Employee Organization Network
1125 17th Street N.W.
Washington, DC 20036
Phone: 202-429-900
Fax: 202-778-2616

Joint Commission on Accreditation of Healthcare Organizations

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 630-792-5000
Website: <http://www.jointcommission.org/>

Joint Review Committee on Educational Programs for the EMT-P

7108 CS Alton Way, Suite 150
Englewood, CO 80112
Phone: 303-916-3600
Fax: 303-741-3655

Julian Stanley Wise Foundation/To the Rescue Museum

128 Electric Road 5W
Roanoke, VA 24018
Phone: 570-776-0364
Fax: 340-776-0653

National Association for Search and Rescue

P.O. Box 232020
Centreville, VA 20120-2020
Phone: 877-893-0702
Email: info@nasar.org
Website: <http://www.nasar.org/nasar>

National Association of Counties

25 Massachusetts Ave NW
Washington, DC 20001
Phone: 202-393-6226
Website: <http://www.naco.org/>

National Association of Emergency Medical Technicians

PO Box 1400
Clinton, MS 39060-1400
Phone: 800-346-2368
Fax: 601-924-7325
Website: <http://www.naemt.org>

National Association of EMS Educators

Foster Plaza 6, 681 Andersen Drive,
Pittsburgh, PA 15220-2766
Phone: 412-920-4775
Fax: 412-920-4780
Email: naemse@naemse.org
Website: <http://www.naemse.org>

National Association of EMS Physicians

P.O. Box 15945-281
Lenexa, KS 66285-5945
Phone: 800-228-3677
Fax: 913-895-4672
Email: info-naemsp@goAMP.com
Website: <http://www.naemsp.org/>

National Association of EMS Quality Professionals

3717 S. Conway Road
Orlando, FL 3282
Phone: 407-281-7396
Fax: 407-281-4407

National Association of Fire Equipment Distributors

104 S. Michigan Ave., Suite 300
Chicago, IL 60603
Phone: 312-263-8100
Fax: 312-263-8111
Website: www.nafed.org

National Association of Fleet Administrators, Inc.

125 Village Boulevard, Suite 200
Princeton Forrestal Village
Princeton, NJ 08540
Phone: 609-720-0882
Fax: 609-452-8004
Website: <http://www.nafa.org/>

National Association of State EMS Officials

201 Park Washington Court
Falls Church, VA 22046-4527
Phone: 703-538-1799
Fax: 703-241-5603
Website: <http://www.nasemsd.org>

National Association of Underwater Instructors

PO Box 89789
Tampa, FL 33689-0413
Phone: 800-553-6284
Fax: 813-628-8253
Website: <http://www.nauiw.org/index.php>

National Coordinating Council on Emergency Management

111 Park Place
Falls Church, VA 22046-4513
Phone: 703-538-1795
Fax: 703-241-5603
Email: info@iaem.com
Website: <http://www.iaem.com>

National Council of State EMS Training Coordinators

201 Park Washington Court
Falls Church, VA 22046-4513
Phone: 703-538-1794
Fax: 703-241-5603
E-Mail: armstrong@nasemso.org
Web Site: www.nscemstc.org

National Emergency Medicine Association

306 W. Joppa Road
Baltimore, Maryland 21204-4048
Phone: 410-494-0300
Fax: 410-494-0725
Website: <http://www.nemahealth.org>

National Emergency Number Association

4350 North Fairfax Drive, Suite 750
Arlington, VA 22203-1695
Phone: 800-332-3911
Fax: (703) 812-4675
Website: <http://www.nena9-1-1.org>

National EMSC Resource Alliance

Research and Education Institute/Harbor-UCLA
1124 West Carson Street - Building N-7
Torrance, CA 90502
Phone: 310-328-0720
Fax: 310-328-0468

National EMS Employees Organization Network

c/o The International Union of Operating Engineers
24270 W Seven Mile Road
Detroit, MI 48219
Phone: 313-532-2022
Fax: 313-532-7306

National EMS Pilots Association

526 King Street - Suite 415
Alexandria, VA 22314-3143
Phone: 703-836-8930
Fax: 703-836-8920
Website: <http://www.nemspa.org/>

National Fire Protection Association

1 Batterymarch Park
Quincy, Massachusetts 02169-7471
Phone: 617-770-3000
Fax: 617-770-0700
Website: <http://www.nfpa.org>

National Flight Nurses Association

216 Higgins Road
Park Ridge, IL 60068
Phone: 847-698-1733
Fax: 847-698-9407
Website: <http://www.nfna.org>

National Association of Flight Paramedics

4835 Riveredge Cove
Snellville, GA 30039
Phone: 770-979-6372
Fax: 770-979-6500
Email: info@flightparamedic.org
Website: <http://www.flightparamedic.org/>

Organizations

National Institute for Urban Search and Rescue

PO Box 91648
Santa Barbara, CA 93190
Phone: 800-767-0093
Fax: 803-966-6178
Website: <http://niusr.org>

National Registry of EMTs

Rocco V. Morando Building, 6610 Busch Blvd., P.O. Box 29233
Columbus, Ohio 43229
Phone: 614-888-4484
Fax: 614-888-8920
Website: <http://www.nremt.org>

National Rural Health Association

521 E 63rd Street
Kansas City, MO 64110-3329
Phone: 816-756-3140
Fax: 816-756-3144
Website: <http://www.nrharural.org>

National Safety Council

1121 Spring Lake Drive
Itasca, IL 60143-3201
Phone: 630-285-1121
Fax: 630-285-1315
Website: <http://www.nsc.org>

National Ski Patrol System Inc.

133 South Van Gordon Street, Suite 100
Lakewood, CO 80228
Phone: 303-988-1111
Fax: 800-222-4754
Website: <http://www.nsp.org>

National Society of Executive Fire Officers

Bob McKibben, Fire Chief (NSEFO President)
Peoria Fire Department
8401 West Monroe
Peoria, AZ 85345
Phone: 623-773-7380
Website: <http://www.nsefo.org>

National Truck Equipment Association, Ambulance Manufactures Division

87400 Hills Tech Drive
Farmington Hills, MI 48331-3414
Phone: 248-489-7090
Fax: 248-489-8590

National Volunteer Fire Council

1050 17th Street NW Suite 1212
Washington, DC 20036
Phone: 888-275-6832

Oak Ridge National Laboratory, Energy Division

P.O. Box 2008
Oak Ridge, TN 37831
Phone: 865-574-4160
Website: <http://www.ornl.gov>

Professional Aeromedical Transport Association

P.O. Box 65
Bonsall, CA 92003
Phone: 760-758-0814
Fax: 760-630-6882

Radio Emergency Association Communications Team International, INC

242 Cleveland
PO Box 998
Wichita, KS 67214
Phone: 316-263-2100
Fax: 316-263-2118

Society for Academic Emergency Medicine

901 N. Washington Avenue
Lansing, MI 48906
Phone: 517-485-5484
Fax: 517-485-0801
Website: <http://www.saem.org>

Society of Critical Care Medicine

701 Lee Street, Suite 200
Des Plaines, Illinois 60016
Phone: 847-827-6869
Fax: 847-827-6886
Website: <http://www.sccm.org>

Society of National Fire Academy Instructors

1213 Lorene Drive
Pasadena, MD 21222
Phone: 800-437-1681
Fax: 410-360-7043

Society of Trauma Nurses

1926 Waukegan Road, Suite 1
Glenview, IL 60025
Phone: 847-657-6745
Fax: 847-657-6819
Website: <http://www.traumanurses.org/>

Undersea and Hyperbaric Medical Society

**21 W Colony Place, Suite 280
Durham, NC 27705**
Phone: 919-490-5140 (Temporary #)
Fax: 919-490-5149 (Temporary fax #)
Website: <http://www.uhms.org>

Underwriters Laboratories Inc.

333 Pfingsten Road
Northbrook, IL 60062-2096 USA
Phone: 847-272-8800
Fax: 847-272-8129
Website: <http://www.ul.com>

United Network for Organ Sharing

700 North 4th Street
Richmond, Virginia 23219
Phone: 804-782-4800
Fax: 804-782-4817
Website: <http://www.unos.org>

Wilderness EMS Institute

230 McKee Place, Suite 500
Pittsburgh, PA 15213
Phone: 412-578-3203
Fax: 412-578-3241
Website: <http://www.wemsi.org/>

Wilderness Medical Society

810 E. 10th Street, PO Box 1897
Lawrence, KS 66044
Phone: 800-627-0629
Fax: 785-843-1274
Website: <http://www.wms.org>

Women in the Fire Service, Inc.

P.O. Box 5446
Madison WI 53705
Phone: 608-233-4768
Fax: 608-233-4879
Website: <http://www.wfsi.org/>

World Association for Disaster and Emergency Medicine

PO Box 55158
Madison, WI 53705-8958 USA
Phone: 608-263-2069
Fax: 608-265-3037
Website: <http://wadem.medicine.wisc.edu>

Government Agencies

Environmental Protection Agency

Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460
Website: <http://www.epa.gov>

Federal Emergency Management Agency

500 C Street S.W.
Washington, D.C. 20472
Phone: 800-621-FEMA (3362)
Website: <http://www.fema.gov>

Phoenix Area Indian Health Service

2 Renaissance Square
40 N Central Ave, Suite 600
Phoenix, AZ 85004-4424
Phone: 602-364-5039
Fax: 602-364-5042
Website: <http://www.ihs.gov>

US Department of Agriculture, Rural Development

1400 Independence Avenue SW
Washington, DC 20250-1510
Phone: 800-877-8339
Fax: 202-720-1725
Website: <http://www.rurdev.usda.gov>

US Department of Defense, Office of the Deputy Assistant Secretary of Defense for Health Services Operations and Readiness

1200 Defense Pentagon, Room 3E336
Washington, DC 2030
Phone: 703-695-3360

US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

1600 Clifton Rd,
Atlanta, GA 30333
Phone: (800) 311-3435
Website: <http://www.cdc.gov/ncipc/>

US Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health

1600 Clifton Rd,
Atlanta, GA 30333
Phone: (800) 311-3435
Website:
<http://www.cdc.gov/niosh/homepage.html>

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 877-696-6775
Website: <http://www.hhs.gov>

U.S. Department of Health & Human Services, Public Health Service, National Disaster Medical System/Emergency Preparedness

12300 Twinbrook Parkway, Suite 360
Rockville, MD 20857
Phone: 301-443-1167
Fax: 301-443-5146

U.S. Department of Labor Occupational Safety and Health Administration (OSHA)

200 Constitution Avenue, N.W.
Washington, D.C. 20210
Phone: 202-219-8148
Fax: 202-219-5986
Website: www.osha.gov

US Department of Transportation, National Highway Traffic Safety Administration

1200 New Jersey Avenue, SE
West Building
Washington, DC 20590
Phone: 888-327-4236
Website: <http://www.nhtsa.dot.gov/>

US Department of Veterans Affairs, Emergency Medical Preparedness, Training and Development

101 W Ohio Street, Suite 1510
Indianapolis, IN 46204
Phone: 317-226-5033
Fax: 317-226-5135

American Hospital Association Resource Center

One North Franklin, Chicago, Illinois 60606-3421,
Phone: 312-422-3000

Center for Emergency Medicine of Western Pennsylvania

230 McKee Place, Suite 500
Pittsburgh, PA 15213
Phone: 412-647-5300
Website: <http://www.centerem.org>

Citizens Clearinghouse on Hazardous Waste

PO Box 6806
Falls Church VA 22040
Phone: 703-237—2249

Congressional Fire Services Institute

900 Second Street, NE
Suite 303
Washington, DC 20002
Phone: 202-371-1277
Fax: 202-682-FIRE (3473)
Web Site: www.cfsi.org

U.S. Consumer Product Safety Commission

4330 East West Highway
Bethesda, MD 20814
Phone: (301) 504-7923
Fax: (301) 504-0124 and (301)
Website: <http://www.cpsc.gov>

Emergency Consulting and Research Center

PO Box 2789
Carlsbad, CA 92018
Phone: 760-431-9797
Fax: 760-431-8176
Email: ty.Mayfield@ecrc-ems.com

FEMA Learning Resource Center

16825 S Seton Ave.
Emmitsburg, MD 21727
Phone: 800-638-1821
Fax: 31-447-3217
Website: <http://www.lrc.fema.gov>

Florida EMS Clearinghouse

2002-D Old Saint Augustine Road
Tallahassee, FL 32301-4881
Phone: 904-487-1911
Fax: 904-488-2512

National AIDS Clearinghouse

PO Box 6003
Rockville, MD 20849-6003
Phone: 800-458-5231
Fax: 301-519-6616
Email: aidsinfo@cdcnaac.org

National AIDS Hotline

PO Box 13827
Research Triangle Park, NC 27709
Phone: 800-342-2437

Centers for Disease Control and Prevention

National Center for Health Statistics
1600 Clifton Rd
Atlanta, GA 30333,
Phone: 800-311-3435
Website:
<http://www.cdc.gov/nchs/Default.htm>

National Clearinghouse for Alcohol and Drug Information

PO BOX 2345
Rockville, MD 20847
Phone: 800-487-4889
Website: <http://ncadi.samhsa.gov/>

National Clearinghouse for Child Abuse and Neglect Information

PO Box 1182
Washington, DC 20013-1182
Phone: 800-394-3366
Fax: 703-385-3206

National Health Information Center

PO Box 1133
Washington, DC 2013-1133
Phone: 301-565-4167
Fax: 301-984-4256
Website: <http://www.health.gov/nhic>

National Spinal Cord Injury Association

1 Church Street #600
Rockville, MD 20850
Phone: 800-962-9629
Fax: 301-990-0445
Website: <http://www.spinalcord.org>

National SIDS/Infant Death Resource Center

8280 Greensboro Drive, Suite 300
McLean, VA 22102
Phone: 866-866-7437
Fax: 703-821-2098
Email: sids@circlesolutions.com
Website: <http://www.sidscenter.org>

Association of Air Medical Services

526 King Street, Suite 415
Alexandria, VA 22314
Phone: 703-836-8732
Fax: 703-836-8920
Website: <http://www.aams.org>

Government Agencies

Association of Emergency Physicians

911 Whitewater Dr.
Mars, PA 16046-422
Phone: 866-772-1818
FAX: 866-422-7794
Email: aep@aep.org

Association of University Programs in Health Administration

1911 N Fort Myer Drive
Suite 503
Arlington, VA 22209
Phone: 703-524-5500
Fax: 703-525-4791
Website: <http://www.aupha.com>

ASTM Committee on EMS

STM International,
100 Barr Harbor Drive,
PO Box C700, West Conshohocken, PA,
19428-2959
Website: <http://www.astm.org/>

Board Certified Safety Professionals

208 Burwash Ave
Savoy, IL 61874
Phone: 217-359-9263
Fax: 217-359-0055
Website: <http://www.bcsfp.org/bcsfp/index.php>

Institute of Hazardous Materials Management

11900 Parklawn Drive, Suite 450
Rockville, MD 20852-2624
Phone: 301-984-8969
Fax: 301-984-1516
Website: <http://www.ihmm.org/>

Brain Injury Association of America

8201 Greensboro Drive
Suite 611
McLean, VA 22102
Phone: 703-761-0750
Website: <http://www.biausa.org/>

Charles C. Mathias National Study Center for Trauma and EMS

701 W Pratt Street
Baltimore, MD 21201-1023
Phone: 410-328-3085
Fax: 410-328-3699

Citizens CPR Foundation

PO Box 911
Carmel, IN 46032
Phone: 317-843-1940
Fax: 317-843-1831

Commission on Accreditation of Medical

Transport Services
PO Box 1305
Anderson, SC 29622
Phone: 864-287-4177
Fax: 864-287-4251

Commission on Accreditation of Allied Health Education Programs

1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350
Fax: 727-210-2354
Email: mail@caahep.org
Website: <http://www.caahep.org/>

Commission on Accreditation of Ambulance Services

1926 Waukegan Road, Suite 1
Glenview, Illinois 60025-1770
Phone: 866-964- 2227
Fax: 847-657-6825
Website: <http://www.caas.org/>

Cooperative Hazardous Materials Enforcement Development

400 Seventh Street SW
Washington, DC 20590
Phone: 202-366-4900
Fax: 202-366-7342
Website: <http://www.hazmat.dot.gov>

National Emergency Management Association

PO Box 11910
Lexington, KY 40578
Phone: 859-244-8000
Fax: 859-244-8239
Website: <http://www.nemaweb.org>

Doctors for Disaster Preparedness

1601 N. Tucson Blvd. #9
Tucson, AZ 85716
Phone: (520) 325-2680
Website: <http://www.ddponline.org/>

Emergency Care Research Institute

5200 Butler Pike
Plymouth Meeting, PA 19462
Phone: 610-825-6000
Website: <http://www.ecri.org>

Emergency Health Services Federation, Inc.

722 Limekiln Road
New Cumberland, PA 17070-2354
Website: <http://www.ehsf.org>

Emergency Medicine Foundation

PO Box 619911
Dallas, TX 75261-9911
Website:
http://my.acep.org/site/PageServer?pagename=w_p2_homepage

Emergency Medicine Residents Association

PO Box 619911
Dallas, TX 75261-9911

Emergency Nurses Association Headquarters

915 Lee Street
Des Plaines, IL 60016-6569
Phone: 800-900-9659
Website: <http://www.ena.org/>

Fire and Emergency Manufacturers and Services Association

P.O. Box 147
Lynnfield, MA 01940-0147
Phone: 781-334-2771
Fax: 781-334-2771
E-mail: info@femsa.org
Website: <http://www.femsa.org>

Fire Apparatus Manufacturers Association

29 Stillman Road
PO Box 397
Lynnfield, MA 01940-0397
Phone: 617-334-2911
Website: <http://www.fama.org/>

Fire Department Safety Officers Association

P.O. Box 149
Ashland, MA 01721-0149
Phone: 508-881-3114
Fax: 508-881-1128
E-Mail: fdsoa@fdsoa.org
Website: <http://www.fdsoa.org>

Fire Equipment Manufacturers Association

1300 Summer Ave
Cleveland, OH 44115-2180
Phone: 216-241-7333
Fax: 216-241-0105

Helicopter Association International

1635 Prince Street
Alexandria, VA 22314
Phone: (703) 683-4646
Fax: (703) 683-4745
Website: <http://www.rotor.com/>

International Association of Dive Rescue Specialists

PO Box 5259
San Clemente, CA 92674-5259
Phone: 714-369-1690
Fax: 714-369-1690

International Association of EMT's & Paramedics

159 Burgin Parkway
Quincy, MA 02169
Phone: 617-376-0220
Website: <http://www.iaep.org/>

HIPAA REGULATIONS

14 APRIL 2003

REGULATIONS DESIGNED TO PROTECT PATIENT PRIVACY

SAFEGUARD PATIENT INFORMATION

GRANTING CERTAIN RIGHTS TO PATIENTS

PERMITTED DISCLOSURES

**TREATMENT
PAYMENT
HEALTH CARE OPERATIONS
REQUIRED BY LAW
AUTHORIZED BY THE PATIENT
TO "BUSINESS ASSOCIATES"**

SAFEGUARDING PATIENT INFORMATION

**TAKE REASONABLE MEASURES TO SECURE PATIENT INFORMATION
STORE PCR IN A SECURE AREA WITH LIMITED ACCESS
IMPLEMENT POLICIES AND PROCEDURES TO ENSURE SECURITY
DEVELOP DISCIPLINARY STANDARDS TO HANDLE BREACHES
IMPLEMENT SECURITY FEATURES FOR ELECTRONIC DATA**

GRANTING CERTAIN PATIENT RIGHTS

**WRITTEN NOTICE OF YOUR PRIVACY PRACTICES TO YOUR PATIENTS
PERMIT PATIENTS ACCESS TO THEIR INFORMATION
PERMIT PATIENTS TO REQUEST THAT YOU AMEND THEIR INFORMATION
INFORM PATIENTS OF THE INTENDED USE OF THEIR INFORMATION**

GRANTING CERTAIN PATIENT RIGHTS

**ALLOW PATIENTS TO REQUEST THAT YOU RESTRICT YOUR USE OF THEIR INFORMATION
MECHANISM TO ADDRESS PATIENT COMPLAINTS**

AGENCY PRACTICES

APPOINT PRIVACY OFFICER

**SHOULD HAVE UPPER LEVEL AUTHORITY
DESIGNATE POSITION IN WRITING
DEVELOP AGENCY LEVEL, MANDATORY FORMS**

PATIENT FORMS EVERY CALL

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT . . SIGNED BY ALL NON-EMERGENCY PATIENTS

BUSINESS ASSOCIATE AGREEMENTS

**THESE ARE YOUR BILLING GROUP, TECH SUPPORT, CLAIM CONSULTANTS, MEDICAL
DIRECTOR**

AUTHORIZATION FORM

**REQUIRED TO DISCLOSE PATIENT INFORMATION FOR REASONS OTHER THAN
TREATMENT, PAYMENT OR OPERATIONS**

ACCOUNTING LOG

**RECORD OF DISCLOSURES NOT AUTHORIZED BY THE PATIENT THESE INCLUDE LAW
ENFORCEMENT DISCLOSURES, MANDATORY REPORTING, SUBPOENAS**

ACCESS AND DISCLOSURE POLICIES

**IDENTIFY WHO HAS ACCESS TO PATIENT INFORMATION
POLICY TO LIMIT NON-TREATMENT DISCLOSURES**

DESIGNATED RECORD SET POLICY ...

**DESCRIBE THE INFORMATION TO WHICH THE PATIENT HAS ACCESS AND ADMENDMENT
RIGHTS MUST INCLUDE**

**PCR
PCS
CLAIMS
EOMB
REMITTANCE ADVICE**

ITEMS NOT INCLUDED IN RECORD SET POLICY

**INCIDENT REPORTS
CQI RECORDS
EMPLOYMENT RELATED MEDICAL RECORDS**

REQUEST FOR RESTRICTION FORM

**PATIENTS NOW HAVE THE RIGHT TO REQUEST THAT YOU RESTRICT THE USE OF THEIR
RECORDS**

YOU DO NOT HAVE TO AGREE WITH THE REQUEST

**DOCUMENT THE REQUEST AND IF DENIED, THE REASONS FOR THE DENIAL OF
RESTRICTION**

AMENDMENT FORMS

DISCIPLINARY POLICIES

ABC AMBULANCE SERVICE, INC.
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

ABC Ambulance Service, INC. (“ABC Ambulance”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information of PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. ABC Ambulance is also required to abide by the terms of the version of this Notice currently in effect.

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

For treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in our treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For payment: This includes any activities we must undertake in order to get reimbursed for services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

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 to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization: ABC Ambulance is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- 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, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- 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 care 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;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- 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;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. 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.

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

The right to access, copy, or inspect your PHI: This means you may inspect and copy most of the medical information about you that we maintain. 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 our PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

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 only in certain circumstances, like when we believe the information you have asked to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information that we have made in the 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. If you wish to request an accounting, contact our privacy officer.

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. ABC Ambulance is not required to agree to any restrictions you request, but any restrictions agreed to by ABC Ambulance in writing are binding on ABC Ambulance.

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. 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: ABC Ambulance reserves 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 we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the 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 our privacy officer.

Privacy Officer Contact Information:

Privacy Officer
ABC Ambulance Service, INC
Address (required)
Telephone Number (required)
Fax Number (if desired)
E-mail (if desired)

Effective Date of the Notice: April 14, 2003

Sample Correspondence to Prospective Business Associates

Dear _____:

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that was enacted in 1996. Regulations that obligate health care providers, including ABC Ambulance Service, Inc. (“ABC Ambulance”) to protect the privacy of health information go into effect on April 14, 2003. Prior to that date, we were obligated to obtain certain written assurances from individuals or entities that perform services for us or on our behalf involving the Protected Health Information (PHI) of our patients.

Detailed information on HIPAA can be found at <http://aspe.hhs.gov/admsimp>

We have determined that you are a “business associate” of ABC Ambulance as that term is defined in the HIPAA privacy rule. Therefore, it will be necessary for you to execute the attached business associate agreement and return it to us promptly. We will not be able to continue our business relationship in the event that you do not provide us with these written assurances as required under HIPAA.

Please ensure that the amendment is signed by the person in your organization who is authorized to bind the organization in its contracts and legal documents. Please keep a copy of your records and return the signed original to us.

The attached contact amendment is based on language developed by the US Department of Health and Human Services as model contract language for HIPAA business associates.

Thank you for your prompt attention to this matter. Please contact us if you have any questions.

Sincerely,

ABC Ambulance, Inc.

BUSINESS ASSOCIATE AMENDMENT

WHEREAS, ABC Ambulance Service, Inc. (hereinafter, "Covered Entity") and _____ (hereinafter, "Business Associate") entered into an agreement dated _____ (the "Agreement"); and

WHEREAS, to the extent that the parties stand in a "business associate" relationship pursuant to the privacy regulations published at 65 Federal Register 53182 (August 14, 2002) (hereinafter collectively referred to as the "Privacy Rule"), as they may hereafter be amended, pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, et seq., as amended ("HIPAA") the parties desire to amend the Agreement to include business associate assurances as set forth herein.

THEREFORE, intending to be legally bound, the parties hereby amend the Agreement as follows:

1. **Definitions.** Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR Sections 160.103 and 164.501
2. **Obligations and Activities of Business Associate.** In conformity therewith, the Business Associate agrees that it will:
 - a. Not use or further disclose Protected Health Information (PHI) except as permitted under the Agreement or required by law.
 - b. Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by the Agreement.
 - c. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Agreement.
 - d. Report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware.
 - e. Ensure that any agents or subcontractors to whom Business Associate provides PHI, or who have access to PHI, or who the Business Associate receives PHI from, agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI;
 - f. Make PHI available to Covered Entity and to the individual who has a right of access as required under HIPAA within thirty (30) days of the request by Covered Entity regarding the individual;
 - g. Incorporate any amendments to PHI when directed by Covered Entity;
 - h. Provide an accounting of all use or disclosures of PHI made by Business Associate as required under the HIPAA privacy rule within sixty (60) days; and
 - i. Make its internal practices, books and recordings relating to the use or disclosure of PHI available to the Covered Entity or Secretary of the Department of Health and Human Services for purposes of determining Business Associate's and Covered Entity's compliance with HIPAA.

3. **Permitted Uses and Disclosures by Business Associates.** The specific uses and disclosures of PHI that may be made by Business Associate on behalf of Covered Entity include:

- a. To perform functions, activities, or services for, or on behalf of, Covered entity as specified in the Agreement and in compliance with the Privacy Rule;
- b. For the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate;
- c. As required by law;
- d. Other uses or disclosures of PHI as permitted by the HIPAA privacy rule.

4. **Effective Date and Termination.**

a. Notwithstanding any other provisions of the Agreement, this Amendment shall be effective as of April 14, 2003 and may be terminated by Covered Entity, in its sole discretion, if Covered Entity determines that Business Associate has violated a term or provision of this Agreement, or if Business Associate engages in conduct which would, if committed by Covered Entity, result in a violation of the HIPAA privacy rule.

b. At the termination of this Agreement, Business Associate agrees to return or destroy all PHI received from, or created, or received by Business Associate on behalf of Covered Entity, and if return is infeasible, the protections of this Agreement will extend to such PHI.

ABC Ambulance Service, Inc.

Business Associate: _____

By: _____

By: _____

Print Name

Print Name

Date

Date