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HIPAA Privacy Policy

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1. Purpose & Scope

This document establishes the official internal policy for the protection of Patient Health Information (PHI) for **First Air, inc.** This policy applies to all members of our workforce, including employees, volunteers, trainees, and other persons whose conduct, in the performance of work for our organization, is under our direct control. This policy is enacted to ensure full compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and all other applicable federal and state laws.

This document is to be considered an integral part of First Air's Privacy Notice which can be found at <https://firstair.org/privacy>.

2. Definitions

1. **Protected Health Information (PHI):** Any individually identifiable health information created, received, maintained, or transmitted by our organization, regardless of form (e.g., electronic, paper, oral). This includes demographic data, medical histories, test results, insurance information, and other data that could identify a patient.
2. **Covered Entity (CE):** As a healthcare provider that conducts certain financial and administrative transactions electronically, First Air is a Covered Entity under HIPAA.
3. **Business Associate (BA):** A person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, our organization.
4. **Workforce:** All employees, volunteers, trainees, and other persons under the direct control of First Air, Inc.
5. **Treatment, Payment, and Healthcare Operations (TPO):**
 - a. **Treatment:** The provision, coordination, or management of health care and related services.
 - b. **Payment:** Activities undertaken to obtain reimbursement for services, including billing, claims management, and eligibility determination.
 - c. **Operations:** Administrative, financial, legal, and quality improvement activities necessary to run our business.

3. Protected Health Information: PHI includes but is not limited to:

1. Medical records
2. Medical history
3. Test results
4. Treatment notes
5. Notes from your doctor, teacher, or other health care provider
6. Insurance information

4. Policy: Permitted Uses and Disclosures of PHI

1. **Without Patient Authorization:** We are allowed or required to share your information in a number of instances. We may use and disclose PHI without a patient's written authorization for the purposes of TPO. There are additional situations where we are required or permitted to share your PHI without prior written authorization. Instances where we are permitted to disclose PHI without your prior written consent include:
 - a. Providing patient treatment,
 - b. Billing and receiving payment for our Services.
 - c. Running our organization.
 - d. Help with public health and safety issues.
 - i. Preventing disease.
 - ii. Helping with product recalls.
 - iii. Reporting adverse reactions to medications.
 - iv. Reporting suspected abuse, neglect, or domestic violence.
 - v. Preventing or reducing a serious threat to anyone's health or safety.
 - e. For conducting health research.
 - f. Respond to organ and tissue donation requests.
 - g. Work with a medical examiner or funeral director when an individual dies.
 - h. To prove compliance with privacy laws. If state or federal laws require it, including with the Department of Health and Human Services if it wants to verify that we're complying with federal privacy law.
 - i. For workers' compensation claims.
 - j. For law enforcement purposes or with a law enforcement official.
 - k. With health oversight agencies for activities authorized by law.
 - l. For special government functions such as military, national security, and presidential protective services.
 - m. In response to lawsuits and legal actions including to a court or administrative order, or in response to a subpoena.
 - n. Additional information regarding sharing your PHI can be found at:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

2. **With Patient Authorization:** Other use, disclosure or sharing of PHI requires a specific, written authorization from the patient including, but not limited to:
 - a. With your family, close friends, or others involved in your care.
 - b. In a disaster relief situation.
 - c. To include your information in a hospital or other directory.
 - d. For marketing purposes.
 - e. Sale of your information to a third party (First Air does not sell any patient information).
 - f. Most sharing of psychotherapy notes.
 - g. For fundraising purposes. We may contact you for fundraising efforts, however you can request that not to contact you again for this purpose.
 - h. If you are not able to tell us your preference, for example if you are unconscious, we will only share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
3. **Minimum Necessary Standard:** We will make reasonable efforts to limit the use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose.

5. Patient Rights

All patients of First Air, Inc. have the following rights regarding their PHI:

1. **Right to Access:** To inspect and obtain a copy of your paper or electronic medical records and PHI. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. **Right to Amend:** To request an amendment to your paper or electronic medical record or PHI if you believe it is inaccurate or incomplete. We may say “no” to your request, however if we do we’ll tell you why in writing within 60 days.
3. **Right to an Accounting of Disclosures:** To receive a list of certain disclosures we have made of your health information who we made the disclosures to.
 - a. You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date you ask, who we shared it with, and why.
 - b. We will include all the disclosures except for those regarding treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year at no charge, however we may charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
4. **Right to Request Restrictions:** To request a restriction on certain uses and disclosures of your PHI.

- a. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would adversely affect your care.
 - b. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- 5. **Right to Confidential Communications:** To request that we communicate with you about your health information in a specific way or at a certain location (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- 6. **Designate a Representative:** You can choose someone to act on your behalf including receiving your PHI and making healthcare decisions for you.
 - a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b. We will verify this person has been given proper authority and can act on your behalf before we take any action.
- 7. **Right to Receive a Copy of the HIPPA Privacy Notice:** You can ask for a paper or electronic copy of this notice at any time. We will provide you with a paper copy of this Privacy Notice promptly even if you have agreed to receive it electronically, if you request we do so.
- 8. **Right to File a Complaint:** To file a complaint if you believe your privacy rights have been violated.
 - a. You can file a complaint with us by contacting us using the information in Section 8.
 - b. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - c. We will never retaliate against you for filing a complaint.

6. Safeguards for Protecting PHI

First Air, Inc. will implement and maintain the following safeguards to protect PHI:

- 1. **Administrative Safeguards:**
 - a. Designation of a Privacy Officer.
 - b. A formal sanctions policy for workforce members who fail to comply with this policy.
 - c. A mandatory, documented training program for all workforce members on privacy and security policies.
 - d. Regular risk assessments to identify and mitigate potential vulnerabilities.
- 2. **Physical Safeguards:**

- a. Securing all physical records containing PHI in locked cabinets or rooms.
- b. Implementing policies for workstation use and security to prevent unauthorized viewing of PHI.
- c. Controlling and monitoring physical access to facilities where PHI is stored.

3. Technical Safeguards:

- a. Implementing access controls (e.g., unique user IDs, passwords) for all systems containing electronic PHI.
- b. Using encryption to protect electronic PHI where appropriate.
- c. Maintaining audit logs and regularly monitoring system activity.

7. Breach Notification Procedures

In the event of a breach of unsecured PHI, First Air, Inc. will follow its Breach Notification Policy, which includes procedures for timely notification to affected individuals, the Secretary of Health and Human Services, and, where applicable, the media, in accordance with the HIPAA Breach Notification Rule.

8. Privacy Officer

The Privacy Officer is responsible for the development, implementation, and oversight of First Air's HIPPA Privacy Notice. For more information or specific concerns regarding First Air's Privacy Notice or HIPPA compliance please contact First Air's Privacy Officer.

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9. Policy Notice Review and Updates

This policy will be reviewed at least annually and updated as needed to reflect changes in federal and state law, technology, and our organization's operations.