

PRIVACY NOTICE OF PAM TRANSPORT – GROUP HEALTH PLAN

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

The effective date of this Notice is **October 2022**.

Our Commitment Regarding Your Personal Health Information

P.A.M. Transport, Inc., is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to P.A.M. Transport, Inc., and P.A.M. Transport Group Medical Plan collectively, The Plans. The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards, and practices.

Our Obligations

We are required by law to:

- Maintain the privacy of protected health information
- Give you this Notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of this Notice, or the revised Notice, if applicable.

How We May Use and Disclose Medical Information About You

The following describes the ways we may use and disclose public health information (PHI). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer, **Holly Wright**.

For Treatment: We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you have received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We may also share information with other entities that have a relationship with you (i.e. your health plan) for their health care operation activities.

Treatment Alternatives and Health-Related Benefits & Services: We may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS

As Required By Law: We will disclose PHI when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made to someone who may be able to help prevent the threat.

Business Associates: We may use and disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Workers' Compensation: We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or another lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

For any requests pertaining to your rights, contact **Holly Wright** in writing.

Right to Inspect and Copy: You have a right to inspect and copy Public Health Information (PHI) that may be used to make decisions about your care or payment for your care. This includes medical and billing records. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to Get Notice of a Breach: You have the right to be notified of a breach of any of your unsecured PHI.

Right to Amend: If you feel that any PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, and health care operations or for which you provided written authorization.

Right to Request Restrictions: You have the right to put additional restrictions on the Plan's use and disclosure of your medical information. (However, the Plan does not have to agree to your request).

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.pamtransportbenefits.com.

Changes to This Notice

We reserve the right to change this Notice and make the new Notice apply to Protected Health Information we already have as well as any information we receive in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. You will not be penalized for filing a complaint.

Contact Office

P.A.M. Transport, INC.

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Human Resources Department
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Phone: (479) 361-9111