



NOTICE OF PRIVACY POLICY  
This Notice is effective October 2017

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*

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about services we provide to you or payment for such services. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. WE reserve the right to make changes and to make the new Notice effective for ALLL medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice on our website – [www.eas-africa.com](http://www.eas-africa.com)
- Have copies of the new Notice available upon request. Please contact our Operational Officer at +235 90 01 23 to obtain a copy of our current up to date Notice.



The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If at any time, you have questions about information in this Notice or about the privacy policies, procedures or practices, you can contact our Operations Officer at +235 90 44 01 23

#### WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about members every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide services, obtain payment of such services, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Operations Officer at +235 90 44 01 23

##### 1. Fulfilment of Benefits of Membership

We use and disclose medical information about you for the fulfilment of benefits of membership including, but not limited to, sending information to affiliates to effectuate transfer and sending information to the receiving and referring hospital and medical staff. This may include communicating with healthcare providers regarding your condition, treatment and coordinating and managing your services with others.



## 2. Payment

We may use and disclose medical information about you to obtain payment for services that you received. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers).

## 3. Operations

We may use and disclose medical information about you in performing a variety of business activities that we call “operations” activities allow us to, for example, improve the quality of services we provide. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing & evaluating the skills, qualification, and performance of provider taking care of you.
- Cooperation with the outside organizations that evaluate, certify and license providers, staff or facilities in a particular field of speciality.
- Reviewing & improving the quality, efficiency and cost of services that we provide to you and our other members.
- Cooperating with the outside organizations that assess the quality of the services we provide, including government agencies & private organisations.
- Planning for our organisations future operations.
  - Resolving grievances within our organisation.
- Reviewing our activities & using or disclosing medical information in the event that control of our organisation significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws



#### 4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If a member/Patient is a minor, we may disclose medical information about the minor to a Parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, please contact our Operations Officer on +235 90 44 01 23.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organisation (such as the Red Cross or Medicine Sans Frontier) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the member/patient is a Minor. If the member/patient is a minor, we may or may not be able to agree to your request.

#### 5. Required by Law.

We will use & disclose medical information about you whenever we are required by law to do so. There are many state & federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds or other injuries to the Authorities and to report known or suspected child abuse or neglect to the relevant authorities or services.

#### 6. National Priority Uses & Disclosures.



# ESSENTIAL

---

# AIR SERVICES

AFRICA

When permitted by law, we may use or disclose medical information about you with or without your permission for various activities that are recognized as “National priorities”. In other words, the government has determined that under certain circumstances (detailed below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Itemised below are a brief description detailing “National Priority” activities recognised by law. For more information on these types of disclosures, contact our Operations Officer on +235 90 44 01 23.

- **Threat to Health & Safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public Health Activities:** We may use or disclose medical information about you for public health activities. Public Health activities require the use of medical information for various activities, including, but not limited to, activities related to investigation disease, reporting Child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug administration, & monitoring work related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the authorities and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to an authority (Such as the department of social services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain governmental programs. For example, a government agency may



# ESSENTIAL

---

# AIR SERVICES

AFRICA

request information from us while they are investigating possible insurance fraud.

- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we could disclose medical information about you to a court if a Judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a Law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organisations that help with organ, eye or tissue transplants.
- **Workers compensation:** We may disclose medical information about you in order to comply with the worker's compensation laws.
- **Research Organisations:** We may use or disclose medical information about you to research organisations if the organisation has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses & disclosures described above (Nos 1-6), we will not use or disclose medical information about you without the "authorization", or signed permission, of you or your personal representative. In some instances, we may wish to use or disclose medical information about you & we may contact you to ask you to sign an authorization form. In other



# ESSENTIAL

---

# AIR SERVICES

**AFRICA**

instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you do sign a written authorization allowing us to disclose medical information about you, you may later revoke or cancel your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a revocation of Authorization form. The Revocation form is available from the Operations Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission)

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this notice.

## YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Operations Officer on +235 90 44 01 23.



# ESSENTIAL

---

# AIR SERVICES

**AFRICA**

1. Right to copy this Notice.

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this notice will always be posted on our website – [www.eas-africa.com](http://www.eas-africa.com)

2. Right of access to inspect & copy

You have the right to inspect (which means see and review) and receive a copy of medical information about you that we maintain in certain group of records. If we maintain your medical records in an Electronic Health Record (HER) system, you may obtain an electronic copy of your medical records, you may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out a “request of view or obtain copy of personal medical records” This request form is available from our Operations officer.

We may deny your request in certain circumstances, if you deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy:

- A search fee of five United states dollars (\$5.00) and
- One Dollar (\$1.00) for each page of the first twenty-five (25) pages; and
- No more than fifty cents (\$.50) for page in excess of twenty-five (25) pages

You may be charged, in addition to the foregoing fees, additional fees for the actual cost of reproducing x-rays and other special medical records. Our fees for electronic copies of your medical records will be





# ESSENTIAL

---

# AIR SERVICES

**AFRICA**

limited to the direct labour costs associated with the fulfilling of your request.

If the records are mailed to the person asking the request, reasonable costs shall include the actual cost of mailing the records.

Payment of the fees shall be made prior to the delivery of the records.

We may be able to provide you with a summary or explanation of the information. Contact our Operations Officer for more information on these services and any possible additional fees.

### 3. Right to request restriction on Uses & Disclosures.

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and operations. Under federal Law, we must agree to your request and comply with your requested restriction(s) if:

- Except as otherwise required by law, the disclosure is to a health plan for purpose to carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
- The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

If you would like to request restrictions on the use and disclosure of your medical information, you must provide us with a request in writing. You may either write us a letter requesting any restrictions or fill out a “request to restrict uses or disclosures of personal medical records”. This request for is available from our Operations Officer.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a



# ESSENTIAL

---

# AIR SERVICES

**AFRICA**

restriction at any time as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and treatments(s) to a health plan (health insurer) other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s) and your payment in full has been received, we must follow your restriction(s).

#### 4. Right to request an alternative method of Contact.

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out a "Request for Alternate Means of Communication of Confidential Medical Information." This form is available from our Operations Officer.

#### 5. Right to Notification if a Breach of Your Medical Information Occurs.

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened.
- A description of the health information that was involved.
- Recommended steps you can take to protect yourself from harm
- What steps we are taking in response to the breach: and,



- Contact procedures so you can obtain further information.

6. Right to opt-out of Fundraising Communications.

If we conduct fundraising and we use communications like the local Postal service or electronic mail for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Operations Officer to opt-out of fundraising communications if you choose to do so.

**YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the local government.

We will not take any action against you or change our treatment of you in anyway if you file a complaint.

To file a written complaint with us, you may fill out a “Privacy Complaint Form” and send it directly to our Operations Officer at the Following address.

Essential Air Services Africa  
Hanger 1 Gate 1  
N’djamena International Airport – Ndjamen, Chad  
Email: [admin@eas-africa.com](mailto:admin@eas-africa.com)  
Tele: +235 90 44 01 23