

## **Aviation Medicine Advisory Service (AMAS)**

### **Notice of Privacy Policy**

**This notice describes how personal and health information of AMAS clients may be used and disclosed. Please review this notice carefully.**

#### **Our commitment to your privacy:**

Our company is dedicated to maintaining the privacy of your individually identifiable personal and health information (collectively "health information"). In conducting our business, we will create notes regarding our conversations with you or on your behalf and the services we provide to you.

This notice is intended to provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights in your health information,
- Our obligations concerning the use and disclosure of your health information.

The terms of this notice apply to all records containing your health information that are created or retained by our office. We reserve the right to revise or amend this Notice of Privacy Policy. Any revision or amendment to this notice will be effective for all of your records that our company has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

#### **Understanding Your Health Information Record and AMAS Documentation**

**Because of the unique nature of our company, the AMAS office does not generate individual medical records other than correspondence that our physicians send to you or send at your specific direction or authorization to outside organizations, such as the FAA, union representatives and attorneys, employers and insurance evaluators.**

#### **Our Responsibilities**

AMAS will:

- Maintain the privacy of your health information
- Make available a copy of this Notice of Privacy Policy
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you have to communicate health information by alternate means or at alternate locations
- Obtain your written authorization for most uses and sharing of your information. You have the right to revoke your authorization to disclose healthcare information in writing but that revocation does not apply to disclosures already made.
- Inform you if your health information has been lost, stolen, or accessed by any unauthorized person
- Notify individuals of a breach of their unsecured health information as required by law.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will retain your health information and other records pertaining to the services we provide you in accordance with our Document Retention and Destruction Policy.

We will not disclose your protected health information without your authorization, except as described in this notice below.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

AMAS does not perform evaluations, make diagnoses, order tests, render treatment or provide additional medical therapeutic recommendations or follow-up care. We do maintain copies of medical records from your private health care providers that have been sent to us. To the extent required by law or directed by you, we may disclose health information in the following circumstances:

- 1. Evaluations.** We may use your health information to advise you. For example, we may suggest you to obtain laboratory tests (such as blood or urine tests) or other studies (such as exercise testing, angiography, radiology images, cognitive testing) done by your personal physician. We may use the results to help us ensure your evaluation meets FAA documentation requirements in support of submissions to FAA medical authorities on your behalf. We may also disclose your health information to other health care providers with your medical release for purposes related to your evaluation or treatment.
- 2. Payment.** We may use and disclose your health information in order to bill and collect payment for the services you may receive from us. For example, we may use your health information to bill you directly for services. Members in good standing with unions contracting with AMAS for aeromedical advisory services and employees of companies contracting with AMAS for aeromedical advisory services may or may not be billed individually for services, depending on the specifications of the contract. AMAS will notify individuals contacting our offices if they will incur any charges for services rendered by AMAS and the approximate amount of those charges.
- 3. Business operations.** We may use and disclose your health information to operate our business. As examples of the ways in which we may use your information for our operations, we may use your health information to evaluate the quality of service you received from us, or to conduct cost-management and business planning activities.
- 4. Treatment and evaluation options.** With your authorization we may use and disclose your health information to inform you or your personal physician of potential treatment and evaluation options or discuss alternatives offered by your physician with respect to FAA medical certification/qualification implications.
- 5. Release of information to family/friends.** With your signed authorization, we may release your health information to a friend or family member that is involved in your medical certification efforts. For example, if you are not available to discuss your FAA medical qualification issues, we will leave information with your spouse/partner/family member (unless specifically restricted by you) or with a representative designated by you. Unless specifically restricted by you, we may communicate with you by voice messaging system or non-secure email.
- 6. Disclosures required by law.** We may use and disclose your health information when we are required to do so by federal, state or local law or in response to a valid subpoena.

- 7. Medical Certification Authorities.** With your signed authorization, we will submit complete copies of health information submitted to us to authorities responsible for determining your medical eligibility to perform your flight operations duties. For example, we will send FAA medical certification authorities copies of your medical records and data that you or your physicians have provided to us with an aeromedical summary requesting a medical qualification / certification determination. We will not submit intentionally altered or edited records unless those changes have been verified by your treating medical provider.
- 8. Business Associates and Vendors.** Organizations that have contracted with AMAS to provide FAA medical certification assistance and advice to their members (“business associates”) occasionally request limited medical information to fulfill their obligations to members. For example, a labor union representative or attorney may request results of DOT drug or alcohol testing and medical issues influencing the results in order to protect the members rights, preserve employment or appeal to federal authorities. Also, labor union representatives may require information to support applications for disability benefits. AMAS will only release data (both medical and non-medical) to business associates when specifically authorized by you. AMAS will not release health information to your employer without your specific direction and authorization. AMAS does not release, sell or otherwise distribute client information, including telephone numbers, email addresses, web site URLs, or home street addresses to any entity for marketing or sales purposes, or for purposes of research.

AMAS works with vendors to provide certain services to us that may give them access to health information or the systems that store health information. For example, an IT company that helps maintain, secure, and back up our computers. To protect your health information we require the vendor to appropriately safeguard your information.

#### **Use and disclosure of your health information in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information as required by law:

- 1. Public health risks.** We may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability. However, we will only disclose this information if you agree or we are required or authorized by law to disclose this information.
- 2. Lawsuits and similar proceedings.** We may use and disclose your health information in response to a valid court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a valid and verified discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 3. Law enforcement.** We may release health information if required to do so by a law enforcement official in response to a valid and verified warrant, summons, court order, subpoena or legal process.
- 4. Serious threats to health or safety.** We may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health

and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

5. **National security.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal and national security activities required by law.
6. **Inmates.** Should you be an inmate of a correctional institution, we may disclose information to the institution or its agents health information required to protect your health and safety or the health and safety of other individuals.
7. **Workers' compensation.** We may release your health information for workers' compensation and similar programs if required by law or with your consent.

#### **For More Information, To Make Specific Requests or To Report a Problem**

If you have questions regarding our Privacy Policy, would like additional information, or have concerns that your information is not being protected properly, you may contact our office at:

**AMAS**  
**Attn: Marisa Zarlengo**  
**AMAS Compliance Officer**  
**15530 E. Broncos Pkwy, Suite 350**  
**Centennial, CO 80112**  
**(720) 857-6117**

AMAS will not retaliate against any individual who files a complaint with any government agency and you will not be penalized or be denied authorized services for filing a complaint.

**Effective date: January 1, 2026**