Physicians Ambulance
Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Information Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS COMPANY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE READ CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our Company is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are also required by law to provide you with this notice of our legal duties and privacy practices that we maintain in our Company concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your PHI,
- Your privacy rights,
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our Company. We reserve the right to revise or amend this Notice of Privacy Practices. Our Company will post a copy of the current Notice in our office in a visible location at all times, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR WOULD LIKE TO EXERCISE ANY OF YOUR RIGHTS UNDER THIS NOTICE, PLEASE CONTACT: Physicians Ambulance.

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment.** This includes such things as verbal and written information we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as

providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

2. **Payment.** Our Company may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may disclose your PHI to other health care providers for their payment purposes.
3. **Health Care Operations.** Our company may use and disclose your PHI to operate our business. As examples of the way in which we may use your PHI to evaluate the quality of care received from us, or to conduct cost-management and business planning activities for our Company.
4. **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 other information about alternative services we provide or other health-related benefits and services that may be of interest to you.
5. **Release of Information to Family/Friends.** We may release PHI about you to a friend or family member who you have listed as a contact involved in your medical care.
6. **Disclosures Required by Law.** Our Company will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. **Public Health Risks.** We may disclose protected health information about you for public health activities.
2. **Health Oversight Activities.** Our Company may disclose your PHI to a health oversight agency for activities authorized by law.
3. **Lawsuits and Similar Proceedings.** Our Company may use and disclose your PHI in response to a court or administrative order.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official.
5. **Deceased Patients.** Our Company may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
6. **Serious Threats to Health or Safety.** Our Company may use and disclose your PHI 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.
7. **Military.** Our Company any disclose your PHI if you are a member of U.S. or foreign military services (including veterans) and if required by the appropriate authorities.

8. **National Security.** Our Company may disclose your PHI to federal officials from intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President , other officials or foreign heads of state, or to conduct investigations.
9. **Workers' Compensation.** Our Company may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to ask that we contact you at an alternate address or by alternate means.
2. **Requesting Restrictions.** You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restriction. We cannot agree to limit use or disclosures that are required by law.
3. **Inspection and Copies.** You have a right to inspect and receive a copy of your protected health information that may be used to make a decision about your care. Usually, this includes medical and billing records. If you request a copy of your information , we may charge a fee for copying, mailing, or other supplies associated with your request. In limited circumstances, we may deny your request to inspect and copy your protected health information and the reason for denial will be provided to you.
4. **Amendment.** You have the right to request that we amend (correct, supplement) your PHI that this Company maintain. This request may be submitted in writing. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. We may deny your request under certain circumstances. A reason for the denial will be provided to you.
5. **Accounting of Disclosures.** You have the right to receive a detailed listing of disclosures other than instances of disclosure for which you gave consent or signed an authorization (examples include for treatment, payment, operations, law enforcement or to your family). This list must be submitted in writing and include your name , title, address, and a time period, which may not be longer than (6) years and may not include dates before 4/14/2003. There will be no charge for up to one (1) list per year. For additional lists, there may be a fee to cover the cost of preparing the list.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Company or with the Secretary of the Department of Health and Human Services. All

complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

F. OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of medical information not included in this notice or by the laws that apply to its use will be made only with your written authorization. If you provide us with permission to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for reasons covered by your written request. Note: We are unable to take any disclosure that we have already made with your authorization or pursuant to this Notice of Privacy Practices. Additionally, we are required by law to retain records of the care that we provided to you for a specific period of time.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact: Physicians Ambulance.