



Notice of Privacy Practices

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.

ADVANCED AND BASIC LIFE SUPPORT

STEPHEN M. LUND	OWNER/CHAIRMAN
MARC G. LUND	OWNER/PRESIDENT
JOE R. KARLICHECK	OWNER/VICE-PRESIDENT

DISPATCH CENTER: 810-233-4400
BILLING DEPARTMENT: 810-238-7672
FAX: 810-239-1787

Effective February 1, 2005

Contact our Billing Department to get a copy of effective Notice of Privacy Practices, exercise your rights explained in the Notice, file a complaint, revoke an authorization, or contact our Privacy Officer to discuss privacy issues:

Privacy Officer: Meredith A. Lund

STAT EMS Ambulance Service, Inc. is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. STAT EMS Ambulance is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: STAT EMS Ambulance may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our uses of PHI:

Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

Payment: This includes any activities we must undertake in order to get reimbursed for the services we provided you, including such things as submitting bills to insurance companies, making medical necessity determinations, utilization reviews or hearings, and collection activities.

Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel follow actable health care guidelines, conducting business planning, processing complaints, and obtaining legal and/or financial services.

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 transportation.

Business Associates: We may share your PHI with “business associates” that perform certain TPO activities on our behalf such as billing, dispatch, and quality assurance reviews. We will have a written agreement with our business associates that require them to protect the privacy of your PHI.

USES AND DISCLOSURES OF PHI AFTER YOU HAVE AN OPPORTUNITY TO AGREE OR OBJECT:

We may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that is directly relevant to that person’s involvement in your health care. We may use or disclose your PHI for notifying your family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death. We may also disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

You will be given an opportunity to agree or object before the company used or discloses your PHI for these purposes. If you object to the disclosure, we will not disclose the PHI to the person. However, in emergency circumstances or if you are incapacitated, our staff will then release only PHI directly relevant to that person’s involvement in your health

care.

USES AND DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT:

STAT EMS Ambulance is permitted or required to use your PHI *without* your written authorization, or an opportunity to object, in certain circumstances, and unless prohibited by a more stringent state law, including:

- For treatment, payment or health care operations activities or another health care provider.
- For health care and legal compliance activities.
- For health care fraud and abuse detection or other activities related to compliance with the law.
- To a family member, or other relatives, or close personal friend or other individual involved in your case if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise in objection, and in certain other circumstances where we are unable to obtain your consent and believe the disclosure is in your best interests.
- For Health Oversight activities including audits or government investigations, County Medical Control reviews, inspections, disciplinary proceedings, and other administrative or judicial actions under-taken by the government (or their contractors) by law to oversee the health care system.
- For judicial and administrative proceedings required by court or administrative order, or in response to a subpoena or other legal process.
- For law enforcement activities in certain limited circumstances, such as where there is a warrant or the information is needed to locate a suspect or respond to a crime.
- For coroners, medical examiners, and funeral directors to identify a deceased person, determine cause of death, or otherwise carry out their duties.
- For organ donation activities, if you are a donor, in a manner necessary to facilitate the donor process.
- For research after an institutional review board has reviewed the research proposal and protocols to ensure the privacy of your PHI and has approved the research.
- For preventing or lessening the imminent threat to the health or safety of a person or the public in accordance with federal and state laws. We may also use and disclose your PHI to law enforcement officers and agencies to apprehend an individual who participated in a violent crime or escaped from lawful custody.

- For military activities, national defense and security, or other governmental functions.
- For compliance purposes with Workers Compensation laws and other similar legally established programs.
- For any purpose if the used PHI does not identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization by contacting our Billing Department.

PATIENT RIGHTS:

As a patient you have a number of rights with respect to your PHI.

You have the right to access, copy and inspect your PHI and to receive it confidentially.

You have the right to inspect and copy your PHI that is contained in a designated record set or medical and billing records for as long as we maintain the PHI. In certain circumstances, we may deny your access to PHI, and you may appeal certain types of denials. You will need to complete a form to request access to or the copying of PHI. Normally, you will be provided access to your PHI within 30 days. We have the right to charge a reasonable fee for the copying of PHI. If you wish to inspect or copy your PHI, contact the Billing Department. You also have the right to have your PHI sent confidentially to you. If your access is denied, you will receive a copy of your rights surrounding a denial.

You have the right to ask to have your PHI amended.

You have the right to ask us to amend your PHI. We can deny your request in certain circumstances, such as when we believe the information you ask us to amend is already correct. Amendments will usually be made within 60 days of receiving your request, and we will give you written notice of the amendment. If we deny your request you will receive a written reply stating the reason (s) for the denial. You have the right to appeal the denial in certain circumstances. To exercise these rights please contact our Billing Department.

You have the right to request an accounting of our use and disclosure of your PHI.

You may request that we account for certain uses and disclosures of your PHI made on or after April 14, 2003 and during the two years prior to your request. We are not required to account for our use or disclosure of your PHI for treatment, payment, or health care operations disclosures to you or your written authorization.

You have the right to ask us to restrict our use and disclosure of your PHI.

You have the right to ask us to restrict our use and disclosure of your PHI for the purpose of treatment, payment, and health care operations. You may also request that your PHI not be disclosed to family members or friends who may be involved in your care. We are not required to agree to your request, but we are bound to any restrictions we do agree to. You will be advised, in writing, of any restrictions we agree to. If we agree to

your request to restrict our use and disclosure of your PHI and your PHI is needed to provide emergency treatment to you, we may still use or disclose it to enable other health care providers or us to provide emergency treatment to you.

You have the right to obtain a paper copy of our Notice of Privacy Practices.

You have the right to file a written complaint with us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Revision of the Notice:

STAT EMS Ambulance reserves the right to change the terms of this notice at any time, and the changes will be effective immediately and will pertain to all PHI that we maintain. Any material changes to this Notice will be posted in our business office. You may obtain the most recent version of this Notice by contacting our Billing Department listed on the front of the Notice.

RECEIPT AND ACKNOWLEDGEMENT*:

I certify receipt of the STAT EMS, Inc. Code of Conduct.

I have read this document, and understand that I am responsible for knowing and adhering to the principles and standards of the Code.

Signature: _____

Print Name: _____

Location: _____

Date: _____

****If you are a patient and have signed the Advanced Beneficiary Notice (ABN), your signature acknowledged receipt of this Privacy Practices document. Duplicate signatures are not necessary; therefore, this document is for your records only.***