

NOTICE OF PRIVACY PRACTICES OF American Ambulance

page 1

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.

Your health information is personal and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This notice applies to all records about your care that our personnel created. Your physician and/or hospital may have different notice regarding protection of your health information.

1. We are legally required to safeguard your Protected Health Information (PHI). We are required by law to: maintain the privacy of your PHI, provide you with this notice, and comply with this notice.
 - a. We reserve the right to make any such applicable changes to the PHI policy. We will revise the notice to reflect such changes and you may obtain a copy of any revised Notice by contacting our Medical Records Department at 559-443-5961 .
2. How may we disclose your Protected Health Information? The law requires us to obtain your prior authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. This section gives examples of these circumstances.
 - a. We may use or disclose your PHI to **provide treatment** to you or in order for others to provide treatment to you, such as physician, nurses or other health care providers.
 - b. We may use or disclose your PHI to insurance providers in order to receive **payment for such services**. We may also disclose PHI to other health care providers or insurance companies for their payment-related activities.
 - c. We may use or disclose your PHI for our **operations related to health care**. For example, we may use your PHI to evaluate the quality of care received or the performance of those involved in providing care. We may also use or disclose PHI to attorneys, accountants or other consultants to make sure we are complying with the laws that affect our operations. We may also use or disclose your PHI to other health care providers or insurance carriers for the purpose of their operations related to health care. We will only disclose the minimum necessary of your PHI to entities that have or had a relationship with you and your PHI.
 - d. Other circumstances in which your PHI may be released or disclosed that do not require your authorization.
 - i. When required by federal, state or local law.
 - ii. For public health activities, such as adverse reactions to a medication, notify individuals of an exposure to a disease, or to avert a serious threat to health and safety.
 - iii. To report victims of abuse, neglect or domestic violence.
 - iv. To government health oversight agencies who may have authority to audit or investigate our operations.
 - v. In response to a court order or administrative order for lawsuits or disputes. We may also disclose PHI in response to a subpoena, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to notify you of the request.
 - vi. To Law Enforcement Agencies for the following circumstances: 1) In response to a court order, grand jury subpoena, warrant, administrative request or other similar process. 2) To identify or locate a suspect, fugitive, material witness or missing person. 3) About a victim of a crime or death we believe may be due to criminal activity. 4) Report criminal conduct at our facilities or to our staff.
 - vii. To coroners office, medical examiners and funeral directors to facilitate completion of their duties.
 - viii. To Organ Procurement Organizations. We may disclose PHI to facilitate organ donation and transplantation.
 - ix. For Specialized Government Functions. For example, we may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.
 - x. To worker compensation or similar programs in order to obtain benefits for work-related injuries or illness.
 - xi. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official as necessary for the institution to provide you with health care, to protect your health or safety or that of others or for the safety and security of the correctional institution.
3. Other uses and disclosures of your PHI that are not covered by this notice or the laws that apply to us will be made **only with your written authorization**. If you give us written authorization, you may revoke that authorization in writing at any time.

NOTICE OF PRIVACY PRACTICES OF American Ambulance

page 2

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.

There are stricter requirements for use and disclosure for some types of PHI, for example, drug and alcohol abuse patient information and HIV tests. However, there are still limited circumstances in which these types of information may be used or disclosed without your authorization.

4. Your Rights Related to Your Protected Health Information.
 - a. Right to request limits on uses and disclosures of your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the Department of Health and Human Services, related to our facility's patient directory, or the disclosures described in Section 2, above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.
 - b. Right to choose how we communicate with you. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.
 - c. Right to view and copy your PHI. Except for limited circumstances, you may look at and copy your PHI that may be used to make decisions about your care if you ask in writing to do so. Any such request must be addressed to American Ambulance. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If you ask us to copy your PHI, we will charge you \$ 15.00. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.
 - d. Right to correct and update your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing you must tell us why you think the amendment is appropriate.
 - e. Right to receive a list of disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include certain disclosures, such as disclosures we have made for treatment, payment and health care operations purposes, those that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 1, 2005.
Your request for a list of disclosures must be made in writing and be addressed to American Ambulance.
The list we provide will include disclosures made within the last six years (except not for those made prior to April 14, 2003) unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.
 - f. Right to receive a paper copy of this notice. Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by contacting the Privacy Officer at 559-443-5961. The Notice is also available in our office.
5. Complaints - If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our Privacy Officer at American Ambulance, 2911 E. Tulare, Fresno CA 93721.

We will not retaliate against you for filing a complaint. You may also contact our Privacy Officer if you have questions or comments about our privacy practices.