



NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION: 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.

Patriot Ambulance Service, Inc., through its subsidiaries and affiliates, provides medical transportation and related services. These subsidiaries and affiliates providing such services are hereinafter referred to as "The Company," "we," "our," or "us." Due to the nature of these services, we are 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. We are also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI:

We 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 healthcare.

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

Patriot 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 healthcare provider.
- For healthcare and legal compliance activities.
- For healthcare 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, audits, 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, stop a crime 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. Specifically, we must obtain your written authorization before using or disclosing your: (a) Psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in the sale of your PHI.

PATIENT RIGHTS: As a patient, you have a number of rights with respect to your PHI.

- **The Right to Access Copy or Inspect Your PHI.**
 - You have the right to inspect and obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to our HIPAA Compliance Officer, and by filling out an access request form.
- **The Right to request an amendment of your PHI**
 - You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer if you wish to make a request for amendment.
- **The Right to request an accounting of certain disclosures of your PHI:**
 - You may request an accounting of certain disclosures of your PHI. Patriot Ambulance Service, Inc. will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer and make a request in writing.
- **The Right to request restrictions on uses and disclosures of your PHI**
 - You have the right to request that we restrict how we use and disclose your PHI for treatment, payment, or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use of disclosure of your PHI, you should contact our HIPAA Compliance Officer and make a request in writing.
- **The Right to notice of a breach of unsecured PHI**
 - If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer, to make Patriot Ambulance Service, Inc. aware of this preference and to provide a valid email address to send the electronic notice.
- **The Right to request confidential communications**
 - You have the right to request that we send your PHI to an alternate locations (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

Internet, Email and the Right to Obtain Copy of Paper Notice

- If we maintain a website, we will prominently post a copy of this notice on our web site and make the Notice available electronically through the web site. If you allow us, we will provide our Notice of Privacy Practices to you electronically instead of on paper, you may always request a paper copy of our Notice.

Revisions to the Notice:

- Patriot Ambulance Service reserves the right to change the terms of this Notice at any time and the changes will be effective immediately and will apply to all PHI we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance official.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Your Legal Rights and Complaints:

- You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact

Privacy Officer Contact Information:

Patriot Ambulance Service, Inc.
ATTN: Privacy Officer
5189 Commerce Rd
Flint, MI 48507

Patriot Ambulance Service, Inc. reserves the right to change the terms or this notice at any time, and the changes will be effective immediately and will pertain to all PHI that we maintain.