

Allied EMS Systems Inc.

Notice of Privacy Practices

Please review it carefully

**If you have any questions about this Notice, please contact
John M Lamont or David Slifka at
1-800-533-7178**

This Notice of Privacy Practices describes how **Allied EMS Systems Inc.** may use and disclose your health information, and describes your rights to access and control your health information. **We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information.** We are required to abide by the terms of the version of this notice currently in effect. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff is committed to following at all times.

How We May Use and Disclose Your Health Information.

We may use and disclose your health information to carry out **treatment** and related service for you. For example, we may disclose your health information to an Emergency Department that we transport you to for care, or we may disclose your health information to other emergency care workers who assist in the care render to you.

Your health information may be used, as needed, to obtain **payment** for your health care services. For example, we may send billing information to your insurance company, Medicare, or Medicaid.

We may use or disclose, as needed, your health information in order to support our health care **operation**. These operations include, but are not limited to, quality assessment activities, licensing and training programs to ensure that our personnel meet our standard of care and follow established policies and procedures, obtaining legal and financial services, and creating reports that do not individually identify you for data collection purposes.

Other Permitted Uses and Disclosures.

Unless you object, we may disclose to a member of your family your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment. We may use or disclose protected health information to notify a family member, or any other person that is responsible for your care, of your location, general condition, or death.

We may use or disclose your health information **to the extent required by law** (for example, state law requires certain reports); we may also disclose your health information for **public health activities**, to a **health oversight agency** for activities authorized by law, such as audits of compliance of our office by government authorities; in the course of **judicial or administrative proceedings** (for example, in response to an order of a court); compensation purposes; for national security and intelligence activities; and to avert a serious and imminent threat to health or safety of a person or the public. We may disclose your health information to researchers to ensure the privacy of your health information.

In some circumstances, Michigan state law may be more stringent than federal law in restricting how we may use or disclose your health information. In such situations, we will comply with the law that is more protective of your health information and/or that gives you additional rights.

Upon your request, we will give you the health information that we maintain about you unless otherwise provided by law. We must also make disclosures of your health information when required by the federal Department of Health and Human Services to investigate or determine our compliance with privacy laws.

Any other use or disclosure of your health information other than as identified above will only be made with your written authorization, unless otherwise permitted or required by law. **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.**

Your Rights Regarding Your Health Information.

You may **inspect and obtain a copy** of your health information that is contained in our records. To do so, you must submit a request for access in writing. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. You have a right to your health information for as long as we maintain records containing your health information. In limited circumstances, we may deny your request to inspect and obtain a copy of your health information; however, you may request that our decision be reviewed.

You may **request a restriction** on how we use or disclose your health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. **We are not required to agree to a restriction that you may request.** Any restriction on information that **Allied EMS Systems Inc.** agrees to is binding on **Allied EMS Systems Inc.** unless it is needed to provide emergency treatment or we inform you that we are terminating our agreement to your requested restriction.

You have the right to request to receive **confidential communication** from us by alternative means or at an alternative location. For example, you may request that we contact you by email or at work. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make sure this request is made in writing.

If you believe that health information we have about you is incorrect or incomplete, you may ask us to **amend** your health information. Your request must be in writing and should state the reason for the amendment and specific information to be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement, which we would provide to you.

You have the right to receive an **accounting** of how we have disclosed your health information, other than for reasons of treatment, payment, or our healthcare operations. This right applies to disclosures made in the six years prior to the date of your request, but after April 14, 2003. You may request an accounting for a shorter timeframe. Your right to an accounting of disclosures is subject to certain exceptions, restrictions, and limitations, and excludes other disclosures, including those we may have made to you, to family members or friends involved in your care or for notification purposes, pursuant to your written authorization, and incidental disclosures.

You have the right to **obtain a paper copy of this Notice** from us, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. In no circumstances will we ever ask you to waive your privacy rights granted under state or federal law, and we will not retaliate against you for filing a complaint. You may contact our Privacy Contacts;

**John Lamont or Dave Slifka,
CEO, COO
3407 M-119
Harbor Springs, MI 49740
(800) 533-7178**

for further information about the complaint process or if you have any other questions regarding your rights and our privacy practices as described in this Notice

This Notice was published and became effective on April 14th, 2003

Allied EMS Systems Inc.

On _____ . Patient _____ was given notice of the
Privacy Practices of Allied EMS Systems Inc. by

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I was provided with a copy of Allied EMS Systems Inc. Notice of
Privacy Practices

Patient Signatures

Date

*Explanation of the good faith efforts that was made to provide such Notice to the patient
after the emergency treatment situation was over.* _____

Name of Employee

Date