



NOTICE OF PRIVACY POLICY
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
PLEASE REVIEW IT CAREFULLY

This notice describes our Privacy Policy, describes your rights, and describes how your health information may be used and disclosed to others. Please review it carefully. Your health and privacy are our concerns. Medxpress EMS is required by law to maintain the privacy of certain confidential health information, know as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy policies with respect to your PHI. By signing this notice you acknowledge that you have had the opportunity to review our Privacy Policy. If you would like a copy of this Privacy Policy, you may request one from the address provided.

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 PHI use are as follows:

For Treatment - 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. We may obtain information from other doctors or nurses who give orders to us to allow us to provide treatment or care to you.

For Payment - This includes any activities we must undertake to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (directly or indirectly through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization, review, and collection of outstanding account.

For Health Care Operations - This includes quality assurance activities, licensing, and training programs to ensure our personnel meet our standards of care and follow establish policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

Fundraising - We may contact you for the process of fundraising for Medxpress EMS, subscription programs if available, or events.

Scheduling and Verification - We may contact you or your caregiver to schedule or verify non-emergency ambulance and medical or other transportation, or to inform you about services we provide.

Use and Disclosure of PHI WITHOUT Your Authorization: We are permitted to use PHI without your written authorization or opportunity to object in certain situations, and unless prohibited by a more stringent state law including:

- For use in treating you or obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information;
- To another health care provider for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you the opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations (such as reporting birth, death or disease as required by law, as part of a public health investigation, to report child abuse or adult abuse, or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law.

Use and Disclosure of PHI WITHOUT Your Authorization cont.:

- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For Workers Compensation purposes in compliance with Workers Compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining the cause of death, or carrying on their duties as authorized by law.
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- For research projects, but this is subject to strict oversight and approvals and health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will be amended only with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it).

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.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

- The right to access, copy or inspect your PHI- This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your PHI and we will provide written response if we deny access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our Privacy Officer listed on this notice.
- The right to amend your PHI- You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is incorrect. If you wish to request that we amend your medical information that we have about you, you should contact our Privacy Officer at the address listed on this notice.
- The right to request an accounting of our use and disclosure of your PHI- You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility to/from which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempt from the accounting requirement, you should contact our Privacy Officer at the address listed on this notice.
- The right to request that we restrict the uses and disclosures of your PHI- You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, or other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use your PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Medxpress EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Medxpress EMS are binding on Medxpress EMS.

Patient Rights cont.:

- The right to obtain a copy of the Notice on Request. If you would like a paper copy of the notice, please contact the Privacy Officer at the address listed and a paper copy of the Notice will be sent to you.

Revisions to Notice- Medxpress EMS 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 protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our website, if we maintain one. You can get a copy of the current version of this Notice by contacting the Privacy Officer at the address listed on this notice.

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 your privacy rights have been violated or if you have a complaint regarding our breach of notification process. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to the Privacy Officer at the address listed on this notice. If you have any questions or if you wish to file a complaint or exercise any rights listed in this notice, please contact the following individuals listed at the address below.

Medxpress EMS
Steve Hall, Privacy Officer
P.O. Box 609
Porter, TX, 77365

I have been informed of my rights regarding PHI (Protected Health Information) by Medxpress EMS. I am aware that I can request a paper copy of the Privacy Policy by contacting the Privacy Officer of Medxpress EMS.

Signature

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Date