

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.

Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally are kept proper confidential. 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 occurs at our Hospital District, whether the records are made by Hospital District personnel or by your physician.

We are legally required to safeguard your protected health information. We are required by law to maintain the privacy of your health information, also known as "protected health information" or "PHI"; provide you with this Notice; and comply with this Notice.

This law requires us to have your written authorization to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization.

To Provide Treatment: This means providing, coordination, or managing health care and related services by one or more healthcare providers. For example, we may disclose your PHI to physicians, nurses and other healthcare personnel involved in your care.

For Payment: This means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may use your PHI to create a bill to submit to your insurance carrier in order to get paid for treatment provided to you.

To Operate This Ambulance Company: This includes the business aspects of running our practice. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved in your care. We may also use your PHI for auditing functions, cost management analysis, and customer services.

There are other uses and disclosures of your PHI allowed or required by law that are not listed in this summary. All other uses and disclosures will be made only with your written authorization. You also have the right to revoke that authorization, in writing, at any time. However, we are unable to take back any disclosures we have already made with your permission and are required to retain certain records of the uses and disclosures already made.

You have the following rights with respect to your PHI, which you can utilize by presenting a written request to the Privacy Officer:

- The Right to Request Limits on Use and Disclosures of Your PHI.
- The Right to Choose How We Communicate With You.
- The Right to See and Copy Your PHI.
- The Right to Correct or Update Your PHI.
- The Right to Get a List of the Disclosures We Have Made.
- The Right to Obtain a Paper Copy of this Notice from us Upon Request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This policy is in effect as of April 14, 2003. We reserve the right to change the terms of our Notice of Privacy Practices. We will post the revised Notice of Privacy Practices and you may request a written copy from the address below. You can also come to the physical location. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services (HHS). To file a complaint with us, put your complaint in writing and address it - Privacy Officer at Northglenn Ambulance. You may also contact our Privacy Officer if you have questions or comments about our privacy practices at the office number below.

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Northglenn, Co 80233

Main number: 303-451-6882
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