

PRIVACY NOTICE TO OUR PATIENTS

Effective April 15, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION

PLEASE REVIEW IT CAREFULLY!

If you have any questions, please contact our office manager, who serves as our privacy manager, at 313-386-9400

What is the Purpose of this Notice? Concord EMS is required by law to maintain the privacy of certain confidential health care information, which we will refer to as your "Information". We are required to tell you in this Notice how we will use and disclose your Information and to describe your legal and privacy rights. This Notice may change from time to time and we will abide by the version that is then currently in effect. If we make changes in this Notice, we will take steps to notify you of the changes and give you a copy of the revised Notice by mail or other permitted means.

We are Required by Law to: Maintain the privacy of your Information and to provide you this Notice.

How We May Use and Disclose Your Information: The following categories describe different ways that we may use and disclose your Information. We will explain what we mean and give you some examples of what is covered.

For Treatment: We may use and disclose your Information to provide you with our treatment or services. We may use and disclose your Information to others who are treating or taking care of you, i.e. hospitals and other healthcare providers.

For Payment: We may use and disclose your Information so that payment may be collected from you, your insurance company or a third party for the treatment and services you have received. For example, either before or after we render a service, we may need to use and disclose your health plan Information so that your health plan will pay us or reimburse you for our service.

For Health Care Operations: The law permits us to use and disclose your Information for the operations of Concord EMS and others involved in your treatment. For example, we may use and disclose your Information to your other health care providers and persons involved with your care including family and friends and those who may help with payment for your treatment

OTHER SITUATIONS

As Required by Law: We will disclose your Information when required to do so by federal, state or local law.

Organ and Tissue Donation: If you are an organ donor, we may disclose your Information to organizations that handle organ procurement, banking or transplantation, to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may disclose your Information to military command authorities.

Workers Compensation: We may disclose your Information for worker's compensation or similar programs. These programs provide benefits for work related injury or illness.

Public Health Risks: We may disclose your Information for public health activities, which may include the following:

To prevent or control disease, injury or disability

To report births and deaths

To report child or adult abuse, neglect or exploitation

To report reactions to medications or problems with a product

To notify people of recalls of products that they may be using

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

When necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

Health Oversight Activities: We may disclose your Information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure.

Lawsuits and Disputes: We may disclose your Information in response to a court or administrative order, subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your Information if asked to do so by a law enforcement official for legitimate law enforcement purposes.

Coroners, Medical Examiners, Funeral Directors: We may disclose your Information to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: We may disclose your Information to authorized officials for intelligence, counter-intelligence, and other national security activities, including for

purposes of the protection of the President and other heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your Information to the correctional institution or law enforcement official.

Research: Under certain circumstances, we may be asked to disclose your Information for research projects. We will ask for your specific authorization if your Information will identify you personally.

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights regarding your Information.

Right to Inspect and Copy: You have the right to inspect and copy your Information.

To inspect and copy your Information, you must submit your request in writing to our office manager. We may charge a fee for the costs of copying, mailing or other supplies and staff time associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If we deny your request, you may request a review. We will comply with the outcome of the review.

Right to Amend: If you feel that your Information is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as we keep your Information. To request an amendment, you should submit your request and reasons to us in writing to our office manager. We may agree with your request or we may deny it, depending on your reasons and the type of information you submit.

Right to an Accounting of Disclosures: You may ask us to give you a list of all of the uses and disclosures of your Information that were not related to treatment, payment or health care operations. You must submit your request in writing to our office manager. Your request should not cover more than six years. You are entitled to the list once without charge. You may be charged for subsequent lists. You will be told the cost involved, and may withdraw or modify your request.

Right to Request Restrictions: You have the right to request a restriction or limit on our use and disclosure of your Information. We are not required to agree to your request. If we do agree, we will comply with your request unless your Information is needed for emergency treatment. To request such restrictions, you must make your request in writing to our office manager. In your request, you must tell us:

1. What information you want to limit
2. Whether your limitations include use, disclose or both
3. To whom you want the limits to apply; for example, disclosures to a particular family member
4. The reason for your request

Right to Request Confidential Communications: You have the right to request that we communicate with you confidentially. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our office manager. It is not necessary for you to give a reason for this request. Your request must specify how or where you wish to be contacted. We will accommodate your request if it is reasonable.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Simply ask any of our employees for a copy.

Changes to this Notice: We reserve the right to change this Notice and make the changes effective for the handling of your Information. We will post a copy of the Notice that is in effect in the office and have a copy of the current Notice available for you upon request.

Complaints: You have the right to file a complaint without being penalized. Our service cares about you and your rights. We have trained our staff and reviewed our office procedures to protect your Information. If you believe your privacy rights have been violated, you may send a written complaint to our office manager at 1340 John Papalas Drive. We take your concerns very seriously and will try to resolve them. You also have the right to file a complaint with the Secretary of the United States Department of Health & Human Services if you believe your privacy rights have been violated.

Other Uses of Medical Information: Other disclosures of your Information not covered by this Notice or permitted by law will be made only with your written permission. **You may revoke that permission in writing at any time.** We will be unable to take back any disclosures we have already made with your permission.