

Notice of Privacy Practices For Manchester Township DFS Ambulance

Every patient has a right to know what we do with the Protected Health Information (PHI) we gather in the course of providing emergency medical services. We want to assure you that we properly safeguard this information as required by the Health Insurance Portability and Accountability Act (HIPAA) passed by Congress in 1996.

Definition

Protected Health Information (PHI) includes information about a patient such as name, address, date of birth, telephone number, health insurance identification number, and any other identifier unique to the patient.

How ambulance services use PHI

Treatment: In the course of treatment we collect personal and health information to assist us in providing the best possible care to our patients. This information is shared with other health professionals such as physicians and hospitals to whom we transfer your care and treatment.

Payment: PHI is used to support claims submitted to insurance companies for payment.

Other: PHI may be used for internal quality assurance activities and training.

We will share your PHI only with authorized employees, representatives, and third parties, such as our billing agency, insurance companies, and other health care agencies involved in your care. We will not disclose any non-public personal information about you except as authorized by law, as described in this privacy statement, or as otherwise communicated to you.

We are authorized to use PHI without your consent, authorization, or written permission in the following situations: emergencies, national defense and security, litigation, public health situations, and government oversight activities.

Disclosure of PHI for purposes other than those permitted by the law, will only be made with your written authorization. You may revoke your authorization at any time, in writing. If you choose to revoke your authorization, such action will not affect disclosures prior to the effective date of the withdrawal.

Patients' Rights

As a patient, you have the following rights regarding protection of your PHI:

- The right to inspect your PHI.
- The right to amend your PHI.
- The right to request a list of all requests for disclosure of your PHI for purposes other than treatment, payment, and internal use as noted under "Other."
- The right to restrict disclosure of medical information to other health care providers and family.
- The right to complain to us if you feel your PHI has been compromised.
- The right to file a complaint with the Federal Department of Health and Human Services if you believe your rights have been violated.

Because we respect and share your concern for privacy, we will not provide your health information to anyone outside of our company, except as described above.

If you have any questions regarding this notice, please contact us at: **717 767-1954**