

Dear Patient,

As a result of the services provided by Catawba County EMS, we are required to provide a Notice of Privacy Practices (see below). We will be filing an insurance claim (if applicable) on your behalf. If you are uninsured or after insurance has processed the claim, you will receive an invoice for the balance (if any). If you have any questions related to billing or the insurance claim, please contact our billing office at **(800) 814-5339**.

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.

OUR LEGAL DUTY:

We are required by law to maintain the privacy of Protected Health Information (hereinafter "PHI") about you that identifies you. This may be information about health care services that we provide to you or payment for health care provided to you. It may be information about your past, present or future health care condition. We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with regard to your PHI. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health care information that we maintain. If we make changes to the Notice we will (i) post the new Notice in our waiting area, and (ii) have copies of the new Notice available upon request. You may contact us using the information at the end of this Notice.

USES AND DISCLOSURES OF PHI.

We use and disclose PHI about you in order to provide treatment, to obtain payment for that treatment, to operate our business efficiently, or for other legally mandated or authorized purposes. The following list, and the examples shown, are not exhaustive:

Treatment: We may use or disclose your PHI with health care providers who are involved with your health care. For example, information may be shared to determine the course of treatment that would work best for you.

Payment: We may use or disclose your PHI to obtain payment for services we provide to you. For example, information may be shared to prepare a bill to Medicaid or an insurance company.

Health Care Operations: We may use or disclose PHI in order to manage our programs and activities. For example, we may use your PHI to review the quality of services you receive.

Your Authorization: Unless you give us a written authorization to do so, we cannot use or disclose your PHI for any reason except for the treatment, payment or health care operations described in this Notice. If you give us an authorization to use your PHI or to disclose it to anyone for other purposes, you may revoke such authorization at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Persons Involved in Care: We may disclose PHI about you to a relative, close personal friend or any other person you identify (i) if that person is involved in your care, and (ii) if the information is relevant to your care. If the patient is a minor, except in limited circumstances, we may disclose PHI about the minor to a parent, guardian or other person responsible for the minor.

Required by Law: We may disclose your PHI if in our reasonable judgment there is an eminent danger to the health or safety of you or some other individual.

Abuse, Neglect or Domestic Violence: We may disclose PHI to a government authority that is authorized by law to conduct an investigation, if we reasonably believe that you may be a victim of abuse, neglect or domestic violence.

Public Health Activities: We may disclose PHI about you for Public Health activities: for example, activities related to investigating exposure to communicable diseases, problems with medical products, or reporting child abuse and neglect.

Health Oversight Activities: We may disclose PHI about you to a Health Oversight agency. For example, a government agency may request information from us while they are investigating possible insurance fraud.

Court Proceedings: We may disclose PHI about you to a court or an officer of the court, such as an attorney. For example, we would disclose PHI about you to a court, if ordered by the judge to do so.

Law Enforcement: We may disclose PHI for specific law enforcement purposes. For example, we may disclose limited PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

Government Functions: We may use or disclose PHI for certain governmental functions. For example, we may disclose PHI about you for national security and intelligence activities.

Threat to Health or Safety: We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety, or to the health or safety of others.

Appointment Reminders: We may send you reminders for medical care or checkups.

YOU HAVE RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU.

Access: You have the right to inspect and to receive a copy of PHI about you that we maintain in certain groups of records. We will charge you a fee to cover the cost of making the copies. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot do so practicably. You must make your request in writing to obtain access to your PHI. You may obtain an Access Request Form from the office identified below for requesting more information. You may also request access by sending us a letter to that same address.

Disclosure Accounting: You have the right to receive an accounting (which means a detailed listing) of disclosures we have made of your PHI, for purposes other than treatment, payment, health care operations and certain other activities, for the previous six (6) years, beginning April 14, 2003.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do agree, we will abide by our agreement, except in emergency situations.

Alternative Communication: You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing and it must explain why the information should be amended. We are not required to honor any such request and may deny same under certain circumstances. We will provide you with an explanation of our reason for doing so.

Right to a Copy of this Notice: You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us, or with the United States Department of Health and Human Services. We will not take any action against you or change our treatment of you in any way simply because you file a complaint. To file a written complaint you may bring your complaint to the Privacy Officer, or mail it to the address below.

FOR MORE INFORMATION

If you have any questions about this Notice, or need more information, need forms, or want to file a complaint, contact the following Privacy Officer:

Catawba County Emergency Services Department; PO Box 389; Newton, NC 28658; Attention: Privacy Officer

Telephone Number: (828) 465-8234

To file a complaint with the federal government, you may contact the United States Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Telephone number: 1-866-627-7748.