

ALLIANCE AMBULANCE, INC. NOTICE OF PRIVACY

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Alliance Ambulance, Inc. is dedicated to maintaining the privacy of your Private Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in Alliance Ambulance, Inc. concerning your PHI. The terms of this notice apply to all records containing your PHI that are created or retained by Alliance Ambulance, Inc. Alliance Ambulance, Inc. will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer, at 713-682-2273.

C. WE MAY USE AND DISCLOSE YOUR PRIVATE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Payment.** Alliance Ambulance, Inc. may use and disclose your PHI in order to bill and collect payment for the services and items received.
2. **Health Care Operations.** Alliance Ambulance, Inc. may use and disclose your PHI to operate our business.
3. **Treatment Options.** Alliance Ambulance, Inc. may use and disclose your PHI to inform you of potential treatment options or alternatives.
4. **Health-Related Benefits and Services.** Alliance Ambulance, Inc. may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
5. **Release of Information to Family/Friends.** Alliance Ambulance, Inc. may release your PHI

to a friend or family member that is involved in your care, or who assists in taking care of you.

6. **Disclosures Required By Law.** Alliance Ambulance, Inc. will use and disclose your PHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

1. **Public Health Risks.** Alliance Ambulance, Inc. may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - a) maintaining vital records, such as births and deaths
 - b) reporting child abuse or neglect
 - c) preventing or controlling disease, injury or disability
 - d) notifying a person regarding potential exposure to a communicable disease
 - e) notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - f) reporting reactions to drugs or problems with products or devices
 - g) notifying individuals if a product or device they may be using has been recalled
 - h) notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - i) notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Alliance Ambulance, Inc. may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Alliance Ambulance, Inc. may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

We also may disclose your PHI in response to a discovery request, subpoena, or other lawful

process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:
 - a) Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - b) Concerning a death we believe has resulted from criminal conduct
 - c) Regarding criminal conduct at our offices
 - d) In response to a warrant, summons, court order, subpoena or similar legal process
 - e) To identify/locate a suspect, material witness, fugitive or missing person
 - f) In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. Serious Threats to Health or Safety. Alliance Ambulance, Inc. may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. Military. Alliance Ambulance, Inc. may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. National Security. Alliance Ambulance, Inc. may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. Workers' Compensation. Alliance Ambulance, Inc. may release your PHI for workers compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI:

1. Confidential Communications. You have the right to request that Alliance Ambulance, Inc. communicate with you about your health and related issues in a particular manner or at a certain location.
2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You must make your request in writing to Alliance Ambulance, Inc. Your request must describe in a clear and concise fashion:

- a) the information you wish restricted;
 - b) whether you are requesting to limit Alliance Ambulance, Inc. use, disclosure or both; and
 - c) to whom you want the limits to apply.
3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes.
 4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Alliance Ambulance, Inc. We may deny your request if you ask us to amend information that is in our opinion:
 - a) accurate and complete;
 - b) not part of the PHI kept by or for the Alliance Ambulance, Inc.;
 - c) not part of the PHI which you would be permitted to inspect and copy; or
 - d) not created by Alliance Ambulance, Inc., unless the individual or entity that created the information is not available to amend the information.
 5. Accounting of Disclosures. All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our Alliance Ambulance, Inc. has made of your PHI for non-treatment or operations purposes.
 6. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Alliance Ambulance, Inc. or with the Secretary of the Department of Health and Human Services.
 7. Right to Provide an Authorization for Other Uses and Disclosures. Alliance Ambulance, Inc. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer, at 713-682-2273

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