

HIPPA PRIVACY NOTICE

Protected Health Information is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition, your treatment, or payment for your healthcare. We are required by law to maintain the privacy of your potential health information and to provide you with this Notice of Privacy Practices and our duties to you.

1. Uses and Disclosures of Protected Health Information

How we may use and disclose information about you

We are permitted to use and disclose protected health information for care and treatment in order to provide healthcare services to you. We may also use your protected health information for payment of your healthcare bills. The following are examples of the ways that we are permitted to use your medical information for treatment, payment and healthcare operations. These examples are not exhaustive, but are used to illustrate the types of uses or disclosures that might be made.

Treatment:

We will use and disclose your protected health information to provide you with medical treatment services. We may disclose information about you to Doctors, Nurses, Technicians, Students, and other personnel who are involved in your care.

Payment:

We will use your protected health information insurance company or a third party.

Healthcare Operations:

We will use medical information about you as needed to ensure a high quality of care for our patients. We may use medical information about you to review and evaluate the performance of our staff. Other activities for which we may use or disclose information include but are not limited to training programs, auditing, business management and planning, and administrative functions.

Other permitted uses and disclosures and your opportunity to object

We may also use and disclose your protected health information in the following instances. You may agree or object to the use or disclosure of all or part of your protected health information for these purposes:

Disaster Relief:

We may disclose medical information about you to an entity assisting in a disaster relief effort.

Uses and disclosures we are allowed to make without your permission or opportunity to object.

We may use or disclose your protected health information without your permission.

Required by law:

We will use your medical information when required by federal, state, or local law. The use of this disclosure will be limited to what is required by law.

Abuse, Neglect, or Domestic Violence:

We may disclose your protected health information to a public health authority that is authorized to receive reports of neglect or abuse. In addition we may disclose information to an authorized agency if we believe you have been the victim of abuse or neglect. Disclosure will be consistent with state and federal regulations.

Inmates:

We may disclose information about an inmate to a correctional institution or law enforcement officer as authorized by law.

Workers compensation:

We may disclose your protected health information to comply with workers compensation laws and other similar programs established by law.

Uses and Disclosures made only with written authorization

Other uses and disclosures of medical information not covered by this notice or the laws that apply with your written permission. If you provide us with your written permission to use or disclose information about you, you may revoke the authorization at any time, in writing. If you wish to revoke a written authorization, contact our privacy officer.

Your rights and how to Exercise Them

Right to inspect and copy:

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain protected health information. This information includes medical and billing records.

Right to request restriction:

You have the right to request a restriction or limitation on medical information we use or disclose about you for treatment, payment or other healthcare operations. You also have the right to request we limit the disclosure of your protected health information to those involved in your case.

We are not required to agree to your request.

To request restrictions, your request must be in writing to our Privacy Officer. It must state the information you want to limit, whether you want to limit the use, disclosure, or both, and to whom you want the restriction to apply.

Right to Amend

If you believe that the medical information we have about you is incorrect you have the right to request that we amend the information in a designated record set for as long as we maintain the information. You must request an amendment in writing to our privacy officer and you must give reasons to support your request.

Changes to this Notice

We are required to abide by the terms of this notice of privacy practices. We may change the terms of this notice at any time. The new notice will apply to any protected health information we maintain at that time. You may request a copy at any time by calling our office at 573-335-2191.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer. You may also file a complaint with the secretary of health and human services. We will not retaliate against you for filing a complaint.

If you have any questions concerning this notice you may contact Cape County Private Ambulance in writing at 1458 N. Kingshighway
Cape Girardeau, MO 63701

Or call our office during normal business hours at 573-335-2191