

***I hereby  
acknowledge that I  
have been provided  
with a copy of  
Balentine  
Ambulance Service,  
Inc.'s notice of  
Privacy Practices on  
the below mentioned  
date.***

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***Date***

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***Patient Signature***

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***Print Patients Name***

Purpose of this Notice: Balentine Ambulance Services, Inc. and Medical Transportation Services, Inc. are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how we are permitted to use and disclose PHI about you.

We are also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: We may use PHI for the purposes of treatment, payment, and healthcare operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered medical necessity determinations of an review, utilization review, and collection of outstanding accounts.

For healthcare operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

Reminders for Scheduled Transports and Information on Other Services. We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, on for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI without Your Authorization: We are permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For our use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;

- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- For health care fraud and abuse detection or for activities related with the law;
- To a family member, other relatives, or close personal friend and other individuals involved in your care, if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose medical information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health to your spouse when your spouse has called an ambulance for you. In situations when you are not capable of objecting (when you are not present, or incapable because of your medical emergency), we may, in our professional judgement, determine that disclosure to your family member, relative, or friend is in your best interest. In that situation we will only disclose health information that is relevant to that persons involvement in your care. For example, we may inform the one who accompanies you in the ambulance that you may have certain symptoms, and we may give that person your vital signs and treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law, as a part of public health investigation, to report child or adult abuse. Neglect, or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including government audits or government investigations, inspections, disciplinary proceedings, and other judiciary or administrative

actions undertaken by the government (or their contractors) by law to oversee the health care system;

- For Judicial or administrative proceeding as required by court or administrative order, or in some cases response to a subpoena or their legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request of, or when the information is needed to locate a suspect or stop a crime.
- For military, national defense and security and other special government functions.
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but his will be subject to strict oversight and approvals and health information will be releases only when there is a minimal risk to you privacy and adequate safeguards are in place I accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it) You may revoke your authorization at any time, in writhing, except to reliance on the authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

To the right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy a medical information that you may have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You may have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you. You should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI.

You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical

information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI.

You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. We are not required to agree to any restriction you request, but any restrictions agreed to by us are binding on us.

Revisions to the Notice: We reserve the right to chance the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice by contacting the privacy officer identified below.

Your Legal Rights and Complaint:

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer list at the end of this Notice? Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

]Privacy Officer at:  
Balentine Ambulance Service Inc.  
3516 Mansfield Road  
Shreveport La 71103  
318 222-5358

Effective Date of the Notice:  
April 14, 2003