

**Mountain Top Fire Company
Ambulance Patient Privacy Notice**

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.

Purpose of this notice: Mt. Top is required by law to maintain the privacy of certain confidential health information, known as Protected Health Information (PHI), and to provide you with the respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how Mt. Top is permitted to use and disclose PHI about you. Mt. Top is also required to abide by the terms of the version of this notice currently in effect. We may use this information after we obtain your consent, and in an emergency with our immediate consent.

Uses and Disclosures of PHI: Mt. Top may use PHI for the purpose of treatment, payment, and other health care operations, which are examples of our use of your PHI.

For Treatment: This includes things such as verbal and written information that we obtain about you to us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital 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 determination and reviews, utilization review, and collection of outstanding accounts.

For health care 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.

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

The right to access, copy, and inspect your PHI. This means you may come to our office 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 to copy any medical information that you have the right to access. In limited circumstances, we may deny your access to your medical information, and certain types of denials may be appealed. We have available form to request you PHI and will provide written response if we deny you access and let you know you appeal rights. If you wish to inspect and copy your medical information, you should contact the compliance officer listed at the end of this notice.

The right to amend your PHI: You 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 your 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. You can appeal our denial of your request. If you wish to amend the medical information that we have about you, you should contact the compliance 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 uses or disclosures made prior to April 14, 2003. If you wish to request and accounting of medical

information about you that we have used or disclosed, you should contact the compliance 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 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. Mt. Top is not required to agree to any restrictions you request, but any restrictions agreed to by Mt. Top are binding.

Legal Rights and Complaints: Notice of any changes in Mt. Top's privacy policy may be shown directly on the consent form and this notice will be updated when any significant changes in our privacy practices occur. Mt. Top reserves the right to change the terms of this notice at any time and the changes effective for PHI that we have created or received prior to the effective date of the notice provision that was changed.

You also have the right to complain to us, or to the Secretary of the Federal 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. Should you have any questions or wish to file a complaint or exercise any rights listed in this notice, please contact the compliance officer listed:

**MOUNTAIN TOP FIRE CO.
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(814) 339-7510
(814) 339-7410**