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Inc. T.D.B.A Cambria Alliance Emergency Medical Services

Notice of Privacy Practices

IMPORTANT: 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.

Cresson Area Ambulance Service, Inc. T.D.B.A Cambria Alliance Emergency Medical Services is committed to protecting your personal health information. We are required by law to maintain the privacy of health information that could reasonably be used to identify, known as ~~protected health information~~ or ~~PHI~~. We are also required by law to provide you with the attached detailed Notice of Privacy Practices (~~Notice~~) explaining our legal duties and privacy practices with respect to your PHI.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT MICHAEL ECKENRODE, YOUR HIPPA COMPLIANCE OFFICER, AT 814-886-5641, ext. # 2 or caems@comcast.net.

Detailed Notice of Privacy Practices

Purpose of this Notice: This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Cresson Area Ambulance Service, Inc. T.D.B.A Cambria Alliance Emergency Medical Services is permitted to use and disclose PHI about you.



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We Can Make Without Your Authorization

Cresson Area Ambulance Service, Inc. T.D.B.A Cambria Alliance Emergency Medical Services may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

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 we give to other healthcare personnel to whom we transfer your care and treatment, 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.

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, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

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.

Fundraising: We may contact you when we are in the process of raising funds for Cresson Area Ambulance Service, Inc. T.D.B.A Cambria Alliance Emergency Medical Services, or to provide you with information about our annual subscription program.