	<b>Bondurant Emergency Services</b>	BES Run Number:
	Privacy Policy and Signature Form	Transport Date:
Patient Name:	D.O.B.:	SS#:
Address:	City/State:	Zip:
	ow, the signer acknowledges that the Bondurant Emergency Services pr	
	SECTION I – PATIENT SIGNATURE	
The patient n NOTE: If t	nust sign here unless the patient is physically or mentally incap he patient is a minor, the parent or legal guardian should sign in	able of signing: n this section.
to that which was paid by my insurance. I agror any source whatsoever for the services problemergency Services to appeal payment denianedical, insurance, billing or other relevant in Centers for Medicare and Medicaid Services, these or other benefits payable for any services.	rvices, regardless of my insurance coverage, and in some cases ee to immediately remit to Bondurant Emergency Services any vided to me and I assign all rights to such payments to Bondurals or other adverse decisions on my behalf without further authormation about me to release such information to Bonduran and/or any other payers or insurers, and their respective agents a provided to me by Bondurant Emergency Services, now, in the ance, billing and other relevant information about me from an	payments that I receive directly from insurance rant Emergency Services. I authorize Bondurant thorization. I authorize and direct any holder of t Emergency Services and its billing agents, the or contractors, as may be necessary to determine past, or in the future. I also authorize Bondurant
	Crew member signature also serves as with or who refuse to sign.	ness to patients who are only able to sign with a mark
X		
X Patient Signature or Mark	Date X Crew Member Signature	Date
Patient refused to sign form	X Crew Member Printed Name	
SECTIO	ON II – AUTHORIZED REPRESENTATIVE SIGN	
	is section ONLY if the patient is physically or mentally incapa	
Reason the patient is physically or mentally in	capable of signing:	
am signing on behalf of the patient to author patient by Bondurant Emergency Services nov	ize the submission of a claim to Medicare, Medicaid, or any of v or in the past, (or in the future, where permitted). By signing is not an acceptance of financial responsibility for the services	ner payer for any services provided to the below I acknowledge that I am one of the
Authorized representatives include only the fo	llowing individuals:	
Relative or other person who arranges for	Patient's Health Care Power of Attorner cial security or other governmental benefits on behalf of the pater the patient's treatment or exercises other responsibility for the a that did not furnish the services for which payment is claimed	ient patient's affairs
ζ		
Representative Signature	Date	Printed Name of Representative
	MBULANCE CREW AND RECEIVING FACILI	
Complete this se (2) no authorized representation	ection only if: (1) the patient was physically or mentally incapal tive (Section I) was avallable or willing to sign on behalf of the	ple of signing, and patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport) My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Bondurant Emergency Services. My signature is not an acceptance of financial responsibility for the services rendered.

Reason patient incapable of signing: Name and Location of Receiving Facility: Time at Receiving Facility:

Receiving Facility Representative Signature

Signature of Crew Member

The patient named on this form was received by this facility at the date and time indicated above. This signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date

Signature of Receiving Facility Representative Date

Printed Name and Title of Receiving Facility Representative

Printed Name and Title of Crew Member

## Bondurant Emergency Services - Notice of Privacy Practices

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: Bondurant Emergency Services is 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. Bondurant Emergency Services is also required to abide by the terms of the version of this notice currently in effect.

<u>Uses and Disclosures of PHI:</u> Bondurant Emergency Services may use PHI for the purpose of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

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 submitting bills to insurance companies, making medical necessity determinations and collecting 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, as well as certain other management functions. Reminders for scheduled transports and information on other services. We may also contact you to provide with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provide information about services we provide.

Use and Disclosure of PHI without Your Authorization

Bondurant Emergency Services is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- · For the treatment, payment or health care operation activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- · For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- . For law enforcement activities in limited situations, such as when responding to a warrant;
- 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 this will be subject to strict oversight and family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests; approvals;
- · We may also 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 writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

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

The right to access a copy or inspect your PHI.

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with the access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you 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. You also have the right to receive confidential communications of your PHI. If you to inspect and copy your medical information, you should contact our privacy officer.

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 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 our privacy officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information that we have made in the 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, contact our privacy officer.

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. Bondurant Emergency Services is not required to agree to any restrictions you request, but any restrictions agreed to by Bondurant Emergency Services in writing are binding on Bondurant Emergency Services.

Internet Electronic mail and the Right to Obtain Copy of Paper Notice upon Request: If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of this Notice.

Revisions to the Notice: Bondurant Emergency Services reserves the right to change 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 and posted on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: 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.