**A medical symbol on a map

Description automatically generated**

**NOTICE OF PRIVACY PRACTICES**

**Fallon County Ambulance Service**

**PO Box 846**

**13 West Fallon Ave.**

**Baker, MT 59313**

**406-778-2204**

This notice describes the Privacy Practices of our organization. It also describes the Privacy Practices of any Business Associates with which a patient’s Protected Health Information (PHI) may be utilized, shared, or protected. We understand medical and health information should be protected. We have taken steps to ensure your PHI will be strictly maintained and existing rules and regulations will be followed.

**PERMITTED USES OF PHI**

**TREATMENT-**

We must keep records of the services provided to you and in some cases, share that information with doctors, hospitals, and other related healthcare providers for the purposes of diagnosing and treating your healthcare needs. Some disclosures of your PHI may have additional restrictions as dictated by State and Federal Laws.

**PAYMENT-**

The PHI we obtain from you as well as any financial information may be used to obtain payment from you, your insurance company, or other applicable third parties. Insurance verification, treatments, and payments are permissible use of your PHI.

**OPERATIONS-**

Your information may be used to evaluate internal policies, procedures, cost management, quality control, customer service, training, and other related operational activities.

**OTHER SERVICES**

Some of other possible uses of your PHI include:

* Utilizing your information with other agencies that may assist us in treatment, payment or operations such as hospitals, collection agencies and billing companies.
* Your information may be shared with your family for the purpose of treatment and payment decisions.
* Business Associates must adhere to the same privacy practices with respect to PHI as regulated by State and Federal Law.

**YOUR RIGHTS – You may….**

* Request copies of your PHI for inspection. Access may be denied under certain circumstances; a review may be requested. (must be in writing)
* Ask for restrictions on usage of your PHI, which may or may not be considered.
* Request certain communication process such as address and phone numbers
* Ask for a copy of this notice.
* File a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

**PERMITTED DISCLOSURES**

* Organ and Tissue donation
* Prevent and protect against abuse, neglect, or domestic violence
* Legal proceedings
* Investigations, inspections and audits
* Medical examiners, coroner’s funeral directors
* Government intelligence and matters of security
* Workers’ compensation
* Public health issues relating to drug reactions, problems with medical devices and communicable diseases

All other uses and disclosures not described in this notice such as: Marketing purposes, sale of your information, and sharing of psychotherapy notes require your signature for authorization. This authorization may be revoked at any time in writing.