

HIPAA Privacy Policy Notice

This Notice describes our Privacy Policy, describes your rights, and describes how your health information may be used and disclosed to others. Please review it carefully. Your health and your privacy are our concerns.

We will keep and record any information about your medical condition. We may use this information or disclose this information to others as follows:

We may use or disclose your health information in order to treat you. For example, we may advise the health care provider which we are transporting you to of your medical condition, including your vital signs and medications we have administered to you. We may also disclose your condition to your family or caregivers who are involved in your medical care.

We may use or disclose your health information in order to receive payment for the services we provide to you. For example, we may disclose your condition in order for your insurance company to understand why you received treatment so that they will pay your claim. We may also disclose your information to our billing department/billing company/attorney in order to seek payment for the services we provide to you.

We may use or disclose your health information for our operations. For example, we may review your information in order to evaluate your treatment and our services in order to insure that our care for you now and in the future is the best that it can be. We may use your health information to contact you in the future. We may also disclose your information as required by law.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your health information:

***The Right to Inspect and Copy your Information:** You may review and copy your medical records and information.

You should make such a request to us at 560 US Hwy #1 North Palm Beach, FL, 33408. We have the right to charge a reasonable fee for all copying and mailing expenses.

***The Right to Amend:** You may ask that we amend your health information if you believe that your information is incomplete or incorrect. A request for an amendment should be made in writing and should be sent to us at the above address. Your request must be accompanied by a statement from you, regarding why you feel the amendment is proper. We may deny your request if it is not written or if you fail to state a reason for the proposed amendment. We may also deny your request if you ask us to amend information that is not part of the information we keep, was not created by us (unless the entity responsible is no longer available), is not part of the information available for you to inspect and copy, or is accurate and complete.

***The Right to Know about Disclosures:** You have the right to request and accounting of which we have disclosed your health information to. The request should be made in writing and sent to us at the above address. You must state a time period for your request, which cannot be longer than 6 years. Your first request every 12 months is free. After that we may charge you for additional requests made within 12 months of your last request. Please contact us for the exact cost.

***Right to Request Restrictions:** You may request a restriction or limitation on how and what health information we disclose regarding you for treatment, payment of health operations or to your family or caregivers. We do not have to agree to your request. Requests for restrictions must be made in writing and sent to us at the above address.

***Right to Confidential Communications:** You may request that we communicate with you about medical matters in a certain format or at a specific location. You must request such a confidential communication or specific type or place of communication in writing submitted to us at the above address. No reason for this request is necessary and we honor all reasonable requests.

***Right to receive a Copy of this Notice:** You may request and receive a written copy of this notice (or our current notice) at any time by contacting us at the above address and requesting a copy of our "Privacy Policy Notice".

Please note that we retain the right to alter, amend or change this Notice at any time. Any such revision may be effective on any information we obtain about you in the future or any information that we already have regarding you. A copy of our most current Notice will be on display in our offices.

COMPLAINTS regarding the use of your health information should be made to us at the address above and/or with the Department of Health and Human Services. All complaints must be submitted in writing. There is no cost or penalty to you for filing a complaint.