

- RECEIPT -
NOTICE OF PRIVACY PRACTICES
and
BILLING AUTHORIZATION &
RESPONSIBILITY OF PAYMENT

I authorize Efficient Billing Systems and the Byron Fire District to release medical information to representatives of insurance companies that claim to be involved. Those insurance companies may forward benefits directly to Efficient Billing Systems, 4701 Midlothian Turnpike Ste 7, Crestwood, Illinois 60445. The Byron Fire District ambulance service is a Medicare participating provider. If Medicare or any other insurance denies claim, payment for services is the patient's responsibility. I also acknowledge that I have been provided with a copy of the Byron Fire District's Notice of Privacy Practices on this date.

DATE _____
 MM / DD / YR

 PRINT NAME OF PATIENT

 MAILING ADDRESS

 CITY, STATE, ZIP CODE

 SIGNATURE OF PATIENT or PT. REPRESENTATIVE

 RELATIONSHIP TO PATIENT

 PATIENT UNABLE TO SIGN BECAUSE:

UNDER THE
HIPAA PRIVACY RULE YOU HAVE
THE FOLLOWING RIGHTS

Right to Request Restrictions You have the right to request additional restrictions on certain uses and disclosures of your PHI, but we are not required to agree with your request.

Right To Receive Confidential Communications You have the right to receive communications regarding PHI in a reasonable alternatives manner or location. You must make your request in writing to our Privacy Officer.

Right To Inspect and Copy You have the right to inspect and receive a copy of your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a \$10.00 fee.

Right to Amend If you feel health information about you is incorrect or incomplete, you have the right to request that we amend it by submitting your request in writing to our Privacy Officer.

Right To Accounting of Disclosures You have the right to request an "accounting" of certain disclosures that we have made about your PHI be submitting your request in writing to our Privacy Officer.

Right to a Paper Copy of This Notice You have the right to receive a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Public Health and Human Services. To file a complaint with us, please contact our Privacy Officer at the address and number listed in this document. We will not retaliate or take action against you for filing a complaint. All complaints must be submitted in writing.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

The Privacy Officer
Byron Fire District
123 N. Franklin Street
P.O. Box 904
BYRON IL 61010-0904

NOTICE OF PRIVACY PRACTICES
REGARDING AMBULANCE SERVICE
ACCORDING TO THE
HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT



EFFECTIVE DATE - April 14, 2003

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

If you have any questions about this notice, please contact
 The Privacy Officer, Byron Fire Protection District,
 123 N. Franklin Street, P.O. Box 904 - (815) 234-4911

The Byron Fire District is required, by law, to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. All Byron Fire District employees, staff and other office personnel are required to abide by the terms of the Notice. We reserve the right to make changes to this Notice, and any changes will apply to any PHI that is already in our possession. If and when this Notice changes, we will post a copy of the changes Notice in our office in a prominent location and provide you with a copy upon request.

The Byron Fire District may use PHI for the purpose of treatment, payment, other health care operations and in some special situations.

HIPAA Health Insurance Portability and Accounting Act
 PHI Protected Health Information

USE AND DISCLOSURE OF PHI WITHOUT YOUR CONSENT

The Byron Fire District is permitted, under Federal Law, to make the following uses or disclosures of your PHI without your authorization.

This notice applies to information and records we have about your health, health status, and the health care and services you received from Byron Fire Protection District.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

Treatment We may use your PHI to provide you with medical treatment. For example, we may disclose your PHI to doctors, nurses, technicians, medical students, or other health care providers or personnel who are involved in taking care of you.

Payment We may use and disclose PHI to bill and collect payment for the treatment and services you receive from us. For example, we may need to provide your health plan or insurance company with information about a treatment or service we performed for you.

Health Care Operations We may use and disclose PHI in the course of performing activities called "health care operations". For example, we may use your PHI to perform business management and general administrative activities, including managing our activities related to complying with HIPAA Privacy Rule.

Treatment Alternatives We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Required By Law We may use and disclose PHI as required by federal, state, or local law, as long as any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities We may use and disclose PHI to public health authorities or other persons authorized to carry out certain activities related to public health, such as to report disease, injury, birth, or death, or to report child or elderly abuse or neglect, or to notify a person who may have been exposed to a communicable disease in order to control the spread of the disease.

Abuse, Neglect, or Domestic Violence We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.

Health Oversight Activities We may disclose PHI to a health oversight agency in connection with audits, investigations, inspections, and other activities it undertakes to monitor the health care system, government health care programs and compliance with certain laws.

Lawsuits and Other Legal Proceedings We may use and disclose PHI when required by a court or administrative tribunal.

Law Enforcement Under certain conditions, we may disclose PHI to law enforcement officials for the purpose of reporting or investigating criminal activity.

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Coroners, Medical Examiners, Funeral Directors Under certain conditions we may disclose PHI to any of the above professionals for the purpose of investigation of your case.

Organ and Tissue Donation Under certain circumstances, we may use or disclose PHI in order to facilitate an organ, eye or tissue donation, and transplantation.

Research With permission from an Institutional Review Board, we may be permitted to use and disclose your PHI for research purposes. We may also discuss limited portions of your PHI, if we receive written assurances that the recipient will safeguard the information.

To Avert Serious Threat to Health or Safety We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health and/or safety of a person or the public.

Specialized Government Functions We are permitted to disclose PHI for certain military and veteran activities, for national security and intelligence activities, for health or safety of people in correctional institutions, and for certain public benefit programs.

Disclosures Required by HIPAA Privacy Rule We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance.

Workers Compensation We may disclose PHI as authorized by workers compensation laws or other similar programs that provide benefits for work-related injuries.

Individuals Involved in Your Care or Payment We may disclose PHI to people involved in your care or payment for your care if we have a verbal agreement, or if you have the opportunity to object but do not. If you are not present or unable to consent or object, we may exercise professional judgment in determining if disclosure of PHI is in your best interests.

All other uses and disclosures of PHI about you, that are not mentioned above, may only be made with your written authorization.