

This note describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Priority Patient Transport, Inc. 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. Priority Patient Transport is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: Priority Patient Transport 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 obtaining verbal and written information about your medical condition and treatment from you and 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.

For payment: This includes activities we must undertake in order to get reimbursed for the services we provide to you, such 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 other management functions.

Reminders for Scheduled Transports and Information on Other Services: We may also contact you to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization: Priority Patient Transport is may use PHI without your written authorization or opportunity to object, in some situations unless prohibited by a more stringent state law including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To another individual involved in your care with your verbal agreement, if we give you an opportunity to object to disclosure and you do not raise an objection, or in circumstances when we are unable to obtain your agreement and disclosure is in your best interest;
- To a public health authority in certain situations such as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits, 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 order, or in response to a subpoena or other legal process;
- For limited law enforcement activities, such as when responding to a warrant;
- For military, national defense and security or other special government functions;
- To avert a threat to the health and safety of a person or the public at large;
- For workers' compensation purposes 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 as necessary to facilitate organ donation and transplant;
- For research projects, but this will be subject to strict oversight and 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. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information based on that authorization.

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

The right to access, copy or inspect your PHI: You may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access within 30 days of your request. We may charge you a reasonable fee to copy any medical information that you access. We may deny you access to your medical information and you may appeal certain types of denials. We have forms to request access to your PHI and will provide a written response if we deny you access and let you know your appeal rights.

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 medical 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 in some circumstances like when we believe the information you have asked us to amend is incorrect. To ask that we amend your medical information, mail a request to 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 PHI for which you have already given us written authorization.

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 the medical information that we have about you. Priority Patient Transport is not required to agree to any restrictions you request, but any restrictions agreed to by Priority Patient Transport in writing are binding.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: 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 the Notice.

Revisions to the Notice: Priority Patient Transport 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 to our website. 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 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. You may direct all inquires to our privacy officer.

Privacy Officer Contact Information:

HIPAA Privacy Officer

PO Box 2457

Harrisonburg, VA 22801

Effective Date of this Notice: May 1, 2007