

# Elbert County Emergency Services 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.**

Our Company wishes to inform you of your rights regarding your private health care information. You have the right to review our privacy policy prior to signing this Authorization form. By signing this notice you acknowledge that you have had the opportunity to review our Privacy Policy. If you want a copy of this policy or in the event that our policy changes, you want a revised copy please contact us at **Elbert County Emergency Services, P.O. Box 6010, Elberton, GA 30635.**

You also have the right to request that we restrict the method in which we use or disclose your health information for purposes of treatment, payment or health care operations. We have the right to refuse to comply with your request.

By signing this form, you expressly acknowledge our use and disclosure of your health information for purposes of your treatment, payment, or other health care operations. This notice will not expire and will apply to services provided to you from this day forward.

We will keep and record 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 family or care-givers 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 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.