

YOU MAY REVOKE YOUR AUTHORIZATION AT ANY TIME (IN WRITING) EXCEPT TO THE EXTENT THAT WE HAVE ALREADY USED OR DISCLOSED MEDICAL INFORMATION IN RELIANCE ON THAT AUTHORIZATION.

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

- Right to access, copy or inspect your PHI;
- Right to amend your PHI;
- Right to request an accounting of use and disclosure of your PHI;
- Right to request that we restrict the uses and disclosures of you PHI;
- Right to be notified of revisions to our Privacy Notice, via web site;
- Right to voice complaints and obtain procedure to file complaints.



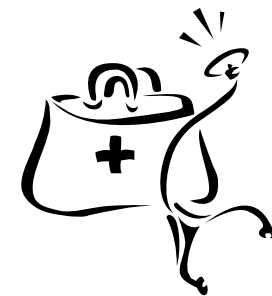
CIRCLEVILLE EMERGENCY MEDICAL & FIRE SERVICES

586 N. Court Street
Circleville, Ohio 43113

CIRCLEVILLE FIRE & EMERGENCY MEDICAL SERVICES

NOTICE OF PRIVACY PRACTICES

*Please review this notice.
If you should have questions
after reviewing this information,
please contact our offices.*



Tel: 740 474 3333

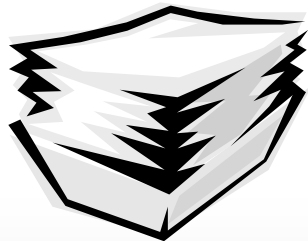
NOTICE

The City of Circleville maintains the privacy of certain confidential health care information about you, known as Protected Health Information, or PHI. We are required to protect your information and provide you with this NOTICE OF PRIVACY.

This notice outlines our responsibilities and privacy practices with respect to your PHI and also informs you how we are permitted to use and disclose PHI about you, how you can access and copy that information, how to request an amendment of the information and how you may restrict the use and disclosure of your PHI.

The City of Circleville is also required to abide by the terms of the notice currently in effect. We may use the information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, as required to do so by law.

We respect your privacy, and treat all information about our patients with care under strict policies of confidentiality that all of our staff is committed to follow at all times.



HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THE INFORMATION

Purpose of this notice:

- To provide you with a notice of our legal duties and privacy practices with respect to your PHI;
- To describe to you your legal rights and advise you of our privacy practices;
- To let you know how our departments are permitted to use and disclose PHI about you.

Uses and Disclosures of PHI:

We may use PHI for the purpose of treatment, payment, and health care operations, and in most cases, without your permission. Examples of our use of your PHI are:

- Treatment;
- Payment;
- Healthcare Operations.



Use and Disclosure of PHI without your authorization

We are permitted to use PHI without your permission, or opportunity to object in certain situations, including:

- Treating you and obtaining payment;
- Treatment of another health care provider;
- Give to another health care provider for payment activities;
- Activities related to compliance of the law, such as fraud and abuse detection;

- Give to family member or relative involved in your health care;
- Share with a public health authority for reporting a death, birth, domestic violence or exposure to a communicable disease as required by law;
- Health oversight activities including audits to oversee the health care system;
- Judicial and Administrative proceedings as required by law;
- Law Enforcement activities;
- Military, National Defense and security functions;
- Averting a serious health threat;
- Workers' Compensation purposes;
- Coroners and Medical Examiners;
- Organizations handling organ procurement if you are a donor;
- Research projects (under strict oversight);
- Ways that will 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.

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586 N. Court Street
Circleville, Ohio 43113

Phone: 740-474-3333
Fax: 740-474-3488