



COUNTY OF ORANGE HEALTH CARE AGENCY
PUBLIC HEALTH
CONSENT FOR MEDICAL TREATMENT
CONSENTIMIENTO PARA TRATAMIENTO MÉDICO
GIẤY UNG THUẬN VỀ VẤN ĐỀ CHỮA BỆNH

PATIENT NAME/Nombre del paciente/Tên bệnh nhân:

LAST/Apellido/Họ

FIRST/Nombre/Tên

MIDDLE/Segundo nombre/Tên lót

DATE of BIRTH/Fecha de nacimiento/Ngày sinh: _____

GENDER/Sexo/Giới tính: M F
Nam Nữ

ADDRESS /Dirección/Địa chỉ

CITY/Ciudad/Thành phố

ZIP CODE

PHONE/Teléfono/Điện thoại

PRINCIPAL SPOKEN LANGUAGE / Lengua principal hablada / Ngôn ngữ chính

I hereby give permission to County of Orange Health Care Agency physicians, nurses, and medical practitioners or personnel in medical training, to perform examinations, tests, and treatment upon myself as recommended and explained to me by Public Health personnel.

Por este medio yo doy el permiso a los médicos, enfermeras, y practicantes médicos, o personal en entrenamiento médico para la Agencia de Cuidado de Salud Pública del Condado de Orange, para realizar exámenes, pruebas, y tratamiento sobre mi según recomendado y explicado a mi por el personal de Salud Pública.

Tôi đồng ý cho phép bác sĩ, y tá, những người hành nghề hoặc nhân viên được huấn luyện về y khoa của Sở Y Tế Quận Cam khám sức khỏe, thử nghiệm, và trị liệu cho chính tôi qua sự giải thích và đề nghị của nhân viên Y Tế Công Cộng.

SIGNATURE/Firma/Chữ ký

DATE/Fecha/Ngày

PATIENT/Paciente/Bệnh nhân

PARENT/Padres/Phụ huynh

GUARDIAN/Guardian/Người giám hộ

CONSERVATOR/Conservador/Người bảo hộ

If signed by other than patient, state relationship / Si es firmado por alguien más que el paciente, indique la relación / Nếu người khác ký tên thay cho bệnh nhân, xin ghi rõ mối quan hệ: _____

WITNESS/Testigo/Nhân chứng

DATE/Fecha/Ngày

F272-2.1953 (12/05)



NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Orange County *Notice of Privacy Practices*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your medical information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by logging onto <http://ochealthinfo.com/about/admin/hipaa/npp> or by contacting the County Privacy Officer at (714) 834-4082.

If you have any questions about our *Notice of Privacy Practices*, please contact the County Privacy Officer at (714) 834-4082.

I acknowledge receipt of the Orange County *Notice of Privacy Practices*.

Print Name: _____ Date: _____

Signature: _____
(Patient/Parent/Conservator/Guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if signature is not obtained. Please check the box that best applies.

- Patient/Client has already received NPP at another County facility.
- Patient/Client to receive anonymous testing; wishes to remain anonymous.
- Please describe the good faith efforts made to obtain the patient's/client's acknowledgement, and the reasons why the acknowledgement was not obtained below:

Print Name: _____ Date: _____

Signature: _____
(County Clinic/Office Staff)

Care Ambulance Service Notice of Privacy Practices

IMPORTANT: 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.

Care Ambulance is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your protected health information (“PHI”). We are also required by law to provide you with the attached detailed Notice of Privacy Practices (“Notice”) explaining our legal duties and privacy practices with respect to your PHI.

Uses and Disclosures for Treatment, Payment or Healthcare Operations

Care Ambulance may use or disclose your PHI *without* your authorization, for the following purposes:

Treatment

We can use your PHI for treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

Payment

We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes such things as organizing your PHI, submitting bills to

insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

Healthcare Operations

We may use or disclose your PHI for things such as quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.

Fundraising

We may contact you when we are in the process of raising funds for Care Ambulance, or to provide you with information about our annual subscription program. We may also share this information with another organization that may contact you to raise money on our behalf. If Care Ambulance does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from Care Ambulance by contacting us.

Reminders for Scheduled Transports and Information on Other Services

We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or

for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosure of Your PHI We Can Make Without Authorization

Care Ambulance is also permitted to use or disclose your PHI *without* your written authorization the following situations:

- ❖ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ❖ To a family member, other relative, or close personal friend or other individual involved in your care;
- ❖ To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- ❖ For health oversight activities including audits or other actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- ❖ For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- ❖ For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or to stop a crime;
- ❖ To avert a serious threat to the health and safety of a person or the public at large;
- ❖ For workers’ compensation purposes, and 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 to organizations that handle organ procurement or organ and as necessary to facilitate organ donation and transplantation.

Uses and Disclosures of Your PHI That Require Your Written Authorization

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You may revoke this authorization at any time by contacting us. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI.

Your Rights Regarding Your PHI

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

Right to access, copy or inspect your PHI

You have the right to inspect and obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to our Privacy Compliance Officer, and by filling out an access request form.

Right to request an amendment of your PHI

You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our Privacy Compliance Officer if you wish to make a request for amendment.

Right to request an accounting of certain disclosures of your PHI

You may request an accounting of certain disclosures of your PHI. Care Ambulance will provide an accounting of those disclosures that we are required

to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our Privacy Compliance Officer and make a request in writing.

Right to request restrictions on uses and disclosures of your PHI

You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our Privacy Compliance Officer and make a request in writing.

Right to notice of a breach of unsecured PHI

If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our Privacy Compliance Officer, to make Care Ambulance aware of this preference and to provide a valid email address to send the electronic notice.

Right to request confidential communications

You have the right to request that we send your PHI to an alternate location (*e.g.*, somewhere other than your home address) or in a specific manner (*e.g.*, by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our Privacy Compliance Officer and make a request in writing.

Internet, Email and the Right to Obtain Copy of Paper Notice

If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will provide our Notice of Privacy Practices to you electronically instead of on paper. You may always request a paper copy of our Notice.

Revisions to the Notice

Care Ambulance is required to abide by the terms of the version of this Notice currently in effect. However, Care Ambulance 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Compliance Officer.

Your Legal Rights and Complaints

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that 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. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Care Ambulance Privacy Compliance Officer
1517 W. Braden Ct
Orange, CA 92848
714-288-3800

e-mail address: Privacyofficer@careambulance.net

Effective Date of the Notice: August 1, 2019

If you have updated Medical Insurance Information, please contact our Billing Office at 844-650-2880.