

If you need additional information about this notice or to report a concern, problem, or complaint, please contact our HIPAA privacy officer.

All requests for copies, amendments to a record or revocation of authorization must be done in writing and mailed/faxed/e-mailed to our office,

**Phone:** (571) 323-0800

**Fax :** (571) 323-0801

**e-mail:**

HIPAA@ptsems.com

**US Mail:**

HIPAA Privacy Officer

360 Herndon Parkway, Suite 700

Herndon, Virginia 20170

**Attention: Privacy Officer**

**360 Herndon Parkway, Suite 700**

**Herndon, VA 20170.**

You may also file a complaint with the United States Secretary of Health and Human Services.

There will be no negative actions taken against you for the complaint.

**Medical Transportation Services LLC  
Physicians Transport Service, LLC**

360 Herndon Parkway, Suite 700  
Herndon, Virginia 20170

Administration **571-323-0800**  
Transport Requests **703-941-7025**

Thank you for allowing  
Physicians Transport Service to provide care  
and transportation for you today.

Your Physicians Transport Service  
Care Team today is:

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Transport Unit: Medic Amb # \_\_\_\_\_

Compliments and comments are always  
welcome.

Take our survey at:

**physicians-transport.com/survey**

Contact our

Operations Offices at **571-323-0800** or e-mail  
**Solutions@ptsems.com**

For Billing Questions or to request to pay your  
bill in full and not have it sent to your  
insurance company please call our Billing  
Office at **571-323-0810** or e-mail  
**Billing@ptsems.com**

Should you need future Medical  
Transportation, including long distance, out-  
of-state, or other Medical Transport services,  
please call our Communications Center at

**703-941-7025**

*Your signature indicates that you have  
been provided with this copy of the  
privacy practices of Medical  
Transportation Service LLC.*



**Medical Transportation Services, LLC**

# **Physicians Transport Service, LLC**

[www.ptsems.com](http://www.ptsems.com)

**H.I.P.A.A.**

## **Notice of Health Information Privacy Practices**

This notice describes how your medical  
information may be disclosed and what  
purposes we use it for, as well as how  
you may access your information.  
Please review it carefully.

The HIPAA Privacy Rule is part of a federal  
regulation requiring us to notify patients in  
writing of our privacy policies, as well as  
the uses of personal health information.

## Your Health Record/ Information

When we pick up a patient from a facility we must receive a certain amount of information about your condition and medical history. This information is called **PHI** or **Protected Health Information** and serves as a basis for which to determine what type of intervention may be necessary en route to your destination. We are required to maintain documentation of your condition and any treatments that we perform while you are in our care. This record serves as a legal document, which helps with:

- ⊖ Notifying your receiving facility of your needs and condition
- ⊖ A source of continuous education for our staff to improve care
- ⊖ Documenting the services actually were provided to third party payers
- ⊖ A source of information for reporting to the state public health officials

## Your Health Information Rights:

Health information records are the property of the healthcare agency that performed the care. But, the information does belong to you. You have the right to:

- ◆ Obtain a photo copy, electronic copy, or inspect your health information
- ◆ Receive confidential communications about your PHI
- ◆ Amend your health information if there are inaccuracies
- ◆ Obtain a written copy of our information practices
- ◆ Request we restrict certain uses and/or disclosures
- ◆ Revoke your authorization to disclose information except for what information was disclosed prior to the revocation
- ◆ Obtain a list accounting for all disclosures of your information in the last 6 years.

- ◆ Authorization is required prior to disclosing psychotherapy notes
- ◆ Authorization is required before using any PHI for marketing or selling PHI to an outside vendor

## Our Rights and Responsibilities:

Medical Transportation Services LLC / Physicians Transport Service LLC is required to maintain your privacy. We are responsible to provide you with this notice of our legal duties and practices regarding privacy and to abide by its standards. If a request is made by you to limit our disclosure of personal information, we will make every reasonable attempt to accommodate your wishes and notify you if we are not able to agree with your request. Your information will not be disclosed without your permission, unless otherwise noted in this document.

We will take steps to notify you in the event that there is a breach and the security or privacy of your PHI has been compromised.

We reserve the right to change our practices as needed to maintain compliance with changing laws. If our policy changes, we will post the changes on our website and provide you with a copy if requested to our privacy officer.

## Reasons for Disclosure of Information:

Medical Transportation Services LLC / Physicians Transport Service LLC will disclose your information for several reasons. Listed below are reasons that we may release your **PHI**. All instances may not apply directly to your information, but are noted as a possibility.

**TREATMENT:** Your health information will be given to the receiving facility, in which we turn your care over to someone else. We will provide them a copy of our report as well as any information given to us at the facility at which we

received the transfer of your care. Both the sending and receiving facilities will be exchanging your personal health information with us to ensure that best medical care during transport.

**PAYMENT:** The third party payer will receive information about your diagnosis, treatment and supplies used in your care. You may also receive an invoice, which may include **PHI**. Our collection agency, which reports to all three consumer credit reporting agencies, may also have access to your information in the event a billing issue goes unresolved. **You may request to pay your bill out-of-pocket and for the full amount prior to having it sent to the insurance company** (please contact our company as close to the time of your transport as possible if you want to make this request)

**Communication with Family:** It is our policy to release information to family members when resolving billing matters. We will not release diagnosis information to a family member, but at times may request additional diagnosis information from them to help resolve third party payer issues.

**Quality Assurance:** Members of our supervisory staff may review your information or outside consultants to assure that the level of care was appropriate and help us continue to learn and improve our standards of care.

**Workers Compensation:** We may disclose health information required by law relating to workers compensation programs.

**Public Health:** We may disclose health information required by law relating to public health or legal authorities including local, state, and federal.

**Lawsuits:** We will answer any request for health information made by a court due to subpoena or discovery request when it is done in accordance with all local laws.