

Thurmont Community Ambulance Service, Inc.

Consent Form

Patient Consent to Use or Disclose Protected Health Information

This Consent Form is required by law to make sure you are aware of the way in which Thurmont Community Ambulance Service, Inc. may use or disclose to others your protected health information, or PHI, for treatment, payment and health care operations. By signing this consent form, you have agreed to authorize Thurmont Community Ambulance Service, Inc. to use or disclose your PHI as more fully described in the “Thurmont Community Ambulance Service, Inc. Patient Privacy Notice” (or “Privacy Notice” for short), which you should request from us and review carefully.

Your Health Information Is Confidential and Protected by Us. Most health information we have about you, the health care services we provide to you, and information we use to obtain payment for our services is considered confidential and is protected by Thurmont Community Ambulance Service, Inc. in accordance with the law. Thurmont Community Ambulance Service, Inc. will not consider any use or disclosure of PHI not specifically mentioned in our Privacy Notice as an authorized use or disclosure unless Thurmont Community Ambulance Service, Inc. has already obtained the required written consent from you.

We May Use and Disclose Your Health Information with Specific Safeguards in Place. The law permits Thurmont Community Ambulance Service, Inc. to use and disclose PHI about you for treatment, payment and health care operations. Our Privacy Notice provides you with important information on the type of uses and disclosures of your health information that Thurmont Community Ambulance Service, Inc. obtains or uses.

You have a right to request a copy of our Privacy Notice and to review it before signing this Consent Form. Our Privacy Notice and privacy policies are subject to change and are effective as of the date indicated on the bottom of the current version of the Privacy Notice. If Thurmont Community Ambulance Service, Inc. changes its privacy policies, you may obtain a revised version of the Notice by contacting:

Privacy Officer
Thurmont Community Ambulance Service, Inc.
27 North Church Street
Thurmont, MD 21788
(301) 271-7550

Your Right to Request Restrictions on Our Use of PHI. You also have the right to request that we restrict the uses or disclosures of your PHI by Thurmont Community Ambulance Service, Inc. at any time. Thurmont Community Ambulance Service, Inc. is not required to agree to any restrictions requested by you; however any restrictions agreed to by Thurmont Community Ambulance Service, Inc. are binding on us.

You also have the right to revoke your consent, in writing, at any time, except to the extent that Thurmont Community Ambulance Service, Inc. has already relied on your consent.

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By signing this Consent Form, I understand my privacy rights concerning protected health information (PHI) about me and I agree to consent fully to the uses and disclosures of PHI by Thurmont Community Ambulance Service, Inc. as outlined above and as more fully described in the "Thurmont Community Ambulance Service, Inc. Patient Privacy Notice," a copy of which I may request at any time.

Patient Signature: _____ *Date:* _____

Note to Providers: Provide one copy to patient and retain signed copy with run sheet.