

ALLIANCE MOBILE HEALTH, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CONFIDENTIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how Alliance may use and disclose your confidential health information, known as Protected Health Information (“PHI”), in the course of treatment, payment, or other health care operations and for other purposes authorized or required by law. The Notice also describes your rights with respect to your PHI and explains how you may exercise those rights.

Alliance is required by law to maintain the privacy of PHI and to provide you with notice of its legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice at any time and to make new notice provisions effective immediately for all PHI that we maintain. Any Changes to the Notice will be posted immediately in our offices and posted to our website if we maintain one at the time of the change. You also may request a copy of the new Notice the next time we provide health care services to you. You also may contact our Privacy Officer identified below for the latest version of the Notice.

HOW WE USE AND DISCLOSE OUR PROTECTED HEALTH INFORMATION

USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Alliance may use and disclose your PHI for the purposes of treatment, payment for services, and health care operations (“TPO”), as described below. For those times when we are required by state or federal laws to ask your permission, you will be asked to sign consent to permit us to disclose your PHI for TPO. We will ask you to sign the consent at the beginning of your care so as to avoid delaying of health care services to you.

Examples of our uses and disclosures of your PHI for TPO include:

Treatment: We may use and disclose your PHI, in writing, electronic form and verbally, to provide and coordinate the delivery of emergency health care and other transportation services for you. We may communicate with your doctor, the doctors and staff of the hospitals and other facilities to or from which you are transported, dispatch centers, and other emergency service providers. We may transmit or receive your PHI via radio, telephone, or computer. We may give the hospital or other facility to which you are transported a copy of the written record (run sheet) we create when we treat and transport you.

Payment: We may use and disclose your PHI, as necessary, to obtain payment for the health care services that we provide to you. This includes preparing and submitting bills to insurers, health plans, and other payers, either directly or through a third party billing company. We also may use and disclose your PHI for eligibility or coverage determinations, medical necessity determinations and reviews, pre-authorizations of services and other utilization review activities, management of claims, collection of outstanding accounts.

Health Care Operations: We May use and disclose your PHI, as necessary, to perform the business operations of our company. This includes such activities as quality management, performance reviews, licensing, accreditation, training programs, and business management and administration. We also may use and disclose your PHI for such purposes as obtaining legal and financial services, business planning, processing complaints, data collection, fundraising, research, and certain marketing activities for our company.

Business Associates: We may share your PHI with “business associates” that perform certain TPO activities on our behalf such as billing, dispatch, and utilization review or quality management services. We will have a written agreement with our business associates that require them to protect the privacy of your PHI.

USE AND DISCLOSURES OF PHI AFTER YOU HAVE AND OPPORTUNITY TO AGREE OF OBJECTS

We may disclose to a member of your family, a relative, a close friend or any other person that you identify you PHI that is directly relevant to that person’s involvement in your health care. We may use or disclose your PHI for notifying your family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. We also may use disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

You will be given an opportunity to agree or object before the company uses or discloses your PHI for these purposes. If you object to the disclosure, we will not disclose the PHI to the person. However, in

emergency circumstances or if you are incapacitated, our staff, in their professional judgment, will determine whether the use of disclosure is in your best interest. Our staff will then release an only PHI directly relevant to that person’s involvement in you health care.

USES AND DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Alliance is permitted or required to use and disclose you PHI *without* your written authorization, or an opportunity to object, in certain circumstances, including:

Required by Law: We may use and disclose your PHI to the extent that disclosure is required by federal or state laws. For example, for activities related to the tracking of certain controlled substances.

Public Health Activities: We may use and disclose you PHI for public health activities authorized by law. For example, for activities related to the reporting and tracking of communicable disease.

Abuse, Neglect, or Domestic Violence: We may use and disclose your PHI to a governmental entity or agency authorized to receive reports of child abuse or neglect, or reports of adult abuse, neglect, or domestic violence.

Health Oversight Activities: We may use and disclose PHI for audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken b the government (or their agents) by law to oversee the health care system.

Judicial and Administrative Proceedings: We may use and disclose your PHI as required by a court or administrative order, or in certain circumstances, in response to a subpoena or other legal process.

Law Enforcement: We may use and disclose your PHI for law enforcement activities in certain limited circumstances, such as where there is a warrant.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose your PHI for identifying a deceased person, determining cause of death, or carrying out funeral director duties.

Organ Donation: If you are an organ donor, we may use and disclose your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to and organ donation bank, as necessary to facilitate organ donation and transplantation.

Research: We may use and disclose your PHI in limited circumstances to researchers when an institutional review board has reviewed the research proposal and protocols to ensure the privacy of your PHI and has approved the research.

Serious Threat to Health or Safety: We may use and disclose your PHI to prevent or lessen the imminent threat to the health or safety of a person or the public in accordance with federal and state laws.

Military Activity and National Security: We may use and disclose your PHI for certain limited military, national defense and security, or other special government functions.

Workers Compensation: We may use and disclose your PHI to comply with workers' compensation law and other similar legally established programs.

De-Identified Information: We may use and disclose you PHI if it does not personally identify you or reveal who you are.

USES AND DISCLOSURE OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Except in the circumstances described above, we will use and disclose your PHI only with your written authorization. For example, we will not use or disclose your PHI for certain fundraising, research and marketing activities without your prior written authorization. The written authorization must identify the individual or entity to whom we may disclose your PHI and specifically describe the PHI to be disclosed. You may revoke the authorization at any time, in writing, except to the extent that we have already used or disclosed PHI in reliance on your authorization.

FUTURE CONTACTS WITH YOU

We may contact you to remind you of a scheduled transport, or to inform you of other services we provide or other health-related benefits and services that may be of interest to you.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

The following describes your right with respect to your PHI and how you may exercise your rights.

THE RIGHT TO INSPECT AND COPY YOUR PHI

You have the right to inspect and copy your PHI that is contained in a designated record set of medical and billing records for as long as we maintain the PHI. In certain circumstances, we may deny your access to PHI, and you may appeal certain types of denials. You will need to

complete a form of request access to or copying of PHI. Normally, you will be provided access to your PHI within 30 days. We have the right to charge a reasonable fee for copying any PHI for you. If you wish to inspect and /or copy your PHI, contact the Privacy Officer designated at the end of this Notice.

THE RIGHT TO AMEND YOUR PHI

You have the right to ask us to amend you PHI. We have the right to deny your request in certain circumstances. For example, we will deny the request if we believe the PHI is correct. If we deny the request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal statement. You will need to complete a request form to amend your PHI. Normally, we will respond to your request to amend within 60 days. If you wish to amend your PHI, contact the Privacy Officer designated at the end of Notice.

THE RIGHT TO REQUEST A RESTRICTON OF THE USE OF DISCLOSURE OF YOUR PHI

You have the right to request a restriction of the use and disclosure of your PHI for the purpose of treatment, payment, and health care operations. You may also request that your PHI not be disclosed to family members or friends you may be involved in your care. We have the right to deny your request for a restriction. If we do agree to a restriction, we will not disclose your PHI in violation of the restriction except in emergency circumstances. You will need to complete a form to request a restriction of the use and disclosure of PHI. If you wish to request a restriction of the use and disclosure of PHI, contact the Privacy Officer designated at the end of this Notice.

THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MENNS OR AT AN ALTERNATIVE LOCATION

You have the right to request that we send confidential communications to you by an alternative means or at an alternative location without giving us an explanation as to why you are making the request. For example, you may ask that all correspondence be sent to a work address rather than a home address. We will accommodate reasonable requests. We may condition our agreement to your request on you providing us with information as to how payment will be handled and the specification of an alternative address or method of contact. You will need to complete a form to request to receive confidential communications from us by alternative means or at an alternative location. If you wish to request to receive confidential communications from us by alternative means or at an alternative location, contact the Privacy Officer and the end of this Notice.

THE RIGHT TO RECEIVE AN ACCOUTING OF DISCLOSURES WE HAVE MADE OF YOUR PHI

You may ask for an accounting from us of certain disclosures of your PHI that we have made in the last six years prior to your request. We are not required by law to account for certain disclosures. For example, we are not required to account for disclosures for treatment, payment or operations, disclosures to you or disclosures pursuant to your written authorization. If you wish to request an accounting of the disclosures that are not exempted from the accounting requirements, contact the Privacy Officer designated at the end of this Notice.

THE RIGHT TO OBTAIN PAPER COPY OF NOTICE OR PRIVACY PRACTICES

You have the right to obtain a paper copy of this Notice of Privacy Practices, even if you agree to accept the Notice electronically. If you wish to request a paper copy of the Notice of Privacy Practices, contact the Privacy Officer designated at the end of this Notice.

HOW TO MAKE A COMPLAINT

You have the right to complain to us, or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you in any way for filing a complaint with the government or us. You may file a complaint by notifying our Privacy Officer who will give you further information about the Complaint Process.

If you have any questions about this Notice, your rights with respect to PHI, or wish to file a complaint, please contact:

Privacy Officer
Alliance Mobile Health
2045 Austin Drive
Troy, MI 48083
248-457-0344

This Notice of Privacy Practices first becomes effective on April 14, 2003

W:\M\MHR\HIPAA Compliance Programs \ Notices of Privacy Practices Brochures 3-21-03.doc