

Sherman County Ambulance Service
P.O. Box 139
Moro, Oregon 97039
541-565-3100

APPLICATION FOR MEMBERSHIP
(Please Print)

Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Date of Birth: ____/____/____

Please list spouse or partner and children under 21 regularly living at home. (First name, middle initial and last name if different).

Spouse/Partner: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____

Child: _____ D.O.B.: ____/____/____



Your annual payment of \$50.00 accompany this application

I have read, understand and agree to the terms set forth on the Ambulance Membership Agreement on the back of this application.

X _____

Member's Signature

Date

**SHERMAN COUNTY AMBULANCE SERVICE
AMBULANCE MEMBERSHIP AGREEMENT OF TERMS**

I understand that the Sherman County Ambulance Service Membership is not insurance but the local ambulance service that is authorized to bill my insurance for medical benefits, which I may have. I authorize the release of medical information for the purpose of ambulance billing only.

Participating ambulance agencies will accept payment from my insurance company(ies) as payment in full for covered services. Should I or a family member receive payment for ambulance services rendered, I must immediately forward the payment to the appropriate ambulance agency. I am responsible for my own deductible, as defined by my insurance policy and will be billed for any amounts applied against the ambulance billing.

I also understand that my Ambulance Membership provides pre-hospital emergency care and transportation within the covered areas. Sherman County Ambulance transports to Mid-Columbia Medical Center, The Dalles, Oregon; Klickitat Valley Hospital, Goldendale, Washington; and Madras Hospital, Madras Oregon. Mid-Columbia Medical Center is the primary receiving facility. Transport to Goldendale, Madras and other hospitals are only done under extenuating circumstances.

I also understand that most ambulance services are covered by my membership and I will not be billed for them. For example, a broken leg and/or many motor vehicle crashes are considered non-emergency by insurers but will be covered under this agreement because they are legitimate uses of an ambulance.

The following non-emergency transports are **NOT** covered by my membership:

- ▶ Transports to or from doctor's offices or clinics for routine appointments.
- ▶ Transfers to or from a nursing home to a doctor's office, clinic or hospital for treatment or routine care which is normally provided at a nursing home.
- ▶ Non-medically necessary transports when other means of transportation could be used. Other means of transportation include a private vehicle, wheelchair vans, taxi or other non-emergency vehicles.

TO THE INSURANCE CARRIERS

I authorize payment of insurance benefits for ambulance services for myself and my family members directly to the billing authority according to the ambulance agreement and as itemized on a submitted claim.

RECIPROCAL BILLING AGREEMENT

I authorize the participating ambulance agency to release all information required for billing purposes to any ambulance provider that has an authorized reciprocal billing agreement with Sherman County Ambulance Service. I further authorize any such ambulance provider from whom we have received service to directly bill their charges to my health insurance carrier(s).

DEFINITION OF A FAMILY

A membership in this program covers the immediate family. Immediate family is defined as the member spouse and all unmarried children under the age of twenty-one in the members household. Other family and/or non-family living in the member household are considered a separate family and must obtain a separate membership.

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SHERMAN COUNTY AMBULANCE SERVICE PRIVACY NOTICE

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.

Sherman County Ambulance Service is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Sherman County Ambulance Service is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: Sherman County Ambulance Service may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes such things as obtaining verbal and written information from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meets our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI Without Your Authorization: Sherman County Ambulance is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- ▶ For treatment, payment or health care operations activities of another health care provider who treats you;
- ▶ For health care and legal compliance activities;
- ▶ To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- ▶ To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- ▶ For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care 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 responding to a warrant;
- ▶ For military, national defense and security and other special government functions;
- ▶ 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, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- ▶ For research projects, but this will be subject to strict oversight and approvals;
- ▶ We may also use or disclose health information about you in a way that does 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. 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 the authorization.

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

The right to access, copy or inspect your PHI: This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. IN limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our used of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you. Sherman County Ambulance Service is not required to agree to any restrictions you request, but any restrictions agreed to by Sherman County Ambulance Service in writing are binding on Sherman County Ambulance Service.

Internet, electronic mail, and the right to obtain copy of paper notice on request: IF we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper any you may always request a paper copy of the Notice.

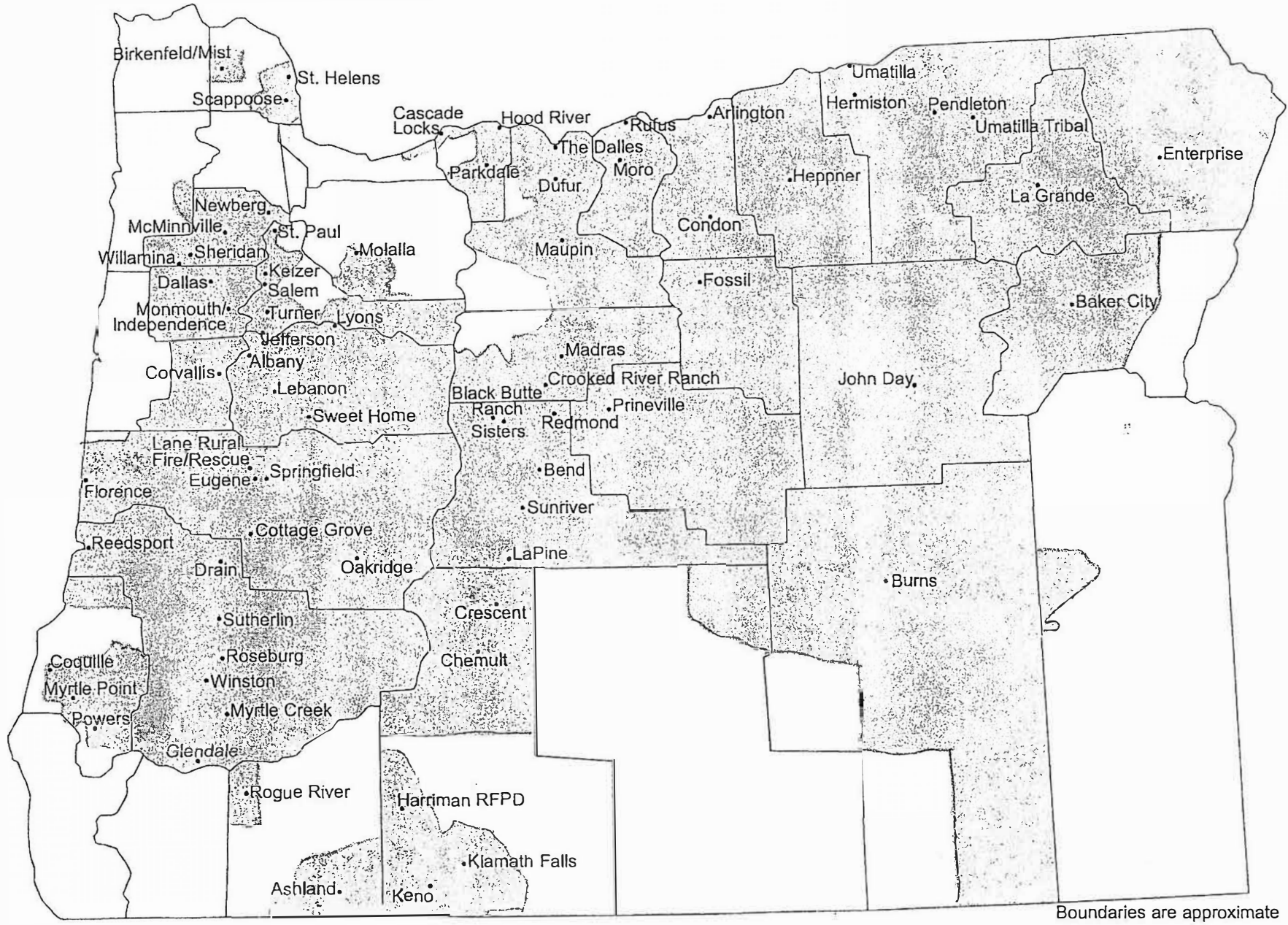
Revisions to the Notice: Sherman County Ambulance Service reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facility and posted on our web site, if we maintain one. You can get a copy of our latest version of this Notice by contacting our privacy officer.

Your legal rights and complaints: You may 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 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. Should you have any complaints you may direct all inquiries to our privacy officer.

PRIVACY OFFICER CONTACT INFORMATION:

Dana Pursley-Haner, Privacy Officer
Sherman County Ambulance Service
309 Dewey Street
P.O. Box 139
Moro, Oregon 97039-0139
(541)565-3100 Office Phone
(541)565-3024 Office Fax
shermanems@shermancounty.net

Effective Date of the Notice: January 1, 2024



Boundaries are approximate

SHADING SHOWS COVERAGE AREA: