

Chal-Brit Regional Emergency Medical Service

A Division of Chalfont EMS

P.O. Box 506 • Chalfont, PA 18914
Information Calls: 215-822-1308 • www.ChalfontEMS.org



2009-2010 SUBSCRIPTION DRIVE

An Emergency Services organization of your neighbors dedicated to providing emergency medical and ambulance service 24 hours a day, 365 days a year.

Dear Neighbor,

Once again we are asking for you to HELP US...HELP YOU! We need your help in providing emergency ambulance service to our growing community. Subscribing means that you will not pay out of pocket for Chal-Brit Regional EMS ambulance expenses if anyone covered by your plan needs emergency medical care. C-BREMS may still collect from the insurance company, but you will not pay any money beyond that.

The Chal-Brit Regional EMS now staffs our new headquarters 24 hours a day with a combination of career and volunteer personnel to provide a rapid response to any emergency. **Our staff responded to over 1,300 calls for assistance in 2008.** Our staff also spends numerous hours in training to be prepared to perform under any conditions.

Your Subscription is used to purchase ambulances, equipment and medical supplies and to help provide training. The support of the community is essential in keeping your Ambulance Squad a community based non-profit organization.

The Chal-Brit Regional EMS is looking for individuals from the community to volunteer as EMTs (Emergency Medical Technicians). We provide members with the necessary training at no cost and give them the opportunity to serve their community while developing skills in leadership and teamwork.

The Members at Chal-Brit Regional EMS sincerely thank you for your past generosity and continued support. Remember, **your Subscription is tax-deductible.**

Please visit us at our web site (www.chalfontems.org) or at our new squad headquarters located at 201 Park Ave, Chalfont, PA 18914-0506.

Please use the attached form and envelope to send your most generous donation to help us continue responding rapidly and effectively with well-equipped, highly skilled emergency medical assistance whenever you, your loved ones or anyone in our community calls for help.

Sincerely,
Officers and Members of Chal-Brit Regional EMS

**Subscription Valid
June 1st, 2009 to
May 31st, 2010**

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

The official registration and financial information of Chalfont Emergency Medical Service may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

2009-2010 CONTRIBUTION RECEIPT

Reference No. _____
Check No. _____
Date _____
Amount \$ _____

THANK YOU FOR YOUR CONTRIBUTION!
CHAL-BRIT REGIONAL EMS

© 2009 Choice Marketing, Inc.

Detach and return this portion with your donation.

CHAL-BRIT REGIONAL EMERGENCY MEDICAL SERVICE

Please check amount of contribution in boxes below:

<input type="checkbox"/> Individual Rate.....	\$30.00
<input type="checkbox"/> Family Membership Rate.....	\$55.00
<input type="checkbox"/> Senior Single (65 & Over).....	\$25.00
<input type="checkbox"/> Senior Couple (65 & Over).....	\$35.00
<input type="checkbox"/> Additional Donation.....	\$ _____
..... Total Enclosed \$ _____	

Make Checks Payable to: Chal-Brit Regional EMS



• 2009-2010 • Annual Subscription Drive

Please contact me about volunteering!
Name: _____
Phone: _____
Information Calls: 215-822-1308

Reference No. _____

I received a check in the mail from my insurance company. What do I do?

Some insurance providers pay the patients for services they receive. It is your responsibility to pay the provider for the services. Receiving payment for our services and not paying for the services provided is Theft of Services, which is a crime. To avoid this simply endorse the back of the check and mail to Chal-Brit Regional Emergency Medical Services, P.O. Box 506, Chalfont, PA 18914.

What benefits will I get as a Subscription Member?

If you are a Chal-Brit Regional EMS Subscription Member and require the use of our Ambulance Service, your insurance company will be billed for the services provided. As a member, any portion of your bill that is not covered by your medical insurance will not be your responsibility. Example: Your bill for services is \$800.00. Your insurance provider pays \$500.00. The remaining \$300.00 will not need to be paid by you. As a non-subscriber you are responsible for any portion of the bill not paid by the insurance company.

What do I do in the event of an emergency?

Dial 911. Speak calmly and clearly while talking to the dispatcher. Be prepared to give your name, address, telephone, and nature of your emergency. After calling 911, or if someone else is available, wait outside in a safe place to direct emergency personnel to your residence or business. You can turn on a porch light to make sure that your house number is clearly displayed. It should be illuminated and be large enough to see from the street. Have a medication list written down before an emergency happens and keep it updated.

Ambulance Subscription Disclaimer

The Chal-Brit Regional EMS Subscription program is not an offer for the sale of an insurance policy. Membership is not a contract for the provision of emergency or non-emergency services at any specific time. All services are subject to availability. Services may be provided by a mutual aid service during periods in which the Chal-Brit Regional EMS may be unavailable. The Chal-Brit Regional EMS assumes no responsibility for the charges of said substitute ambulance provider. All or part of the Chal-Brit Regional EMS Subscription program may be subject to modification without prior notice. We reserve the right to bill any and all third party insurance companies for the services we provide.

Chal-Brit Regional Emergency Medical Services HIPPA Policy

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. Chal-Brit Regional EMS is required by law to maintain the privacy of certain confidential health care information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Chal-Brit Regional EMS is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Discloser of PHI: Chal-Brit Regional EMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission.

Examples of use of your PHI:

For Treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as others, such as doctors and nurses who give order to allow us to provide you treatment. 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 meet standards of care and follow established policies and procedures, as well as certain other management functions.

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 to provide information about other services we provide including ambulance subscription membership.

Use and Disclosers of PHI Without Your Authorization. Chal-Brit Regional EMS 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 the 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 interest. To a public health authority to 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 worker's compensation purposes, and in compliance with worker's 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 disclosure of PHI, other than those listed above will only be made with your 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 this 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 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 a 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 you should contact our privacy officer. The right to amend your PHI, you have the right to as 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 information with our business associates, like our billing company or medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you 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. Chal-Brit Regional EMS is not required to agree to any restrictions you request, but any restrictions agreed to by Chal-Brit Regional EMS in writing are binding on Chal-Brit Regional EMS. Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a website, we will prominently post a copy of this Notice on our website. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice. Revisions to the Notice: Chal-Brit Regional Emergency Medical Services reserves the right to change any 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 facilities and posted on our website, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy 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 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 questions, comments or complaint you may direct all inquiries to our privacy officer. Privacy Officer Information: Chal-Brit Regional Emergency Medical Services, P.O. Box 506, Chalfont, PA 18914. Effective Date of the Notice: April 1, 2003