# Paramedic Ambulance Membership Plan (PAMP)

## **PLEASE NOTE THE FOLLOWING CHANGES**

**As of April 1st 2025 PAMP no longer covers non-emergency transfers.**
Annual Membership Dues are now: **$75 with Insurance** or **$100 without Insurance.**

**PAMP** has saved members hundreds of thousands of dollars in ambulance charges since its inception.

Your membership fee helps to support the ambulance operation, provide quality medical care in a timely manner, fund equipment needs, and provide continuing education for Paramedics, EMTs, and support personnel.

Everyone is qualified to become a member whether or not they have health insurance. PAMP covers emergency ambulance trips which are medically necessary and meet certain criteria, such as where the patient is picked up and where the ambulance takes them.

PAMP covers you and members of your immediate family that live at the same address. This includes spouses, parents, grandparents, children, and grandchildren. If someone moves out of the household, they will have to purchase their own membership in order to be covered. Please make any changes on the yearly membership renewal we send you if your situation changes.

If an ambulance trip is medically necessary and a member has health insurance, they don't have to pay their co-insurance and deductible amounts. If a member does not have health insurance, PAMP pays for 100% of covered charges. If an ambulance trip is not medically necessary and the trip meets pickup and drop-off location criteria, PAMP pays for 50% of non-covered charges.

PAMP fee is $75 annually if you have health insurance and $100 annually if you do not. PAMP membership is effective the 1st day of the month after the receipt of your enrollment form and payment. If you have insurance, we will bill your insurance because Medicare requires it and we would not be able to offer the membership if we did not. PAMP pays for any co-payments, deductibles, and covered services not paid by insurance. If your insurance pays you instead of us, you agree to sign that payment over to us as a condition of your membership.

We value your membership and encourage you to let your friends and neighbors know about the program as well. If you have questions, please call Central EMS at (479) 521-5801 or contact us via email at centralems@centralems.org.

# PARAMEDIC AMBULANCE MEMBERSHIP PLAN
**(PAMP)**

**CENTRAL EMS**
645 S. School Ave. Fayetteville, AR 72701
(479) 521-5801 or (479) 267-5805

Annual Membership Dues: **$75 with Insurance** or **$100 without Insurance.**

First Name: _____ Middle Name: _____ Last Name: _____

Physical Address:_____

City:_____ State: ___ Zip code:_____

Primary Phone:_____Alternate Phone:_____

☐ (check if mailing address same as physical address)

Mailing Address:_____

City: _____ State: ___ Zip code:_____

Please List All Family Members Living in the Household (only household family members are covered):

| Full Name | Date of Birth | Last Four of Social Security # | Relationship |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

| Health Insurance Name | Health Insurance Address | Insured's Name (as it appears on the Ins Card) | ID/ Policy Number |
|---|---|---|---|
| | | | |
| | | | |

**Your signature below indicates you have read and agreed to the terms of membership.**
Terms: I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Central EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. If I receive any payment for Ambulance Service, I agree to pay this to Central EMS. PAMP will then pay any charges that may be due. If I do not pay Central EMS any insurance payment received, I understand that my membership becomes void, I will owe the total charges, and my membership dues will be non-refundable. If my insurance does not cover my transport, PAMP will pay one-half of the charges.

**Privacy Practices Acknowledgment:** by signing below, the signer acknowledges Central EMS provided a copy of its Notice of Privacy Practices to the patient or other party, along with instructions to provide the Notice to the patient.

Payment Methods accepted: **CHECK, CASH, MONEY ORDER or ONLINE PAYMENT**
Make your check payable to PAMP and return to the above address. Membership starts on the first day of the first month **after** we receive your application and payment in our office.

Applicant Signature:_____ Date:_____

# Washington County Regional Ambulance Authority
# DBA Central EMS

## Notice of Privacy Practices

## IMPORTANT:
## 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.

CENTRAL EMS is committed to protecting your personal health information and we are required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information ("PHI"). We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

**Uses and Disclosures for Treatment, Payment or Healthcare Operations**

CENTRAL EMS may use or disclose your PHI *without* your authorization, for the following purposes:

***Treatment***
We can use your PHI for treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

***Payment***
We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

***Healthcare Operations***
We may use or disclose your PHI for things such as quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.

***Fundraising***
We may contact you when we are in the process of raising funds for CENTRAL EMS, or to provide you with information about our annual subscription program. We may also share this information with another organization that may contact you to raise money on our behalf. If CENTRAL EMS does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from CENTRAL EMS by contacting us.

***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 for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

**Other Uses and Disclosure of Your PHI We Can Make Without Authorization**

CENTRAL EMS is also permitted to use or disclose your PHI *without* your written authorization the following situations:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care;
- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- For health oversight activities including audits or other actions undertaken by the government (or their contractors) by law to oversee the healthcare 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 there is a warrant for the request, or when the information is needed to locate a suspect or to stop a crime;
- 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 and as necessary to facilitate organ donation and transplantation.

**Uses and Disclosures of Your PHI That Require Your Written Authorization**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You make revoke this authorization at any time by contacting us. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI.

**Your Rights Regarding Your PHI**

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

***Right to access, copy or inspect your PHI***
You have the right to inspect and obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to our HIPAA Compliance Officer, and by filling out an access request form.

***Right to request an amendment of your PHI***
You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer if you wish to make a request for amendment.

***Right to request an accounting of certain disclosures of your PHI***
You may request an accounting of certain disclosures of your PHI. CENTRAL EMS will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact, our HIPAA Compliance Officer and make a request in writing.

***Right to request restrictions on uses and disclosures of your PHI***
You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Compliance Officer and make a request in writing.

***Right to notice of a breach of unsecured PHI***
If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer, to make CENTRAL EMS aware of this preference and to provide a valid email address to send the electronic notice.

***Right to request confidential communications***
You have the right to request that we send your PHI to an alternate location (*e.g.,* somewhere other than your home address) or in a specific manner (*e.g.,* by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

**Internet, Email and the Right to Obtain Copy of Paper Notice**

If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will provide our Notice of Privacy Practices to you electronically instead of on paper. You may always request a paper copy of our Notice.

**Revisions to the Notice**

CENTRAL EMS is required to abide by the terms of the version of this Notice currently in effect. However, CENTRAL EMS 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance 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 that 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. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Rick Hall, CEMS HIPAA Compliance Officer
Washington County Regional Ambulance Authority
DBA Central EMS
645 S. School Ave. Fayetteville, AR 72701
rick.hall@centralems.org

**Washington County Regional Ambulance Authority**
**DBA Central EMS**

## Aviso de Prácticas de Privacidad

## IMPORTANTE:
ESTE AVISO DESCRIBE CÓMO SU INFORMACIÓN MÉDICA PUEDE SER UTILIZADA Y DIVULGADA Y CÓMO PUEDE ACCEDER A ELLA. POR FAVOR, REVÍSELO CUIDADOSAMENTE.

**CENTRAL EMS está comprometido con la protección de su información de salud personal y estamos obligados por la Ley de Portabilidad y Responsabilidad del Seguro de Salud ("HIPAA") a mantener la privacidad de su información de salud protegida ("PHI"). También estamos obligados por ley a proporcionarle el Aviso de Prácticas de Privacidad adjunto ("Aviso"), que explica nuestras obligaciones legales y prácticas de privacidad con respecto a su PHI.**

**Respetamos su privacidad y tratamos toda la información médica de nuestros pacientes con cuidado, bajo estrictas políticas de confidencialidad que nuestro personal está comprometido a seguir en todo momento.**

**Usos y divulgaciones para tratamiento, pago u operaciones de atención médica**

CENTRAL EMS puede usar o divulgar su PHI sin su autorización para los siguientes propósitos:

***Tratamiento***
Podemos utilizar su PHI para el tratamiento que le brindamos, así como para compartirla con otros profesionales médicos (incluidos médicos y enfermeras que dan órdenes para que podamos proporcionarle tratamiento). También podemos compartir su PHI con otras personas involucradas en su atención. Por ejemplo, podemos transmitir su PHI por radio o teléfono al hospital o centro de despacho, así como proporcionar al hospital una copia del registro que creamos mientras le brindamos tratamiento y transporte. También podemos compartir su PHI con otros proveedores de atención médica para sus actividades de tratamiento.

***Pago***
Podemos usar y divulgar su PHI para llevar a cabo actividades necesarias para recibir el reembolso por los servicios que le brindamos. Esto incluye organizar su PHI, enviar facturas a compañías de seguros (directamente o a través de una empresa de facturación externa), gestionar reclamaciones de servicios prestados, realizar determinaciones de necesidad médica y revisiones, realizar revisiones de utilización y cobrar cuentas pendientes. También podemos divulgar PHI a otro proveedor o entidad de atención médica para sus actividades de pago (como su hospital).

***Operaciones de atención médica***
Podemos usar o divulgar su PHI para actividades como control de calidad, licencias, programas de capacitación para garantizar que nuestro personal cumpla con los estándares de atención y las políticas establecidas, obtención de servicios legales y financieros, planificación comercial, procesamiento de quejas y reclamos, creación de informes sin información identificable con fines de recopilación de datos, recaudación de fondos y ciertas actividades de mercadeo. También podemos divulgar su PHI a otro proveedor de atención médica (como el hospital al que fue transportado) para sus actividades de operación, siempre que ese proveedor tenga o haya tenido una relación con usted y la PHI esté relacionada con esa relación.

*Recaudación de fondos*
Podemos comunicarnos con usted durante nuestras actividades de recaudación de fondos para CENTRAL EMS o para proporcionarle información sobre nuestro programa de suscripción anual. También podemos compartir esta información con otra organización que pueda contactarlo para recaudar fondos en nuestro nombre. Si CENTRAL EMS utiliza su PHI para actividades de recaudación de fondos, tiene derecho a optar por no recibir dichas comunicaciones poniéndose en contacto con nosotros.

*Recordatorios de transporte programado e información sobre otros servicios*
Podemos comunicarnos con usted para recordarle citas programadas para transporte médico no urgente o para proporcionarle información sobre otros servicios o beneficios de salud que puedan ser de su interés.

## Otros usos y divulgaciones de su PHI que podemos realizar sin su autorización

CENTRAL EMS también puede usar o divulgar su PHI sin su autorización escrita en las siguientes situaciones:

- Para la detección de fraudes y abusos en el sector de la salud o para actividades relacionadas con el cumplimiento de la ley.
- A un familiar, pariente cercano o amigo involucrado en su atención.
- A una autoridad de salud pública en ciertos casos (como informar nacimientos, defunciones o enfermedades según lo exija la ley), como parte de una investigación de salud pública, para informar abuso infantil o de adultos, negligencia o violencia doméstica, o para notificar a una persona sobre exposición a una posible enfermedad transmisible.
- Para actividades de supervisión de la salud, incluidas auditorías o investigaciones gubernamentales.
- Para procedimientos judiciales y administrativos, según lo requiera una orden judicial o administrativa, o en respuesta a una citación legal en algunos casos.
- Para actividades de aplicación de la ley en situaciones limitadas, como cuando hay una orden judicial o la información es necesaria para localizar a un sospechoso o detener un crimen.
- Para prevenir una amenaza grave para la salud y seguridad de una persona o del público.
- Para cumplir con las leyes de compensación para trabajadores.
- A médicos forenses, examinadores médicos y directores de funerarias para la identificación de una persona fallecida o determinar la causa de la muerte.

- ❖ Si es donante de órganos, podemos divulgar información a organizaciones de trasplante según sea necesario para facilitar la donación.

Usos y divulgaciones de su PHI que requieren su autorización escrita

Cualquier otro uso o divulgación de su PHI, fuera de los mencionados anteriormente, solo se realizará con su autorización por escrito. Puede revocar esta autorización en cualquier momento poniéndose en contacto con nosotros. Específicamente, debemos obtener su autorización por escrito antes de usar o divulgar su: a) Notas de psicoterapia, excepto para nuestras propias operaciones de tratamiento, pago o atención médica. b) PHI con fines de mercadeo cuando recibimos pago para realizar una comunicación de mercadeo. c) PHI para la venta de su información de salud.

Sus derechos con respecto a su PHI
Como paciente, tiene varios derechos con respecto a su PHI, incluidos:

***Derecho a acceder, copiar o inspeccionar su PHI***
Usted tiene el derecho de inspeccionar y obtener una copia en papel o electrónica de la mayoría de la PHI que recopilamos y mantenemos sobre usted. También tiene el derecho de solicitar que transmitamos su PHI a un tercero. Las solicitudes de acceso a su PHI o para transmitir su PHI a un tercero deben realizarse por escrito a nuestro Oficial de Cumplimiento de HIPAA y completando un formulario de solicitud de acceso.

***Derecho a solicitar una enmienda de su PHI***
Usted tiene el derecho de solicitarnos que modifiquemos la PHI que mantenemos sobre usted. Las solicitudes de enmienda de su PHI deben hacerse por escrito y debe comunicarse con nuestro Oficial de Cumplimiento de HIPAA si desea realizar una solicitud de enmienda.

***Derecho a solicitar un informe de ciertas divulgaciones de su PHI***
Usted puede solicitar un informe de ciertas divulgaciones de su PHI. CENTRAL EMS proporcionará un informe de aquellas divulgaciones que estamos obligados a contabilizar según HIPAA. Si desea solicitar un informe de divulgaciones de su PHI que estén sujetas a este requisito, debe comunicarse con nuestro Oficial de Cumplimiento de HIPAA y realizar una solicitud por escrito.

***Derecho a solicitar restricciones sobre el uso y divulgación de su PHI***
Usted tiene el derecho de solicitar que restrinjamos el uso y la divulgación de su PHI para propósitos de tratamiento, pago u operaciones de atención médica, o para restringir la información proporcionada a familiares, amigos y otras personas involucradas en su atención médica. Sin embargo, solo estamos obligados a cumplir con una restricción solicitada en circunstancias limitadas, y generalmente es nuestra política no aceptar restricciones a menos que la ley lo exija. Si desea solicitar una restricción en el uso o divulgación de su PHI, debe comunicarse con nuestro Oficial de Cumplimiento de HIPAA y realizar una solicitud por escrito.

***Derecho a recibir notificación en caso de una violación de PHI no asegurada***
Si descubrimos que ha ocurrido una violación de su PHI no asegurada, le notificaremos sobre dicha violación mediante correo de primera clase enviado a la dirección más reciente que tengamos en nuestros registros. Si prefiere recibir notificaciones sobre violaciones por correo electrónico, comuníquese con nuestro Oficial de Cumplimiento de HIPAA para informarnos de esta preferencia y proporcionar una dirección de correo electrónico válida para recibir la notificación electrónica.

***Derecho a solicitar comunicaciones confidenciales***
Usted tiene el derecho de solicitar que enviemos su PHI a una ubicación alternativa (por ejemplo, en lugar de su dirección de casa) o en un formato específico (por ejemplo, por correo electrónico en lugar de correo postal). Si desea solicitar que nos comuniquemos con usted en una ubicación específica o en un formato particular, debe comunicarse con nuestro Oficial de Cumplimiento de HIPAA y hacer una solicitud por escrito.

**Internet, Correo Electrónico y el Derecho a Obtener una Copia en Papel de este Aviso**

Si mantenemos un sitio web, publicaremos de manera destacada una copia de este Aviso en nuestro sitio web y lo pondremos a disposición electrónicamente a través del mismo. Si nos lo permite, le proporcionaremos nuestro Aviso de Prácticas de Privacidad de manera electrónica en lugar de en papel. Siempre puede solicitar una copia en papel de nuestro Aviso.

**Revisiones del Aviso**

CENTRAL EMS está obligado a cumplir con los términos de la versión actual de este Aviso. Sin embargo, CENTRAL EMS se reserva el derecho de cambiar los términos de este Aviso en cualquier momento, y los cambios serán efectivos de inmediato y se aplicarán a toda la PHI que mantenemos. Cualquier cambio significativo en el Aviso será publicado de inmediato en nuestras instalaciones y en nuestro sitio web, si mantenemos uno. Puede obtener una copia de la versión más reciente de este Aviso comunicándose con nuestro Oficial de Cumplimiento de HIPAA.

**Sus Derechos Legales y Quejas**

También tiene el derecho de presentar una queja ante nosotros o ante el Secretario del Departamento de Salud y Servicios Humanos de los Estados Unidos si cree que se han violado sus derechos de privacidad. No se le tomará represalias de ninguna manera por presentar una queja con nosotros o ante el gobierno. Si tiene alguna pregunta o desea presentar una queja o ejercer cualquiera de los derechos mencionados en este Aviso, por favor comuníquese con:

Rick Hall, Oficial de Cumplimiento de HIPAA
Washington County Regional Ambulance Authority
DBA Central EMS
645 S. School Ave. Fayetteville, AR 72701

rick.hall@centralems.org

**Fecha de vigencia del Aviso: 1 de abril de 2025**