

**CONSENT FOR USE OF PROTECTED HEALTH INFORMATION**

**Protected Health Information (PHI)** means any information about my past, present, or future physical or mental health, treatment, or condition which is known, collected, obtained, or stored by the Prosper Fire Department, which identifies me or reasonably could be used to identify me.

By signing this document below I agree that I understand my privacy rights to the use of my protected health information (PHI), and I hereby give my consent for you to use my protected health information (PHI) in the following ways: Case reviews, Education, Obtaining legal and accounting services, Business planning, Resolving complaints, Employee discipline, Fundraising and marketing activities, including contacting me to tell me about services you can offer to me, Medical research, Data bases which involve my PHI but do not contain information that might identify me, To law enforcement and other agencies to which you may be required or permitted by law to disclose my information, when needed to identify a person, to investigate, solve, or prevent a crime, When necessary in your judgment because of safety, security, or criminal investigations which would require the disclosure of my PHI to newspaper, Television, radio or other public media in order to apprehend a criminal, to identify me or someone else, or to prevent or solve a crime, but you may disclose to such media only the minimum necessary information to carry out the stated purposes.

For any other purposes not listed here which may reasonably be required to carry out the treatment, payment, operations, and legal disclosure functions that the Prosper Fire Department may deem reasonably necessary or advisable and required or permitted under any applicable laws. Such additional uses may be described in the Privacy Notice, but there may be other permitted uses and disclosures, which are not listed in the Privacy Notice.

I further agree: that the Privacy Notice, which is posted in the patient compartment of the ambulance, contains further information about the uses that may be made of my PHI and my rights, that I may get a written copy of the Privacy Notice by asking any employee of Prosper Fire Department or by contacting the Chief of the Department at P. O. Box 307, Prosper, TX 75078, (972) 347-2424 to obtain a copy of the Privacy Notice if I have any questions about my rights or what uses and disclosures may be made of my PHI.

I hereby acknowledge receipt of the Privacy Notice as posted and if I want to receive a copy of the Privacy Notice in writing I may do so by asking any employee of the Prosper Fire Department or by contacting the Chief of the department at P.O. Box 307, Prosper, TX 75078, (972) 347-2424.

I understand and agree that: I may request that uses and disclosures of my PHI be restricted, but that you are not required to consent to such restriction, I may receive confidential communications of PHI from you, I may ask to amend my PHI, This Consent will remain in force until revoked, I may revoke this consent at any time by notifying the Prosper Fire Department in writing or by email, but that the Prosper Fire Department is not required to abide by any revocation that is contrary to law, or to the extent that you have already used my PHI pursuant to this Consent.

**BILLING AUTHORIZATION AND RESPONSIBILITY FOR PAYMENT CONSENT FOR TREATMENT**

I further agree that: I am responsible for payment for all services rendered to me by the Prosper Fire Department, Payment of insurance benefits due me may be paid directly to the Prosper Fire Department or its billing agent, My PHI can be disclosed by you or anybody else that has my PHI to any company or agency that might pay my bills for treatment by the Prosper Fire Department if it's needed to determine my eligibility for payment or to decide what benefits are due me at any time, You may disclose my PHI to 3<sup>rd</sup> party companies that do billing for you, You may disclose my PHI to a collection agency for purposes of collecting any past due bill owed by me, If a company or agency sends any payment to me for services rendered by Prosper Fire Rescue I will immediately send such payments to the Prosper Fire Department to the extent that you are entitled to payments, Copies of this consent will be just as effective as originals for all purposes.

If the patient refusal for treatment and/or transportation form found below is not signed, I further agree that by signing this Consent Form, I consent and agree that Prosper Fire Rescue may provide care, treatment, and transport in regards to my current complaint or condition. I also understand that the Prosper Fire Rescue may provide and receive verbal and written patient information to other healthcare providers as necessary for continuity of my care or as indicated for quality improvement or patient care review.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Pt Unable To Sign Due To: \_\_\_\_\_

Mailed to Pt On: \_\_\_\_\_ By: \_\_\_\_\_

**PATIENT REFUSAL OF TREATMENT AND/OR TRANSPORTATION RECHAZO DE TRATAMIENTO Y/O TRANSPORTACION DEL PACIENTE**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INCIDENT#: \_\_\_\_\_  
FECHA: \_\_\_\_\_ HORA: \_\_\_\_\_ INCIDENTE #: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_  
NOMBRE DE PACIENTE: \_\_\_\_\_  
PARAMEDICS NAME(S): \_\_\_\_\_ # \_\_\_\_\_, \_\_\_\_\_ # \_\_\_\_\_  
NOMBRES DE PERSONAL MEDICO: \_\_\_\_\_

(CHECK ALL THAT APPLY)  
(MARQUE TODO LO QUE APLIQUE)

I ACKNOWLEDGE THAT I, THE PATIENT NAMED ABOVE, HAVE BEEN OFFERED:

DECLARO QUE EL PACIENTE NOMBRADO ARRIBA SE LE HA OFRECIDO:

- TRANSPORTATION TO A HOSPITAL IN A PROSPER FIRE DEPARTMENT AMBULANCE.  
times(veces)TRANSPORTACION DE URGENCIA AL HOSPITAL EN UNA AMBULANCIA DEL DEPARTAMENTO DE BOMBEROS DE PROSPER.
- EMERGENCY MEDICAL TREATMENT BY PROSPER FIRE DEPARTMENT PARAMEDICS.  
times(veces) TRATAMIENTO MEDICO DE URGENCIA POR EL PERSONAL MEDICO DEL DEPARTAMENTO DE BOMBEROS DE PROSPER.

I FURTHER ACKNOWLEDGE THAT I, THE PATIENT NAMED ABOVE, HAVE BEEN ADVISED BY PROSPER FIRE DEPARTMENT PARAMEDICS OF THE NEED FOR THIS EMERGENCY TRANSPORTATION AND/OR TREATMENT.

A DEMAS DECLARO QUE EL PACIENTE NOMBRADO ARRIBA HA SIDO ACONSEJADO POR EL PERSONAL MEDICO DEL DEPARTAMENTO DE BOMBEROS DE PROSPER LA NECESIDAD DE TRANSPORTACION URGENTE Y/O TRATMIENTO.

I REFUSE THE TRANSPORTATION AND/OR TREATMENT OFFERED, AND BY MY SIGNATURE BELOW, I DO SO ACKNOWLEDGE.  
RECHAZO EL TRANSPORTE Y/O TRATAMIENTO OFRECIDO Y ASI CON MI FIRMS.

Possible complications of not seeking further medical attention explained including:  
Las complicaciones posible de no buscar la atencion medica adicional fueron explicadas incluyendo:

\_\_\_\_\_  
Patient refused against medical advise? (Yes) (No)

X  
SIGNATURE OF PATIENT  
FIRMA DEL PACIENTE

X  
SIGNATURE OF PARENT OR LEGAL GUARDIAN  
FIRMA DEL PADRE/MADRE O GUARDIA LEGAL

PRINTED NAME OF PATIENT  
FIRMA Y NOMBRE DEL PACIENTE

PRINTED NAME OF PARENT OR LEGAL GUARDIAN  
FIRMA Y NOMBRE DEL PADRE/MADRE, O CUSTODIO

X  
SIGNATURE OF WITNESS  
FIRMA DEL TESTIGO

X  
SIGNATURE OF WITNESS  
FIRMA DEL TESTIGO

PRINTED NAME AND ADDRESS OF WITNESS  
NOMBRES Y DIRECCIONES DE TESTIGOS

PRINTED NAME AND ADDRESS OF WITNESS  
NOMBRES Y DIRECCIONES DE TESTIGOS