

Polk City Fire Department

Notice of Privacy Practices

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.

Purpose of This Privacy Notice

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law. The Polk City Fire Department reserves the right to make changes in the Notice of Privacy Practices. This Privacy Practice Notice describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Who Will Follow This Notice:

This Notice describes the Privacy Policies of the Polk City Fire Department and that of:

- Any health care professional authorized to enter information into your medical record
- All members of the Polk City Fire Department
- Written acknowledgement of your receipt of this Notice

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal, and we are committed to protecting it. A record of the care and services you receive from the Polk City Fire Department is created and maintained at this location. The Notice applies to all of those records of your care.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Provide you this notice of our legal duties and privacy policies regarding your medical information
- Follow the terms of the notice that is currently in effect. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by calling the Polk City Fire Department at 515-984-6304 and requesting that a copy be sent to you.

How We May Use and Disclose Medical Information About You

The following categories describe ways that we use and disclose medical information. Some examples of each category are included. Not every use or disclosure in each category is listed, however, all of the ways we are permitted to use and disclose information falls into one of these categories.

- FOR TREATMENT – We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other physicians or other health care providers who are or will be involved in taking care of you. For example; we would disclose your protected health information to the staff at the receiving medical facility where the Polk City Fire Department transported you.
- FOR PAYMENT – We may use and disclose medical information about you so that the treatment and services you receive from the Polk City Fire Department may be billed to and payment may be collected from you, an insurance agency, or a third party. For example: we would disclose the necessary information to our billing service for the purposes of billing for the services provided.
- FOR HEALTHCARE OPERATIONS – We may use or disclose, as-needed, your protected health information in order to support the business activities of the Polk City Fire Department. These activities include, but are not limited to: quality assessment activities, employee review activities, and for training purposes.

Uses and Disclosures of Protected Health Information Based on Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Polk City Fire Department has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the Polk City Fire Department may, using professional judgment, determine if the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, the Polk City Fire Department shall try to obtain your acknowledgement of the receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These include:

- **Required By Law** – The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified of any such disclosures.
- **Public Health** – We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Communicable Diseases** – We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight** – We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect** – We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your protected health information if we believe you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information.
- **Food and Drug Administration** – We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings** – We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or lawful purpose.
- **Law Enforcement** – We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. The law enforcement purposes include: legal processes where required by law, limited information requests for identification purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event the crime occurs on the premises of the practice, and medical emergency and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation** – We may disclose protected health information to a coroner or medical examiner for identification purposes, determining the cause of death, or other duties authorized by law. We may disclose such information in reasonable anticipation of death. Protected health information may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Workers' Compensation** – We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates** – We may use or disclose your protected health information if you are inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- **Required Uses and Disclosures** – Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Your Rights

You have the right to inspect and copy your protected health information.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact the Privacy Officer of the Polk City Fire Department if you have questions about access to your medical records.

You have the right to request a restriction of your protected health information.

This means you may ask us not to disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If you physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting and discussing the issues with the Privacy Officer of the Polk City Fire Department.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for the information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the Privacy Officer of the Polk City Fire Department.

You may have the right to have your physician amend you protected health information.

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive all accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14th, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at the Polk City Fire Department, 515-984-6304, for further information about the complaint process.