

GETTYSBURG FIRE DEPARTMENT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN THIS INFORMATION. PLEASE REVIEW CAREFULLY.

OUR LEGAL DUTY TO YOU

The Gettysburg Fire Department (the “Department”) is required by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of protected health information (PHI) and to provide you with notice of those legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how we are permitted to use and disclose your PHI. We are required by law to abide by the terms of the version of this Notice.

We reserve the right to change the terms of this Notice in the future and to make the new Notice provisions effective for all PHI that we maintain. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

The full text of the Notice currently in effect shall be available upon request at the time of service or by contacting the Department’s Privacy Officer as listed at the end of this Notice. The Notice is also available on the Department website, www.gettysburgfd.com.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

USE AND DISCLOSURE OF PHI

We may use or disclose PHI for certain purposes, including treatment, payment, and health care operations, without your written authorization:

For Treatment. This includes oral and written information that we obtain about you and which is used by us and other medical personnel to treat you. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center, as well as providing the hospital with a copy of the written report we create in the course of providing you treatment and transport.

For Payment. This includes any activities we must undertake in order to get reimbursement for services provided to you, such as determining medical necessities, submitting claims to insurance carriers, (either directly or through a third party billing company), utilization review, and collection of outstanding accounts.

For Health Care Operations. This includes 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, and processing grievances and complaints.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION

We may also use or disclose PHI without your written authorization, including the following:

- **Required By Law:** We may use and disclose PHI as required by federal, state, or local law.
- **Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including to prevent or control disease, injury, or disability; to report disease, injury, birth, or death; to report child abuse or neglect;

to report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA); to notify a person who may have been exposed to a communicable disease; or to report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance

- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to government authorities if we reasonably believe that you have been a victim of domestic violence, abuse, or neglect.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities, for audits, investigations, inspections, licensure and disciplinary activities, and compliance with certain laws.
- **Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the requests or to obtain an order protecting the information requested.
- **Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.
- **Family Members or Close Personal Friends:** We may disclose PHI 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. We may also disclose PHI to your family, relatives, or friends if we infer from the circumstances that you would not object. In situations where you are not capable of objections (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that case, we will disclose only PHI relevant to that person's involvement in your care.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.
- **Research:** We may use and disclose PHI about you for research purposes under certain circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI to prevent a threat to the health or safety of a person or to the public.
- **Specialized Government Functions:** We may disclose PHI for certain military, national defense and security, and other specialized governmental functions, and for the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations.
- **Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.
- **Emergency/Disaster Relief:** We may disclose your PHI in emergency situations or for disaster relief operations for coordinating notification of family members, personal representatives, or others.
- **Disclosures Required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of HHS when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.
- **Incidental Disclosures:** We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.
- **Limited Data Set Disclosures:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.
- **Other laws:** To the extent a use or disclosure is prohibited or materially limited by other applicable law, the Department's use and/or disclosure will comply with the more stringent law. For example, the Department may need to comply with the Pennsylvania Drug & Alcohol Abuse Control Act, the

Mental Health Procedures Act, and the Confidentiality of HIV-Related Information Act, to the extent applicable.

Any use or disclosure of PHI other than those listed above will only be made with your written authorization. You may revoke your authorization in writing, except to the extent that we already used or disclosed medical information in reliance on that authorization.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

Right to a copy of this Notice. You have the right to a paper copy of our Patient Privacy Notice at any time. If you would like a copy, ask a staff member or contact our Privacy Officer listed at the end of this Notice.

Right of access to inspect and copy. You have the right to see or review and receive a copy of medical information about you that we maintain in certain groups of records. We may charge you a reasonable fee to cover the costs of copying. If you wish to inspect and copy your medical information, contact the Privacy Officer listed at the end of the Notice. In limited circumstances we may deny you access to your medical information, and certain types of denials may be appealed. We have available forms to request PHI and will provide a written response if we deny you access and let you know your appeal rights.

Right to have medical information amended. You have the right to ask us to amend written medical information that we may have about you. We are permitted by law to deny your request in certain circumstances and you can appeal our denial of your request to amend the information. If you wish to amend the medical information, contact the Privacy Officer listed at the end of the Notice.

Right to an accounting of our disclosures of your PHI. You may request an accounting from us of certain disclosures of your PHI that we have made in the last six (6) years prior to the date of your request. We are not required to account for all disclosures. For example, 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, uses or disclosures prior to April 14, 2003, disclosures to you, or incidental disclosures. If you wish to request an accounting of your PHI that we have used or disclosed, you should contact the Privacy Officer listed at the end of the Notice.

Right to request restrictions on uses and disclosures. You have the right to restrict how we use and disclose your PHI for treatment, payment or health care operations or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. We are not required to agree to any restrictions you request.

Right to request a reasonable, alternative method of contact. You have the right to request to be contacted at a different location or by a different method. If you would like to request an alternative method of contact, you must provide us with that information at the time of service or mail your request to the Privacy Officer listed at the end of the Notice. We will honor reasonable requests.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

You may complain to the Department or to the Secretary of the US Department of Health and Human Services (HHS) if you believe your privacy rights have been violated. We will not take any action against you or change our treatment of you in any way if you file a complaint with us or with the federal government. To file a written complaint with us, mail it to the Privacy Officer listed at the end of this Notice. To file a complaint with HHS contact the Secretary of the U.S. Department of Health and Human Services at Hubert Humphrey Bldg., 200 Independence Ave. SW, Washington, DC 20201.

CONTACT INFORMATION

If you have any questions, or if you wish to exercise any rights listed in this Notice, contact

Privacy Officer
Gettysburg Fire Department
35 North Stratton Street
Gettysburg, PA 17325-1820
(717) 334-7548

This notice was published and first became effective May 21, 2003 and was amended effective June 20, 2003.