

Denton Fire Department

PRIVACY NOTICE

WE ARE REQUIRED BY FEDERAL LAW TO KEEP YOUR HEALTH CARE INFORMATION PRIVATE.

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996

HIPAA

OUR RIGHTS:

We may use your Protected Health Information (PHI) **without your consent of authorization:**

- **TO TREAT YOU**
- **FOR PAYMENT**
- **FOR HEALTH CARE OPERATIONS.**
- **WHEN REQUIRED BY LAW:**
- **OTHER USES.** We may use your PHI without your express consent or authorization for other unnamed uses if they can be reasonably said to fall within any of the categories listed above.

When we disclose PHI we must only disclose the minimum information necessary for the purposes of the disclosure.

We have the right to amend this notice, but no amendments may go into effect until the amended notice has been posted:

YOU HAVE THE RIGHT TO:

- COMPLAIN TO US OR THE U.S. SECRETARY OF HEALTH AND HUMAN SERVICES IF YOU THINK WE HAVE VIOLATED YOUR RIGHTS.
- LOOK AT AND COPY YOUR PHI **except** when disclosure to you would be contrary to law or harmful to you or someone else.
- RESTRICT OUR USE OF YOUR PHI.
- AMEND YOUR PHI.
- REQUEST AN ACCOUNTING FOR OUR DISCLOSURES OF YOUR PHI DURING THE LAST 6 YEARS BEGINNING ON APRIL 14, 2003.
- RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US.

WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY FOR EXERCISING ANY OF YOUR RIGHTS UNDER HIPAA.

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¡AVISO! de sus Derechos de la Información Privada de la Salud

SOMOS REQUERIDOS POR la LEY FEDERAL a MANTENER SU INFORMACION MEDICA PRIVADA.

ESTA NOTA CONTIENE INFORMACION IMPORTANTE ACERCA DE SUS DERECHOS de la INTIMIDAD BAJO LA TRANSPORTABILIDAD de INFORMACION de SALUD Y ACTO de RESPONSABILIDAD DE 1996 HIPAA.

NUESTROS DERECHOS:

Podemos usar su Información Privada de la Salud (IPS) sin su consentimiento o la autorización:

- TRATARLO
- PARA el PAGO.
- PARA OPERACIONES de ASISTENCIA MEDICA.
- CUANDO REQUERIDO POR la LEY.
- OTROS USOS. Podemos usar su IPS sin su expresa el consentimiento o la autorización para otros usos innominados si ellos pueden ser dichos razonablemente entrar cualquiera de las categorías listó arriba.

Cuando nosotros revelamos que IPS que debemos solo revela la información mínima necesaria para los propósitos de la revelación.

Tenemos el derecho de enmendar esta nota, pero ningunas enmiendas pueden entrar en vigor hasta que la nota enmendada se haya anunciado.

USTED TIENE EL DERECHO A:

- QUEJESE A NOSOTROS O AL EL SECRETARIO DE SALUD Y el HUMANO ATIENDE A los E.E.U.U. SI USTED PEINSA QUE HEMOS VIOLANDO SUS DERECHOS.
- MIRA Y COPIA SU IPS.
- RESTRINJA NUESTRO USO DE SU PI.
- ENMIENDE SU PI.
- SOLICITE UNA JUSTIFICANDO DE NUESTRAS REVELACIONES DE SU PI DURANTE LOS ULTIMOS 6 AÑOS QUE COMIENZAN EN el 14 de abril de 2003.
- RECIBA COMUNICACIONES CONFIDENCIALES DE NOSOTROS.

NOSOTROS NO VENGAREMOS CONTRA USTED EN NINGUNA MANERA PARA EJERCITAR CUALQUIERA DE SUS DERECHOS BAJO HIPAA.

HOW TO CONTACT US: COMO AVISARNOS:

**Denton Fire Department
332 E. Hickory
Denton, Texas 76201-4272
Telephone: 940/349-8200
Fax: 940/349-8236**

You have a right to obtain a copy of the full notice in writing by contacting any employee of Denton Fire Department.

Usted tiene un derecho de obtener una copia de esta nota a escribir avisando a cualquier empleado del Denton Fire Department.

This is an abbreviated version of the Privacy Notice. We will ask you to sign an acknowledgement that you have received this notice. If you cannot do so, we will make a reasonable attempt later to obtain your acknowledgement.

Pediremos que usted firmará un reconocimiento que usted ha recibido esta nota. Si usted no puede hacer así, haremos una tentativa razonable para obtener luego su reconocimiento.

Date Posted:

Fecha de vigencia:



Denton Fire Department PRIVACY NOTICE

WE ARE REQUIRED BY FEDERAL LAW TO KEEP YOUR HEALTH CARE INFORMATION PRIVATE. THIS NOTICE TELLS YOU HOW WE CAN USE YOUR INFORMATION AND WHAT YOUR RIGHTS ARE. WE ARE REQUIRED BY LAW TO ABIDE BY THE TERMS OF THIS NOTICE.

PLEASE READ!!!

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):

IT TELLS YOU:

- **YOUR PRIVACY RIGHTS TO YOUR PROTECTED HEALTH INFORMATION (PHI)**
- **HOW INFORMATION ABOUT YOU CAN BE USED BY US**
- **WHEN AND HOW WE CAN GIVE YOUR INFORMATION TO OTHERS**
- **HOW YOU CAN GET ACCESS TO YOUR INFORMATION**
- **HOW YOU CAN LIMIT USES OF YOUR INFORMATION**
- **HOW YOU CAN CORRECT INFORMATION THAT MAY BE ERRONEOUS**
- **HOW YOU CAN FIND OUT WHO WE HAVE GIVEN YOUR INFORMATION TO**
- **WHO TO CONTACT WITHIN OUR ORGANIZATION FOR INFORMATION OR TO EXERCISE YOUR RIGHTS**

OUR RIGHTS:

We may use your Protected Health Information (PHI) in the following ways **without your consent or authorization:**

- *Consent* refers to how **we** can use your information
- *Authorization* refers to when we pass your information along to **others**

FOR YOUR TREATMENT. Without your consent or authorization, we will use PHI about you to treat you. We will try to get a written consent from you if we can, but in emergencies or when we can't reasonably get a signed consent from you we may use your information without it. We will pass your PHI along to other medical personnel involved in your care, including doctors and nurses at treatment facilities you may be taken to. We may use radio, telephone, fax, written, and computer communications to transmit this information as needed for your care. Copies of your patient care records will be given to people at facilities who treat you. We can disclose information about you to your relatives, friends, and to other individuals who have a need to know about your condition.

FOR PAYMENT. Without your consent or authorization, we will submit your PHI to insurance companies, to Medicare or Medicaid as appropriate to obtain payment for our services to you. We may use an outside billing company to process our claims for payment. We may use your PHI for determining medical necessity for your treatment, for justifying our treatments of you for payment purposes, and when an insurance company or other payer requests further information about you to determine our rights to payment. We may transmit your PHI to a collection agency hired by us to collect past due accounts.

FOR HEALTH CARE OPERATIONS. Without your consent or authorization, we will use your PHI in Health Care Operations. Health Care Operations means all activities that we use to evaluate our treatment of you, our employees' performance in treating you and following our policies and procedures, and other processes that we engage in for the purposes of improving patient care. We may use your PHI for Health Care Operations involving:

- Case reviews
- Education
- Obtaining legal and accounting services
- Business planning
- Resolving complaints

- Employee discipline
- Fundraising and marketing activities, including contacting you to tell you about services we can offer to you
- Medical research
- Data bases which involve your PHI but do not identify your individual information
- Reminders of when we have an appointment to transport you somewhere

WHEN REQUIRED BY LAW: Whenever we are required by law to provide your PHI we will transmit your PHI to others without either your consent or authorization. Some examples are:

- To law enforcement officials when necessary to identify you or someone who has committed a crime against you
- To law enforcement officials when there is an immediate need for the information to prevent or solve a crime
- To public health authorities to report births, deaths or a disease that we are required to report
- To people who may have been exposed to a communicable disease you may have
- To report child abuse, elder abuse or domestic violence as required by law
- To the FDA and other agencies to report an adverse event from the use of a drug or medical device
- To government agencies who have a right to the information for conducting investigations, audits, inspections, disciplinary proceedings or other administrative or judicial actions in order to determine our compliance with the law
- In response to subpoenas, search warrants and other legal requests or directives which require us to produce and disclose your PHI
- To government military, defense, investigative, security and other agencies who have a right to your PHI in order to protect citizens, officials of the United States or a foreign country, and to investigate or prevent terrorist activities.
- To public health officials of the US or foreign countries to avert a serious threat to the safety and health of the people
- As required by worker's compensation laws

OTHER USES. We may use your PHI without your express consent or authorization for other unnamed uses if they can be reasonably said to fall within any of the categories listed above.

We have the right to amend this notice, but no amendments may go into effect until the amended notice has been posted.

YOUR RIGHTS:

You have the right to:

COMPLAIN TO US OR TO THE SECRETARY OF HEALTH AND HUMAN SERVICES OF THE USA IF YOU THINK WE HAVE VIOLATED YOUR RIGHTS. If you file a complaint:

- Your complaint must be in writing, either on paper or by email
- You must address a complaint to us to the Privacy Officer listed at the bottom of this notice
- You must address a complaint to the Secretary of Health and Human Services to: Secretary of Health and Human Services, Washington D.C.
- Your complaint must describe the event you are complaining about in sufficient detail for us to determine what you are complaining about
- Your complaint must be filed within 180 days of the occurrence you are complaining about or when you first found out about it and tell us whether or not it was us or somebody else that violated the rules. The Secretary of Health and Human Services may extend the time for filing

LOOK AT AND COPY YOUR PHI. You can come to our offices during business hours and request to look at and copy your medical information, subject to the exceptions provided by law:

- Exceptions:
 - When disclosure to you would be contrary to law, would be harmful to you or to someone else
- We must inform you of why we deny you access to your PHI and tell you your rights to appeal our refusal
- We can charge you reasonable fees for copying your records, postage for mailing to you, and summarizing your records if you agree to a summary rather than a full set of records
- We must provide your records to you within 30 days of your request if the records are in our possession, or 60 days if they are in the possession of somebody else. If we can't provide the records to you within this time we can have an additional 30 days but we must let you know why we can't furnish them and tell you when we will furnish them to you

RESTRICT OUR USE OF YOUR PHI. You have the right to require us to restrict our use and disclosure of your PHI with certain exceptions, but we don't have to agree if any of the following exceptions applies:

- Exceptions:
 - We are not required to agree with your request for restriction, but if we refuse your request we must tell you why we did
 - If we **DO** agree to your requested restrictions, we must honor them and must tell all others that we have disclosed your PHI to or will disclose your PHI to about your restrictions and require them to honor them

When we are required by law to disclose your information

When your PHI is needed for your treatment in an emergency

AMEND YOUR PHI. If you think your PHI is not correct you can ask us amend it, and if we agree we must do so within 60 days from your request. However, we can refuse your request if:

- Your records were not created by us
- We don't have access to your records or we can't get access to them
- We believe our records are correct
- Amendment would result in our being unable to obtain payment for services rendered to you

REQUEST AN ACCOUNTING FOR OUR USE AND DISCLOSURES OF YOUR PHI DURING THE LAST 6 YEARS BEGINNING ON APRIL 14, 2003. THE DATE WHEN HIPAA PRIVACY PROVISIONS TAKE EFFECT. However, we will not be required to account for use and disclosures prior to April 14, 2002. We do not have to account to you for disclosures made in connection with your treatment, for payment, health care operations or disclosures that we were required by law to make. You have the right to one free accounting in any 12 month period; for additional accountings we may charge a reasonable fee.

RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US. If you want us only to contact you at an alternative address, telephone number, or email address, you can request that we do so and we will abide by your request.

NO RETALIATION. WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY FOR EXERCISING ANY OF YOUR RIGHTS UNDER HIPAA.

HOW TO CONTACT US:
THE PERSON FOR YOU TO CONTACT WITHIN OUR ORGANIZATION IF YOU HAVE ANY QUESTIONS OR COMPLAINTS, AND TO EXERCISE ANY RIGHTS YOU HAVE UNDER HIPAA IS:

Greg Taylor, Battalion Chief/Privacy Officer
Denton Fire Department
332 East Hickory
Denton, TX 76201
940/349-8834
gataylor@cityofdenton.com

YOU HAVE A RIGHT TO OBTAIN A COPY OF THIS NOTICE IN WRITING BY CONTACTING ANY EMPLOYEE OF THE DENTON FIRE DEPARTMENT.

We will ask you to sign an acknowledgement that you have received this notice. If you cannot do so, we will make a reasonable attempt later to obtain your acknowledgement.

Effective Date of this Notice: APRIL 14, 2003