

Decatur 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. PLEASE READ THIS NOTICE AND CONTACT OUR PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS: 404-370-4166

As an essential part of our commitment to you, Decatur Fire Department maintains the privacy of certain confidential health information about you, known as Protected Health Information or PHI. We are required by law to protect your PHI and to provide you with this Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices with respect to your PHI. The Notice describes the ways that Decatur Fire Department is permitted to use and disclose PHI about you. And the Notice tells you how you can access and copy your PHI, how you may request amendments to your PHI, how you may request an accounting of the disclosures made of your PHI, how you may request restrictions on our use and disclosure of your PHI, and how you may request confidential communication of your PHI.

Decatur Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use your PHI as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy. We treat all PHI about our patients with care, under strict policies of confidentiality that all of our staff are committed to follow at all times.

Uses and Disclosures of PHI: Decatur Fire Department may use PHI for the purposes of treatment, payment, and health care operations, without your written permission. Examples of our use of your PHI for these purposes are:

For Treatment: This includes our providing health care service to you, and/or our coordinating or managing health care and related services by one or more providers, such as Decatur Fire Department and another health care provider or another third party. It includes our consulting with another health care provider about your treatment and/or our referring you for health care from another provider. We may exchange oral and/or written information that we obtain about your medical condition, and the treatment we provide to you or that other medical personnel provide to you, i.e., doctors and nurses may give orders to allow us to provide treatment to you, and we may your PHI to other health care personnel to whom we transfer your care and treatment. Treatment 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 record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies or Medicaid (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding

accounts. We may disclose your PHI to another health care provider for its payment activities.

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, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes. We may disclose your PHI to another health care provider for its health care operations, if it has or has had a relationship with you and the PHI pertains to that relationship.

Other Uses and Disclosures of PHI Without Your Authorization: In addition to uses and disclosures of your PHI for treatment that we provide to you, payment for that treatment and our health care operations, as described above, Decatur Fire Department is permitted to disclose PHI *without* your written authorization, or opportunity to object, in certain situations, including:

- For health care fraud and abuse detection or for activities related to compliance with federal, state or local law.
- 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 objecting (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 situation, we will disclose only your PHI that is relevant to that person's involvement 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 or 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 government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions by the government (or their contractors) to oversee the health care system.
- For judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process.
- For certain law enforcement activities, such as when there is a warrant for the PHI, or when the PHI is needed to locate a suspect or missing person, or to stop a crime, we may disclose the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- For military, national defense and security and other special government functions.
- To avert a serious threat to the health and safety of a person or the public at large, but only to a person who is able to help prevent the threat.
- 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 your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- For research projects, but this will be subject to strict oversight and approvals and your PHI will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.
- We may use or disclose your Phi in a way that does not personally identify you or reveal who you are, called Summary Health Information.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the PHI that we seek to use or disclose, as well as when and how we seek to use or disclose it.) You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed your PHI in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of you PHI, including:

The right to access, copy or inspect your PHI.

This means you may come to our offices and inspect and copy most of your PHI that we maintain. We will normally provide you with access to your PHI within 30 days of your request. We may also charge you a reasonable fee for you to copy any PHI that you have the right to access. In limited circumstances, we may deny you access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your PHI, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend your written PHI that we maintain. We will generally amend your PHI within 60 days of your request and will notify you when we have amended your PHI. We are permitted by law to deny your request to amend your PHI only in certain circumstances, like when we believe the PHI you have asked us to amend is correct. If you wish to request that we amend your PHI, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You have the right to request that we restrict and disclose your PHI that we have about you for treatment, payment or health care operations, or to restrict the PHI that we provide to family, friends and other individuals involved in your health care. But if you request a restriction and the PHI 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. Decatur Fire Department is not required to agree to any restrictions you request, but any restrictions agreed to by Decatur Fire Department are binding on Decatur Fire Department.

The right to request confidential communications of your PHI. If you believe that the normal form of communications of PHI could endanger you, you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by Mail. Your request must specify how or where you wish to be contacted.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.

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 forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: Decatur Fire Department 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. We will promptly post in our facilities, and on our web site if we maintain one, any material changes to this Notice. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights Complaints: You also have the right to complain to us, or to the Department of Health and Human Services Office for Civil Rights (OCR) if you believe 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. Should you have any questions, comments, or complaints you may direct all inquiries to the Decatur Fire Department Privacy Officer listed at the end of this Notice. Complaints filed with the OCR must meet the following requirements: (1) the complaint must be filed in writing, either on paper or electronically; (2) the complaint must name the person or entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rules; and (3) the complaint must be filed within 180 days of the date when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown.

If you have any questions, or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Asst. Chief Jerry Malone
Privacy Officer
Decatur Fire Department
230 East Trinity Place
Decatur, GA 30030
404-370-4166
Email: jmalone@decaturga.com