

Rosehill Fire Department
Notice of Privacy Practices

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 REVIEW IT CAREFULLY

Purpose of this Notice: Rosehill Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our 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 Rosehill Fire Department is permitted to use and disclose PHI to you.

Rosehill 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 this information 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.

Uses and Disclosures of PHI: Rosehill Fire Department may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission.
Examples of our use of your PHI:

For treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow personnel to treat you). It also includes information we give to other health care personnel to who we transfer your care and treatment, and includes transfer of PHI via radio, telephone, or fax to the hospital or dispatch center, as well 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 appropriate activities we must undertake in order to obtain reimbursement for the services provided to you, including such things as organizing your PHI and submitting bills to insurance companies, either directly or through a third party billing company, management of billed claims for services rendered, determination of medical necessity and reviews, utilization reviews, 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, processing grievances and complaints, creating reports that do not individually identify you, for data collection purposes, fund-raising and certain marketing activities.

Fund-raising. We may contact you when we are in the process of raising funds for Rosehill Fire Department

Use and Disclosure of PHI Without Your Authorization. Rosehill Fire Department is permitted to use PHI without your written authorization, or opportunity to object in certain situations including

- For use in treating you or in obtaining reimbursement for services provided to you, or in other health care operations
- To another health care provider or entity for the reimbursement of the provider or entity that received the information, (such as your insurance company or hospital).
- To another health care provider (such as the hospital you are being transported to) for the health care activities of the entity that receiving the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.
- 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 disclosure and you do not raise an objection. We may assume you agree to our disclosure of your personal health information to your spouse when the spouse has called an ambulance for you. In situations where you are not capable of objecting, (because you are not present, 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 would only disclose information relevant to that person's involvement in you care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew.
- 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 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
- To coroners, medical examiners, and funeral directors for identifying a diseased person, determining cause of death, or carrying on their duties as authorized by law
- We may use or disclose health care information about you in a way that does not personally identify you or reveal who you are.
- Whenever we are required by law to provide your PHI we will transmit your PHI to others.

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.

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

The right to access, copy, or inspect your PHI. _ You can come to our offices during business hours and request to look at and copy most of the your medical information. We will normally provide you with access to this information within 30 days of your request, 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 may also charge you a reasonable fee for you to copy any medical information that you the right to access. In limited circumstances we may deny you access to your medical information and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeals right. If you wish to inspect and copy your medical information, you should contact the Privacy Officer at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information that we have within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, such as when we believe the information you have asked us to amend is correct, or if amendment would result in our being unable to be reimbursed for services rendered to you. If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Officers listed at the end of this Notice.

The right to request an accounting of our uses and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have. We are not required to give you an accounting of information we have used or disclosed, prior to April 14, 2003, when the Privacy Provision went into effect, for the purposes of treatment, reimbursement, health care operations, or when we share your health information with our business associates, such as our billing company or a medical facility from/to which we have transported you, or disclosures that we were required by law to make.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from accounting requirements, you should contact the Privacy Officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose the medical information we have about you, 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. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, we may use the PHI or disclose the PHI to a health care provider to provide you with emergency

treatment. Rosehill Fire Department is not required to agree to any restriction you request, but any restrictions agreed to by Rosehill Fire Department are binding.

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 our web site. We may also forward the Notice to you by electronic mail, and you may always request a paper copy of this Notice.

Revisions to the Notice. Rosehill 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 protected health information we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You may also request a copy of the latest version of this Notice by contacting the Privacy Officer listed at the end of this Notice.

Your legal Rights and Complaints. You have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way or filing a complaint with us or to the government. Should you have any questions, comments or if you wish to file a complaint or exercise any rights listed in this Notice, please direct all inquiries to the Privacy Officer listed below.

- All complaints must be in writing on paper.
- All complaints must be filed within 180 day of the occurrence. (The Secretary of Health and Human Services may extend the time for filing)
- All complaints must have detailed information or description to be able to determine what the actual complaint is.

Sylvia Gomez, Privacy Officer
Rosehill Fire Department
19023 FM 2920
Tomball, TX 77377
281-351-4548
Secretary of Health and Human Services, Washington D.C.

Effective Date of the Notice: April 14, 2003

You will be asked to sign an acknowledgement that you have received this Notice.

Rosehill Fire Department

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been provided with a copy of Rosehill Fire Department's Notice of Privacy Practices on this date.

Date

Signature

PRINT NAME OF PATIENT

Street Address

City/State/Zip Code