



Mont Belvieu Fire Department Notice of Privacy Practices

IMPORTANT: 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.

As an essential part of our commitment to you, Mont Belvieu Fire Department maintains the privacy of certain confidential health care information about you, known as Protected Healthcare Information (PHI). We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices. We respect your privacy and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

Please read the detailed notice. If you have any questions about it, please contact the Mont Belvieu Fire Department Privacy Officer, at 281-576-2213.

DETAILED NOTICE OF PRIVACY PRACTICES

PURPOSE OF THIS NOTICE

This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Mont Belvieu Fire Department is permitted to use and disclose PHI about you.

USES AND DISCLOSURES OF YOUR PHI WE CAN MAKE WITHOUT YOUR AUTHORIZATION

The Mont Belvieu Fire Department may use or disclose your PHI without your authorization, or without providing you with an opportunity to object, for the following purposes:

TREATMENT

This includes such things as verbal and written information that we obtain about you and uses pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare 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 record we create in the course of providing you with treatment and transport.

PAYMENT

This includes any activities we must undertake in order to get reimbursement for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), and collecting outstanding accounts.

HEALTHCARE OPERATIONS

This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet out 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, fundraising, and certain marketing activities.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION

Mont Belvieu Fire Department is also permitted to use or disclose your PHI without your written authorization in situations including:

- For the treatment activities of another healthcare provider;
- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives 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;
- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relatives, 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 health information to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable 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 health information relevant to that person's involvement in your 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 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, neglect, or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to 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 undertaken by the government (or their contractors) by law to oversee the healthcare system;
- For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a 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 as large;
- For worker's compensation purposes and in compliance with worker's compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining the cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information 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; and
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

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 information we seek to use or disclose, we 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 medical information in reliance on that authorization.

PATIENT RIGHTS

As a patient, you have a number of rights with respect to your PHI, including:

RIGHT TO ACCESS, COPY OR INSPECT YOUR PHI

You have the right to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer. 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 and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Privacy Officer.

We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative) and you clearly identify the designated person and where to send the copy of your PHI.

We may charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

RIGHT TO REQUEST AN AMENDMENT OF YOUR PHI

You have the right to ask us to amend the protected health information that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our Privacy Officer if you wish to make a request for amendment and fill out an amendment request form.

When required by law to do so, we will amend your information 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 in certain circumstances, such as when we believe that the information you have asked us to amend is correct.

RIGHT TO REQUEST AN ACCOUNTING OF USES AND DISCLOSURES OF YOUR PHI

You may request an accounting from us for your medical information. If you wish to request an accounting from us of disclosures of your PHI that are subject to the accounting requirements, you should contact Privacy Officer and make a request in writing.

You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures we may have used or disclosed for purposes of treatment, payment for healthcare operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

RIGHTS TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF YOUR PHI

You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required to do so by law. If you wish to request a restriction on the use or disclosure of your PHI, you should our Privacy Officer and make a request in writing.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, we will only comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our Privacy Officer and make a request in writing.

INTERNET, EMAIL, AND THE RIGHT TO OBTAIN COPY OF PAPER NOTICE

If we maintain a website, we will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. 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

Mont Belvieu 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. Any material changes to the Notice will be promptly posted in our facility and on our website, if we maintain one. You can get a copy of the latest version of the Notice by contacting the Privacy Officer listed below.

YOUR LEGAL RIGHTS AND COMPLAINTS

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that 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 privacy officer listed below. Individuals will not be retaliated against for filing a complaint.

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

Jennifer Allum-Privacy Officer

Assistant Chief
11607 Eagle Dr. |PO Box 1048
Mont Belvieu, Texas 77580
281-576-2213