

NOTICE OF PRIVACY PRACTICES
City of Akron, Department of Fire/EMS updated 11/5/03

This Notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about our Privacy Practices, including your rights and ability to voice your concerns, please call our Privacy Coordinator at (330) 375-2071.

The confidentiality of your health information is important to us. We trust you to give us complete and accurate information about your condition, symptoms and health history. That helps us treat you. We want you to know about our privacy practices, which are intended to safeguard the proper use and disclosure of your health information.

We Want You to Know About HIPAA's Privacy Rule and Why You Are Receiving this Notice:

A law called "HIPAA" protects the use and disclosure of health information. We may use or disclose your health information in ways the law permits, or as you authorize us. HIPAA requires us to give this Notice to all persons receiving services from the Department of Fire/EMS. This Notice explains our legal obligations and how we may use or disclose your health information. It also describes our privacy practices and your legal rights.

We are pleased to give you this Notice, so you may understand what steps we take to protect your health information. We may amend our practices in the future. If we do so, the changes will apply to all of your records. You may ask for a copy of our most current Notice. Our privacy practices follow HIPAA's Privacy Rule. Please keep this Notice with your important papers. It is intended to help answer your questions.

Sometimes, for instance when a patient is unconscious, we will be unable to provide this Notice directly to the patient, or obtain the patient's signature on the Acknowledgment. In such cases, we may leave the Notice with a responsible relative, at the patient's residence, or another location that reasonably assures the Notice will be received.

Some of our patients are under the age of 18. When a patient or client is under 18, in most cases we will give the Notice to the minor's responsible person (*e.g.* parent or guardian). The responsible person can sign the Acknowledgment for all minors receiving services from us. In the Notice, "you and your" applies to the patient or client and his/her responsible person, who may exercise rights on the patient's/client's behalf.

How We Use and Disclose Health Information for Treatment, Payment, and Health Care Operations.

HIPAA's Privacy Rule allows us to use and disclose your health information, without an Authorization, for treatment, payment, and health care operations.

Treatment. We may disclose health information, such as test results and vital statistics, to doctors or hospitals that are treating you, including by radio, telephone, or written record. We may also use your health information to arrange certain services for you. If a doctor treating you asks for your treatment record, our policy is to send the entire record (with certain exceptions such

as counseling records). We believe that is in the best interests of your care and treatment. Please let us know if you have a concern about our sending the entire record.

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We may discuss health information with family members or others who are assisting in your care. Please let us know in writing if you do not want us to discuss your health information with those assisting in your care.

Payment. An example of our using and disclosing health information for payment purposes is when we check about your coverage or benefits, or when we disclose certain health information to support a claim for services covered by a program such as Medicaid.

Operations. We may use your health information for our health care operations, such as when we evaluate our own performance in providing you with treatment and services.

Business Associates. We may use outside persons called "Business Associates" to perform services on our behalf. We will enter into contracts with Business Associates to assure they protect the privacy of your health information.

Use and Disclosure of Information Without Written Authorization, As Permitted or Required by Law

We may use or disclose your health information, without an Authorization, as permitted or required by law, for:

Workers' Compensation and Benefit Programs. We may disclose health information, without a separate Authorization, when an employee files a Workers' Compensation Claim or seeks benefits under other State of Ohio programs.

Public Health Agencies. The law requires us to disclose health information to public health agencies to help control and track disease, injury or disability, or to report cases of suspected abuse, neglect, and domestic violence.

FDA and OSHA. Certain Federal laws, such as FDA and OSHA, require us to report adverse events, product problems, and biological product deviations, so safety precautions, recalls and notifications can be conducted.

Regulatory Agencies. Certain Ohio and Federal governmental regulatory agencies require us to disclose health information for the purpose of monitoring compliance.

National Security. We may be required by the government to disclose information concerning patients who are in the Armed Forces or for National and Homeland Security purposes.

Coroner, Funeral Directors, and Organ Procurement. We may disclose health information to the Coroner or to a funeral director to perform legally authorized responsibilities, or to organ procurement organizations necessary for organ donations.

Research. We may use or disclose your health information for purposes related to medical or clinical research, but only if

identifying factors, such as name, address, date of birth and Social Security number are removed.

Law Enforcement and Safety. We may disclose health information to law enforcement officials, if the information is limited to identification purposes, applies to victims of crime, involves a suspicion that injury or death has occurred because of criminal conduct, is needed in a criminal investigation, is necessary to prevent or lessen the threat to the health or safety of a person or to the public, or is required by law.

Use and Disclosure of Health Information You Authorize and Your Right to Revoke (Cancel) Authorization

We will not use or disclose your health information for purposes other than treatment, payment or health care operations (unless permitted or required to do so by law) without your signed, written Authorization. You may ask us to disclose health information to persons who are not covered by HIPAA. Once information is disclosed, HIPAA no longer applies and that information may be used or re-disclosed without further Authorization. You may revoke (cancel) the Authorization in writing at any time. We cannot be held responsible for any use or disclosure of health information, permitted by the Authorization, before we received your written revocation.

Your Rights under the Privacy Rule and Our Privacy Practices

In addition to your right to request for us to make confidential communications with you by alternate means or at a different phone number or address, you have other rights under HIPAA. We want you to know about them and how we may respond to your requests. If you have any questions or need further clarification, please call our Privacy Coordinator.

You have the right to request restrictions on certain uses and disclosures of your health information.

You may request that we restrict certain uses or disclosures of your health information by completing a Request for Restriction form. You may give us this request in person or mail it to us. This request may involve certain restrictions connected with treatment, payment or health care operations.

HIPAA's Privacy Rule gives us the right to deny a patient's request to restrict the use or disclosure of health information. It is our policy not to restrict the use or disclosure of health information necessary for providing or arranging for the provision of treatment or when submitting a claim for reimbursement. We will consider all other requests for restricted use or disclosure of health information on a case-by-case basis. We will not agree to limit use or disclosures that are required by law.

You have a right to access, inspect and copy your own health information.

You have the general right to access, inspect and copy your own health information in the records we created (called a "designated record set"). There are some circumstances where we are not permitted by law to allow you to inspect certain records. You may request access to your own health information by completing the Request for Access form and returning it to us. We will consider all requests according to our legal responsibilities under the Privacy Rule. We usually will act on your request within 30 days from the time we receive the completed form. If it will take more than 30 days, we will let you know and will act on your request as soon as we can. If we grant your request, we will contact you to set up an appointment to inspect and/or copy the record set. You may not make changes in the original record.

Alternatively, at your request, you may have a summary or explanation of your health information instead of inspecting or copying your records. Under HIPAA, we may charge you for the summary or for copying costs and postage. If we are unable to grant your request, we will notify you in writing of the basis for the denial and how you can ask for a review of our denial.

You have the right to amend incorrect or incomplete facts in your health information.

You may request to amend incorrect or incomplete health information in your record by completing a Request to Amend form and presenting or mailing it to us. We will respond to your request within 60 days.

We will consider your request and will grant it if permitted by law. If we grant it, we will amend the health information in the designated record set (records we created). We will inform you about the amendment, and will notify persons who have received it and may have relied on health information that has been amended. If we deny your request, we will: (1) notify you in writing of the basis (2) inform you of your right to submit a written statement of disagreement and provide you with the appropriate form, which we will keep with your record and will include with future disclosures; and (3) inform you of your right to file a complaint. If you file a statement of disagreement, we may prepare a written rebuttal statement.

You have a right to receive an accounting of disclosures of health information.

You may receive an accounting of disclosures we have made of your health information after April 14, 2003. This right does not require us to provide you with an accounting of disclosures made for: treatment, payment, and health care operations, disclosures made to you or your legal representative, disclosures made according to your Authorization, disclosures made before April 14, 2003, or disclosures required by law.

PATIENT CONCERN AND COMPLAINT RESOLUTION PROCEDURE

Despite our good faith efforts, there may be times when questions, concerns, or problems arise. If you have a concern or believe we may have violated your Privacy rights, we encourage you to bring that to our attention immediately. You may do so by filling out a complaint form or (if you feel more comfortable) you may tell us your concern by calling (330) 375-2071 and speaking with a Privacy Coordinator.

We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake, we will do what we can to correct it and take steps to prevent such mistakes from recurring in the future. If we did not make a mistake, we will provide you with an explanation.

Under no circumstances will we "retaliate" against you for expressing a concern or filing a complaint relating to your Privacy rights. You also have the right to contact the Secretary, U.S. Department of Health and Human Services, if you believe your privacy rights have been violated.