

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.

Understanding Your Protected Health Information (PHI):

Each time the Bellevue Fire Department (BFD) provides medical treatment and/or transports you to a medical facility, a record of that treatment is made. Typically this record contains your symptoms, examination and treatments, medical facility where you were transported and a plan for your future care. This information is referred to as your health or medical record.

Understanding what is in this record and how your PHI is used helps you to ensure its accuracy, better understanding who, what, when, where and why others may access your PHI and assist you in making more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of the BFD or facility that treated you, the information belongs to you. You have a right to:

- request a restriction on the uses and disclosures of your PHI
- inspect and obtain a copy of your health record
- request amendment of your health record
- obtain an accounting or disclosures of your PHI
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

BFD Responsibilities:

This organization is required by law:

- maintain the privacy of your health information
- provide you with a notice of our legal duties and privacy practices with respect to the health information we collect about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our privacy practices as outlined in this Notice and to make the new provisions effective for all PHI we maintain.

We will not use or disclose your PHI without your authorization, except as described in this Notice.

Permitted/Required Uses and Disclosures of Your Protected Health Information (PHI):

We are permitted or required to use or disclose your PHI without your authorization under the circumstances listed below.

Disclosures for Treatment, Payment and Health Care Operations:

We will use your PHI for treatment.

For example: PHI is obtained by the BFD will be recorded in your record and used to determine the course of treatment that should work best for you. This information will be provided to your personal health care provider and/or the facility we transport you to.

We will use your PHI to obtain payment.

For example: A bill may be sent to you or to your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your PHI for regular health care operations.

For example: Members of the BFD may use information in your health record to assess the care, techniques and outcome of your treatment and cases like yours. This information will then be used in an effort to continually improve the quality and effectiveness of the care and services the BFD provides.

Other Uses and Disclosures That We Are Required to Make:

Business Associates: There are some services provided in our organization through contracts with Business Associates. Examples may include, but are not limited to insurance companies and law firms. When these services are contracted, we may disclose your PHI in order for these associates to perform their job duties. To protect your PHI we require these Business Associates to appropriately safeguard your information.

Notification: We may use or disclose your location and general condition to notify or assist in notifying family members or personal representatives responsible for your care.

Communication with Family: Using your best judgment, we may disclose PHI to a family member, other relative, close personal friend or any other person you identify if it is relevant to that person's involvement in your care or the payment related to your care.

Research: We may disclose PHI to researchers when their research has been approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Directors/Medical Examiners: We may disclose PHI to funeral directors and medical examiners consistent with applicable law to carry out their duties.

Organ Procurement Organization: Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation: We may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institutions: Should you be an inmate of a correctional facility, we may disclose PHI necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Health Oversight: Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Incidental Disclosures: While we are providing care in the field, other individuals present may overhear communications between rescue personnel necessary to the provision of emergency care. Such incidental disclosures are permissible under these circumstances.

Effective Date: The effective date of this Notice of Privacy Practices as September 3, 2008

For more information or to report a problem: If you have questions about this Notice or would like additional information, you may contact the office of the BFD at (402) 293-3155 and ask to speak with the HIPAA Privacy Official.

If you believe your privacy rights have been violated, you can file a complaint with the HIPAA Privacy Official or with the Secretary of Health and Human Services. You will not be subject to any retaliation for filing a complaint.