

Uses and Disclosures of PHI

The following describes how the Department may use and disclose PHI without written permission.

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 us to provide treatment to you). It also includes information we give to other health care 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.

For Payment. This includes any activities we must undertake in order to obtain reimbursement for the services we provide 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, medical necessity determinations and reviews, utilization review, 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, and general administrative activities.

The Department is also permitted to use PHI without your written authorization or opportunity to object in certain situations, such as:

- ◆ The Department's use in treating you or in obtaining payment for services provided to you or in other health care operations;
- ◆ Treatment activities of another health care provider;
- ◆ To another health care 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 health care provider (such as the hospital to which you are transported) for the health care 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 health care fraud and abuse detection or for activities related to compliance with the 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 health information to your family, relative, or friends if we infer from the circumstances that you would not object. In situations where you are not capable of objecting (due to incapacity or medical emergency) we may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In this situation we will disclose only health information 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 a 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 undertaken by the government (or their contractors) by law to oversee the health care 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 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 at large;
- ◆ 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 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;
- ◆ 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;
- ◆ Use and disclosure of health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed will only be made with your written authorization. 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.

Your Health Information Rights

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

The right to access, copy, or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request.

We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny your access to your medical information, and you may appeal certain types of denials.

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 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, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, 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 may request an account from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associates or a medical facility from/to which we have transported you. Additionally, we are 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 exempt from the accounting requirement, you should contact the Privacy Officer listed as 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 your medical information that 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. But if you request a restriction and the information 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. Palm Beach Fire-Rescue is not required to agree to any restrictions you request, but any restrictions agreed to by the Department are binding on the Department.

Internet, Electronic Mail, and the Right to obtain a paper copy of the Notice upon request. 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. The 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 that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the Privacy Officer listed at the end of this notice or visiting our web site.

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 for filing a complaint with us or to the government.

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

contact:
Privacy Officer
Palm Beach Fire-Rescue
300 North County Road
Palm Beach, FL 33480
Phone: 561-227-7060
Fax: 561-838-5408
www.townofpalmbeach.com

Effective Date

This Notice is effective as of April 14, 2003