

HIPAA Policy

NOTICE OF HIPAA PRIVACY POLICY FOR THE UNION CITY FIRE DEPARTMENT

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.

Who will follow this notice?

The Union City Fire Department (the "Fire Department") provides health care to our patients, residents, and clients in partnership with paramedics, physicians, and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any paramedic or health care professional employed or contracted by the Fire Department who treats you.
- All employed associates, staff, or volunteers of our organization working in the Fire Department.
- Any business associate or partner of the City of Union City with whom we share health information.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by paramedics, facility staff, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Follow the terms of the notice that are currently in effect.

Changes to this notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will notify you if we make a significant change in our policies before we treat you. The effective date of the notice is listed just below the title.

How we may use and disclose medical information about you

We may use and disclose medical information about you for treatment, to obtain payment for treatment (such as sending billing information to your insurance company or Medicare), and to support our health care operations (e.g., comparing patient data to improve treatment methods).

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, worker's compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. We may disclose medical information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record. You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before we process your request.

If this notice was sent to you electronically, you have the right to a paper copy of this notice. You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.