

CHESAPEAKE FIRE DEPARTMENT

NOTICE OF PRIVACY PRACTICES

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.

Purpose of this Notice: The Chesapeake Fire Department (“CFD”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with regard to your PHI. In most situations, we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization.

CFD is required to abide by the terms of this Notice. If we make any changes in the Notice, we must notify you before the change can take effect. We reserve the right to change the terms of this Notice and to make any new Notice provisions effective for all PHI we maintain.

Permitted Uses and Disclosures of PHI Without Your Written Authorization: Treatment, Payment and Health Care Operations

CFD may use and disclose your PHI for the purposes of 1) treatment, 2) payment, and 3) health care operations, without asking for your prior authorization. Examples of such use and disclosures of your PHI are:

- 1) For treatment. This includes verbal and written information about your medical condition that we obtain about you in the course of providing you emergency treatment and transport.

EXAMPLE: CFD staff will disclose PHI to hospital health care personnel to whom we transfer your care and treatment. This includes the transfer of PHI via radio or telephone to the hospital or dispatch center. We will also leave with hospital personnel a copy of the written record containing PHI that we create in the course of providing you with treatment and transport.

- 2) For payment. This includes any activities we must undertake in order to obtain reimbursement for the services we provide to you.

EXAMPLE: CFD’s office staff prepares billing information and sends it electronically to a third party billing company who, in turn, sends the information to the party responsible for paying for your treatment, such as your health insurance company.

- 3) For health care operations. There are a number of ways in which your PHI must be used and disclosed for activities called “health care operations.”

These operations are needed to help us to, for example, review and improve the quality of our services and find more effective and efficient ways to serve you.

EXAMPLES: CFD's Emergency Medical Services ("EMS") supervisors review treatment records to make sure they are accurate, complete and organized. In addition, we may review treatment records, if necessary, in taking disciplinary or other corrective action towards a staff person who has not performed properly. Those records may also be reviewed in employee grievance hearings about such disciplinary or corrective action.

CFD also cooperates with outside organizations (such as Office of Emergency Medical Services) that review treatment records to evaluate, certify or license our staff or our program. CFD may receive help in its health care operations from other departments of the City of Chesapeake, such as the City Auditor, the City Treasurer, the City Attorney and Risk Management. These organizations and departments are required to keep confidential any PHI they receive in doing this work.

Other Permitted Uses and Disclosures of PHI Without Your Written Authorization:

- When required by law (such as when a staff member observes a child suspected of being abused or neglected);
- To a public health authority (such as the Health Department that you have been exposed to certain communicable diseases);
- For health oversight activities (such as to the Virginia Board of Health, who licenses CFD's EMS activities);
- 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 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 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 out their duties as authorized by law;
- For research purposes, but only when the research has been approved by an appropriate oversight authority who has established safeguards to protect the privacy of your 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, if you are an organ donor; or
- To a family member, other relative, close personal friend or other individual involved in your care if we obtain your verbal agreement to do so, or if you have

any opportunity to object to such a disclosure and you do not raise such an objection. We may also disclose PHI to your family, relatives or friends if we infer from the circumstances that you would not object.

EXAMPLE: Your spouse has called the ambulance for you. We may assume you agree to our disclosure of your PHI to your spouse.

In situations where you are not capable of objecting, 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 PHI relevant to that person's involvement in your care.

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 the treatment that is being administered by our ambulance crew.

Written Authorization Required:

Your written authorization is required for us to make any use or disclosure of your PHI other than those listed above. If you authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization, we will stop using or disclosing the information that was covered in your authorization. When you revoke an authorization to disclose information, we cannot take back any disclosures we have already made with that authorization.

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

The right to inspect and/or copy your PHI. This means you may come to the CFD administrative offices at 304 Albemarle Drive, Chesapeake, Virginia 23322 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 15 calendar days of your request. The charge for making any copies is \$0.25 per page and the hourly rate for staff time if it takes more than 15 minutes to retrieve and copy the information you requested. In very limited circumstances, we may deny you access to your medical information, and you may appeal certain types to denials.

We have available forms to request access to your PHI and we will provide a written response and let you know your appeal rights if we deny you access. If you wish to inspect and/or copy your medical information, you should contact the CFD Privacy Officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. Your request must be in writing, and should

include exactly what amendment you are requesting and the reason which supports an amendment. Within sixty (60) days after the receipt of your request we will either notify you that the amendment has been accepted and ask you to identify the relevant persons to be notified, or we will provide you with a letter indicating that your request has been denied. Such a denial letter will explain why your request was denied, and information on how and to whom to lodge a complaint about the denial. You can ask that your request for amendment and its denial be included with any future disclosures of the portions of the record that are the subject of the amendment request. If you wish to request that we amend the medical information that we have about you, you should contact the CFD Privacy Officer listed at the end of this Notice.

The right to request an accounting of certain disclosures of your PHI. You may request an accounting from us of certain disclosures of your PHI that we have made in the last six years prior to the date of your request. Note, however, that we are not required to account for releases made prior to April 14, 2003. 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, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization.

You must submit your request for an accounting to the CFD Privacy Officer listed at the end of this Notice. The request must state the time period you want the accounting to cover.

The right to request that we restrict the uses or disclosures of your PHI. You have the right to request that we restrict how we use and disclose your PHI 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. However, if you request a restriction and the information you ask 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. CFD is not required to agree to any restrictions you request, but any restrictions agreed to by CFD are binding on CFD.

The right to obtain a paper copy of this notice. You have the right to receive a paper copy of this notice at any time, even if you agreed to receive this notice electronically. You can get an electronic copy of this Notice at our web site, <http://cityofchesapeake.net/cfd>. To obtain a paper copy of this Notice, contact the CFD Privacy Officer listed below.

The right to file a complaint or ask for additional information about our privacy policy. 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 your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to

the federal government. Should you have any questions, comments or complaints you may direct all inquiries to the CFD Privacy Officer listed below.

Revisions to the Notice: CFD 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 administrative offices and posted to our web site. You can get a copy of the latest version of this Notice by contacting the CFD Privacy Officer identified below.

If you have any questions, or if you wish to file a complaint or exercise any rights listed in this Notice, you may contact either of the following:

Privacy Officer
Chesapeake Fire Department
304 Albemarle Drive
Chesapeake, Virginia 23322
Telephone number: (757) 382-6297

Secretary of the Department of Health and Human Services
1800 F Street NW
Washington, D.C. 20405
www.dhhs.gov

A complaint may be made in person, over the phone or by mail.

I hereby acknowledge that I have been provided with a copy of the Chesapeake Fire Department's Notice of Privacy Practices on this date.

Signature

Date

Print Name Of Patient

Patient's Address (Street, City, State, Zip Code)

Effective Date of the Notice: April 14, 2003