Florissant Valley Fire Protection District

**Privacy Practices Notice**

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**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.**

Florissant Valley Fire Protection District is required by law to maintain the privacy of certain confidential health care information, known as “Protected Health Information” (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Privacy Practices Notice (“Notice”) describes your legal rights, advises you of our privacy practices and lets you know how Florissant Valley Fire Protection District is permitted to use and disclose your PHI.

Florissant Valley Fire Protection District is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use and disclose your PHI as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your permission, if we are required by law to do so.

We reserve the right to change the terms of this Notice at any time. Such changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to this Notice will be promptly posted in our facilities and posted to our website, if we maintain one. You can request a copy of this Notice by contacting the Privacy Officer identified below.

***How We May Use and Disclose Your PHI***

The following categories describe different ways that we may use and disclose your PHI, and include some examples to explain such uses and disclosures. Not every use or disclosure in a category will be listed.

#### Treatment. We may use or disclose your PHI to doctors, nurses, emergency medical technicians, and other persons necessary to provide you with medical treatment or services. For example, we may receive or transfer PHI via radio or telephone to the hospital or dispatch center as well as discuss your PHI with nurses and doctors who give us orders to provide emergency treatment to you. In addition, we may disclose your PHI to other health care personnel when we transfer your care and treatment as well as provide the hospital with a copy of the written record we create in the course of providing you with treatment and transport. We may also follow-up with the hospital to find out how you are doing. We may also disclose your PHI to health care providers that treat you later on after the emergency situation, such as your personal physician.

Payment We may use and disclose your PHI to obtain payment for health care services that we provide to you. For example, we may need to use or disclose your PHI when we submit bills to insurance companies, (either directly or through a third party billing agency), address insurance companies’ inquiries about medical necessity determinations, and or institute collection activities on outstanding accounts. We may also provider your PHI to another health care provider or entity for their payment activities (such as the hospital that provides you treatment).

#### Health Care Operations We may use and disclose your PHI as needed to operate the Florissant Valley Fire Protection District and to make sure you receive quality care. For example, we may use or disclose your PHI for quality assurance activities, training programs to ensure 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 and research purposes, and fundraising and certain marketing activities. There are also some circumstances that we are permitted to disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for its own health care operations.

Business Associates We may use or disclose your PHI to certain individuals and companies that we contract with (our “business associates”) so that they can perform the job we have asked them to do. For example, we contract with a billing company to assist use with billing insurance companies and third party payors. We also contract with physician medical directors to oversee the quality of our medical care. To protect your PHI we require our business associates to appropriately safeguard your PHI and to meet the same confidentiality standards that we are required to meet.

Fundraising We may contact you when we are in the process of raising funds for Florissant Valley Fire Protection District or to provide you with information about tax or bond proposals. If we contact you for such purposes, we will give you the opportunity to tell us that you do not want us to contact you again in the future.

Persons Involved in Your Care or Payment for Your Care

We may disclose PHI to a family member, a close personal friend or any other person who is involved in your care, if we obtain your verbal agreement to do so, or if we infer from the circumstances that you do not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), 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. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort (for example, the American Red Cross) so your family can be notified about your condition, status or location.

Special Circumstances We may also use or disclosure your PHI to specific individuals or entities for the following specific purposes:

\*If federal, state or local law requires that we do so;

\*For health care fraud and abuse detection or for activities related to compliance with the law;

\*For certain public health activities such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report 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, inspection, 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 the information is needed to located 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 heir duties as authorized by law;

\*If you are an organ donor, 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 (such disclosures will be subject to strict oversight and approvals and PHI will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law); and

\*If you are an inmate or under the custody of a law enforcement official, as necessary (1) for a correctional institution to provide you with health care, (2) to protect your health or safety or the health and safety of others, or (3) for the safety and security of the correctional institution or law enforcement.

We may also use or disclose your health information 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 above, will only be made with your specific written authorization. You may revoke your specific authorization at any time, in writing, except to the extent that we have already used or disclosed your PHI in reliance of that specific authorization.

##### Your Rights

Although the PHI that we create, receive and maintain is the physical property of the Florissant Valley Fire Protection District, you have the following rights with respect to your PHI that we maintain.

Right to a copy of our Notice of Privacy Practices

You have a right to have a paper (or if you allow us, electronic) copy of our current Notice of Privacy Practices at any time by contacting the Privacy Officer listed at the end of this notice. In addition, a copy of the current version of our Notice will always be posted on the public Bulletin Board outside of our Administrative Offices at 605 St. Catherine St., Florissant, Missouri 63031. If we maintain a website, we will prominently post a copy of this notice on the website that will be available electronically.

Right to access, inspect and copy your PHI

You have the right to inspect (which means see or review) and receive a copy of most of your PHI that we maintain. If you would like to inspect or receive a copy of medical information about you, you should contact the Privacy Officer at the end of this notice. We may charge you a reasonable copying fee. In limited circumstances, we may deny you access to your PHI; however, depending upon the reason for the denial, you may have the right to appeal our decision.

Right to have your PHI amended

You have the right to request that we amend (correct) medical information about you that we maintain if you believe that we have information that is either inaccurate or incomplete. We are permitted by law to deny your request 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 your PHI that we maintain, you should contact the Privacy Officer listed at the end of this Notice.

Right to Request an Accounting of Our Disclosures of your PHI

You may request an accounting (a “list”) from us of disclosures of your PHI that we have made in the last six years prior to your request, but after April 13, 2003. We are not required to give you an accounting of certain disclosures, such as disclosures for purposes of treatment, payment or health care operations, disclosures to our business associates, or disclosures that are pursuant to your written authorization. If you wish to request an accounting of disclosures that are not exempted from the accounting requirement, you should contact the Privacy Officer listed at the end of this Notice.

Right to Request Restrictions on Uses and Disclosures of your PHI

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. We are not required to agree to your request to restrict our uses and disclosures of your PHI, but if we do, we will comply with your request unless the PHI is needed to provide you with emergency treatment. If you wish to request a restriction, you should contact the Privacy Officer listed at the end of this notice.

Right to Request Confidential Communications

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you should contact the Privacy Officer listed at the end of this notice

For More Information or to Report a Problem.

You have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, in writing, 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 with the federal government. Should you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may hand-deliver your complaint or mail it to us at the following address:

Mark Flauter, Privacy Officer

Florissant Valley Fire Protection District

661 Saint Ferdinand St.

Florissant, Missouri 63031

(314) 837-4894

To file a written complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights

U.S. Department of Health and Human Services

601 East 12th Street – Room 248

Kansas City, MO 64106

*Effective Date of the Notice:* April 14, 2003