

## **EUGENE SPRINGFIELD FIRE NOTICE OF PRIVACY PRACTICES**

**IMPORTANT: 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 AND READ IT CAREFULLY.**

Eugene Springfield Fire (ESF) is committed to protecting your personal health information. We are required by law to maintain the privacy of health information that could reasonably be used to identify you, known as "protected health information" or "PHI." We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your Protected Health Information (PHI).

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

### **Detailed Notice of Privacy Practices**

#### **Uses and Disclosures of Your PHI We Can Make Without Your Authorization**

**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 healthcare 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.

**Payment.** This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to another healthcare

provider or entity for the payment activities of the provider or entity that receives PHI (such as your hospital).

**Healthcare 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, fundraising, and certain marketing activities.

**Fundraising.** We may contact you when we are in the process of raising funds for ESF, or to provide you with information about our annual subscription program. We may also share your PHI with another organization that may contact you to raise money on our behalf. If ESF does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from ESF by contacting us.

**Reminders for Scheduled Transports and Information on Other Services.** We may contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

#### **Other Uses and Disclosure of Your PHI We Can Make Without Authorization.**

ESF is also permitted to use or disclose your PHI *without* your written authorization in situations including:

- ◇ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ◇ To a family member, relative, or close personal friend or individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object and you do not. We may also disclose PHI to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that 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 incapable 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. For

example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and update them on your vital signs and treatment that is being administered.;

- ◇ 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 child or adult abuse, 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 healthcare 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 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 PHI 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; and
- ◇ For research projects, but this 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.

#### **Uses and Disclosures of Your PHI That Require Your Written Consent**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Specifically, we must obtain your written

authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. **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.**

**All requests for inspection, copies, amendment, accounting of use and disclosure, restriction, and request for confidential communications must be made in writing to the HIPAA Compliance Officer.**

### **Your Rights Regarding Your PHI**

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

***Right to access, copy or inspect your PHI.*** You have the right to inspect and copy most of the medical information that we collect and maintain about you. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI, and we will provide a written response if we deny you access and let you know your appeal rights. We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative), and you clearly identify the designated person and where to send the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

***Right to request an amendment of your PHI.*** You have the right to ask us to amend PHI that we maintain about you. When required by law to do so, we will amend your PHI 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 in certain circumstances, such as when we believe that the information you have asked us to amend is correct.

***Right to request an accounting of uses and disclosures of your PHI.*** You may request an accounting from us of disclosures of

your PHI. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends, or (d) for disclosures made for law enforcement or certain other governmental purposes.

***Right to request restrictions on uses and disclosures of your PHI.*** You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. ESF is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid Eugene Springfield Fire in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment. A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by Eugene Springfield Fire as long we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.

***Right to notice of a breach of unsecured PHI.*** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact the HIPAA Compliance Officer, to make ESF aware of this preference and to provide a valid email address to send the electronic notice. You may withdraw your agreement to receive notice by email at any time by contacting the HIPAA Compliance Officer.

***Right to request confidential communications.*** You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, we will only comply with reasonable requests when

required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact the ESF HIPAA Compliance Officer.

### **Internet, Email and the Right to Obtain Copy of Paper Notice**

A copy of this Notice is posted on our web sites at [www.ci.springfield.or.us/dept\\_fir.htm](http://www.ci.springfield.or.us/dept_fir.htm) or [www.eugene-or.gov/274/Privacy-Rights](http://www.eugene-or.gov/274/Privacy-Rights). 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**

ESF is required to abide by the terms of the version of this Notice currently in effect. However, ESF 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 on our web site.

### **Your Legal Rights and HIPAA Complaints**

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 that your privacy rights have been violated. Should you have any questions, comments or complaints, you may direct all inquiries to the ESF HIPAA Compliance Officer. Individuals will not be retaliated against for filing a complaint with us or the government.

**If you have any HIPAA questions, comments or complaints or wish to exercise any rights listed in this Notice, please contact the ESF HIPAA Compliance Officer:**

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**Effective Date of the Notice: July 1, 2018**