

# Charter Township of Redford Fire Department - Emergency Medical Response Unit -

## Notice of Privacy Practices effective April 14, 2003

***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 Charter Township of Redford Fire Department is required by law to keep your health care information confidential and to maintain its privacy. This information, referred to as Protected Health Information (PHI), includes all information you provide to us, including your name, social security number, birth date, medical condition, or treatment history. The Department is also required by law to provide this notice to you to explain your rights, and the legal duties the Department owes to you, in regard to your PHI, as well as to provide you with information on our privacy policies and practices designed to keep your PHI confidential. Most importantly, this notice provides you with information regarding how or why the Department may be required or permitted to use and disclose your PHI. There are many situations in which the Department will use or disclose your PHI without your authorization. However, there are situations in which the Department will be required first to obtain your authorization in order to use or disclose your PHI.

### Permitted Uses and Disclosures of PHI Without your Authorization

The Department will use or disclose your PHI, without your authorization, to render treatment to you, to obtain payment for the treatment provided to you, and to operate and manage its business. For example --

For treatment. The Department, while attending to you or transferring you to a medical facility, will need to discuss your PHI with, or give written documents referencing your PHI to, other medical personnel, such as doctors and nurses, in order to give you proper emergency medical treatment. At times, emergency room staff may ask specific questions about your medical condition so that they can render effective treatment to you. As another example, we may discuss your PHI with a dispatcher so that we can verify your location and respond to your emergency call.

For payment. The Department will use and disclose your PHI in order to obtain payment for the services provided to you. In this regard, the department may use your PHI to compile information for billing purposes, or it may disclose your PHI to an outside company, such as an insurance or billing company, to process claims for payment. For example, the Department may disclose your PHI to your receiving hospital to confirm information about you for purposes of obtaining payment, or may disclose your PHI to a billing company to collect payment. To the extent the Department discloses your PHI to an outside billing company to process claims or collect payments on its behalf, the Department will require that the company promise, in writing, to maintain the confidentiality of your information.

For health care operations. The Department will use and disclose your PHI for its health care operations, such as quality assurance activities and training programs. For example, the Department may discuss its response to your emergency call in order to evaluate its service. These activities and programs are generally intended to ensure that Department staff continue to meet a high standard of care and comply with the Department's policies and procedures. The Department also may use or disclose your PHI for legal or financial purposes. For example, the Department may disclose your PHI to an attorney who is representing us in a legal action. There are other situations in which the Department will use or disclose your PHI without your authorization. Below are additional examples of how the Charter Township of Redford Fire Department may use or disclose your PHI --

To investigate health care fraud and abuse as may be required by 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, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information 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 health information 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 we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;

To a public health authority to report a birth, a death or a disease as may be required by law, or for purposes of a public health investigation. The Department will also disclose your PHI to public health authorities that oversee our operations and assist the Department in transporting you, in an emergency situation, to an available hospital. The Department also will disclose your PHI if required by law to report 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;

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 the information is needed to locate a suspect or stop a crime. However, if it is known or suspected that you have been injured as a victim of a crime, the Department will seek your permission to disclose your PHI to law enforcement officials. If you are unable to give your permission due to injury or incapacitation, the Department will only disclose your PHI if (1) the law enforcement officer represents that such information is needed to determine whether a violation of law by a person other than you has occurred, and represents that such information is not intended to be used against you; (2) represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to give permission; and (3) if the Department determines, in the exercise of professional judgement, that the disclosure is in your best interest.

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;

To support research projects, but any disclosure in this regard will be subjected 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;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Fundraising. We may contact you when we are in the process of raising funds for the Department, or to provide you with information about our annual subscription program.

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). **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 rights

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

*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. The Department is not required to agree to any restrictions you request, but any restrictions agreed to by the Department are binding on the Department.

*The right to receive confidential communications of your PHI.* This means that you may request that we communicate with you in a specific manner. For example, you may request that we contact you only at work, or that we mail information to you only at a given address. Please note that the department is not required to accept your request; however, the Department will give consideration to any reasonable request. Please contact the privacy officer listed below for information on receiving confidential communications.

*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 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. If you wish to inspect and copy your medical information, you should contact the 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. 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 accounting 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, 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. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

*The right to obtain a paper copy of this notice from the department upon your request.* If we maintain a web site, 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. However, upon your request, the department is required to forward a paper copy of this notice to you.

*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 identified below. However, the Department is required by law to comply with the terms of this Notice which is currently in effect.

*Your Legal Rights and 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 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. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice.

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

Privacy Officer  
Charter Township of Redford Fire Department  
15145 Beech Daly  
Redford, Michigan 48239

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(Cut along dotted line)

Please return this Acknowledgement to the Charter Township of Redford Fire Department (address)

I \_\_\_\_\_ acknowledge receipt of the Charter Township of Redford Fire Department Notice of Privacy Practices on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name