

NOTICE OF PRIVACY PRACTICES OF THE CARLSBAD FIRE DEPARTMENT

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Your health information is personal, and we are committed to protecting it. Your health information influences our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care created by our personnel. (Your physician and/or hospital may have different policies and a different Notice regarding your health information).

I. We Are Legally Required to Safeguard Your Protected Health Information

We are required by law to:

- a. Maintain the privacy of your health information, also known as “Protected Health Information” or “PHI”;
- b. Provide you with this Notice;
- c. Comply with this Notice.

II. Changes to Our Practices and this Notice

We reserve the right to change our privacy practices, and to make any such changes applicable to your PHI received before the change, as well as to information we may receive in the future. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Records Department at (760) 931-2141. We will also make any revised Notice available on our website.

III. Use and Disclosure of your Protected Health Information

The law requires us to obtain your prior authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose your PHI without authorization. This section gives examples of each of these circumstances:

- a. Treatment Uses and Disclosures not Requiring Your Authorization
We may use or disclose your PHI **to provide treatment** to you or for **others to provide treatment** to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care.

We may also use or disclose your PHI to your insurance carrier **for payment for treatment** provided to you. For example, we may use your PHI to create the bills submitted to the insurance company, or we may disclose certain portions of your PHI to our business associates who perform billing and claims processing or other services

for us. We may also disclose your PHI to another health care provider or insurance company for **their payment-related activities**, such as to get paid for treatment provided to you or to process claims under your health insurance plan.

We may also use or disclose your PHI **for our operations related to health care**. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care. We may also provide your PHI to our attorneys, accountants, and other consultants to make sure we are in compliance with the laws that affect us. We may also provide your contact information (such as name, address, and phone number) and the dates you received services from us, to a foundation that helps us with our fundraising efforts. In addition, we may also disclose your PHI to another health care provider, health insurance plan, or health care clearinghouse for purposes of **their operations related to health care**. However, we will only release information if the organization has or has had a relationship with you, and if the PHI they request pertains to that relationship. In addition, we will disclose your PHI to these third parties for limited purposes only, such as conducting quality improvement activities, reviewing the performance of a health care provider, or for training purposes.

There are more stringent requirements for use and disclosure of certain types of PHI, for example, drug and alcohol abuse patient information and HIV tests. However, there are some limited circumstances in which this type of information may be used or disclosed without your authorization.

b. Uses and Disclosures for Which You May Object

If you do not object, we may provide relevant portions of your PHI **to a family member, friend, or other person you indicate** is involved in your health care, or when assisting you to attain insurance coverage or otherwise provide for payment for your health care. We may use or disclose your PHI to notify your family or personal representative of your location or condition. In an emergency or when you are incapable of agreeing or objecting to these disclosures, we will disclose your PHI as we determine is in your best interest. However, if possible, you will have the opportunity to object to future disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

c. Certain Uses and Disclosures Not Requiring Authorization

The law allows us to disclose your PHI without your authorization in the following circumstances:

1. **When Required by Law** - We disclose your PHI when required by federal, state, or local law.
2. **For Public Health Activities** - When we report adverse reactions to a drug or medical device, or to notify a person who may have been exposed to a disease in compliance with applicable law. We may also report your PHI to the local emergency medical services agency in connection with its oversight role of

ambulance services. We may also use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.

3. **Reports About Victims** - We will disclose your PHI in abuse, neglect, or domestic violence reports only if required or authorized by law to do so, or if you otherwise agree.
4. **Health Oversight Agencies** - We will provide your PHI, as requested, to government agencies who audit or investigate our operations.
5. **Lawsuits and Disputes** - If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court order or administrative order. We may also disclose your PHI in response to a subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request (which may include written notice to you), or to obtain a court order that will protect the PHI requested.
6. **Law Enforcement** - We may release your PHI as permitted by law, if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order issued by a court in the county in which the records are located, grand-jury subpoena, court-ordered warrant, administrative request or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; or (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description, or location of the person who committed the crime.
7. **Coroners, medical examiners or funeral directors** - We may disclose your PHI to facilitate their duties.
8. **Organ Procurement Organizations** - We may disclose your PHI to expedite organ donation and transplantation.
9. **Avert a Serious Threat to Health or Safety** - We may disclose your PHI to an agency who can help to prevent a serious threat to your health and safety or the health and safety of another person or the public.
10. **Specialized Government Functions** - We may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state, or conduct special investigations authorized by law.
11. **Workers' Compensation** - We may provide your PHI to Workers' Compensation or similar programs so that you may obtain benefits for work-related injuries or illness.

12. If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official as necessary for the institution to provide you with health care, to protect your health or safety or that of others, or for the safety and security of the correctional institution.

IV. Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will only be made with your written authorization. If you give us written authorization for use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes specified in the written authorization. However, we are unable to take back any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance on your authorization. We are also required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. Your Rights Related to Your Protected Health Information

a. Limits on Uses and Disclosures of Your PHI

You have the right to ask us to limit how we use and disclose your PHI, with the exception of uses and disclosures required or authorized by the Secretary of the Department of Health and Human Services, related to our facility's patient directory, or the disclosures described in Section III above. Any such request must be submitted in writing to our Privacy Officer. We are not obligated to submit to your request. If we agree, we will put the agreement in writing, and will abide by the agreement except under emergency circumstances.

b. How We Communicate With You

You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request, as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.

c. See and Copy Your PHI

Except for limited circumstances, you may request, in writing, to review and copy portions of your PHI that may be used to make decisions about your care. Any such request must be addressed to our Records Department. We may deny your request in specific instances, but will notify you in writing of the reasons for the denial, and explain your rights with regard to having the denial reviewed. If you would like us to copy your PHI, there is a \$10 (\$15 if by subpoena) processing fee. Alternatively, with your agreement, we may provide you with a summary or explanation of your PHI, if accompanied with the appropriate payment.

d. Correct or Update Your PHI

If you believe that your PHI is incomplete or incorrect, you may request an amendment in writing, advising us why you think the amendment is appropriate. In addition, the following procedures apply:

Your request will not be processed if it is not in writing or does not tell us the reason(s) for the amendment. We will inform you in writing as to whether the amendment will be accepted or denied. If the amendment is accepted, we will ask you whom else you would like us to notify of the amendment. We may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person who created the information is no longer available to make the amendment;
2. Is not part of your PHI;
3. Is not part of the PHI that you would be allowed to see or copy;
4. Or, your PHI is determined by us to be accurate and complete.

If we deny the amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

Any request covered by paragraph d. must be made in writing and must be addressed to our Records Department.

e. Get a List of the Disclosures We Have Made

You have the right to get a list of instances in which we have disclosed your PHI. The list will not include certain disclosures, such as disclosures we have made for treatment, payment and health care operations purposes, those that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to our Records Department. The list we provide will include disclosures made within the last six years (except not for those made prior to April 14, 2003) unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

f. Get a Paper Copy of This Notice

Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by

contacting the Records Department at 931-2141. The Notice is also available in our website.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing, and address it to: Privacy Officer, EMS Battalion Chief, 1635 Faraday Avenue, Carlsbad, CA, 92008. **There will be no retaliatory action against you for filing a complaint.** You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

Effective Date: 4/14/03.