

Notice of Privacy Practices
Effective Date April 28, 2004

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

OUR COMMITMENT TO YOUR PRIVACY

The Orange Village Fire Department is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will receive, use, and create medical information and records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy of your PHI. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in this Department concerning your PHI. By law, we must follow the terms of the notice of privacy practices currently in effect.

This Notice applies to all your PHI created, used, or retained by this Department and describes the different ways we may use or disclose this information. It also describes certain rights that you have with respect to your PHI. We reserve the right to revise or amend this Notice and to make the new notice provisions effective for all PHI that we maintain. We will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. Our Privacy Officer is Lt. Eric M. Strauss, Orange Fire Department.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

Treatment. We may use or disclose medical information about you to provide you with 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 health care personnel to whom we transfer your care and treatment, and the 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. We may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. As another example, we may disclose your PHI to other health care providers for their payment purposes.

Health Care Operations. We may use and disclose your PHI for our health care operations. These uses and disclosures help us maintain and improve patient care. For example, we may use your PHI to evaluate the quality of care you received from us.

Family and Friends. We may disclose your PHI to your family members or close friends involved with your medical care. In most instances, we will inform you of the disclosure and give you an opportunity to agree or object.

Disaster Relief Efforts. We may disclose your PHI for notification purposes to assist in disaster relief efforts. In most instances, we will inform you of the disclosure and give you an opportunity to agree or object.

Required By Law. We will use or disclose your PHI when we are required to do so by federal, state, or local law.

Public Health Activities. We may use or disclose your PHI for public health activities such as disclosing your PHI to a public health authority authorized by law to collect or receive information for the purposes of preventing or controlling disease.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose your PHI to a governmental authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

Lawsuits and Similar Proceedings. We may disclose your PHI in response to a court or administrative order, so long as we follow certain procedures required by Ohio or federal law.

Law Enforcement Purposes. We may disclose your PHI if asked to do so by a law enforcement official, so long as we follow Ohio and federal law.

Deceased Patients. We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release PHI to funeral directors to allow them to perform their jobs.

Organ and Tissue Donation. We may disclose PHI about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye donations and transplants.

Research Purposes. We may use or disclose your PHI for research purposes if we follow a special approval process.

Serious Threats to Health or Safety. We may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person.

Specialized Government Functions. We may use or disclose your PHI if you are a member of the Armed Forces, including members or foreign armed forces, where deemed necessary by appropriate military command authorities, to authorized federal authorities for national security and intelligence purposes, and for the protection of the President of the United States or other heads of state. In some circumstances, we may use or disclose the PHI of inmates of correctional facilities.

Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with Ohio's laws relating to workers' compensation.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

As described above, we will use and disclose your PHI for treatment, payment, and health care operations, and when permitted or required by law. We will not use or disclose your PHI for other reasons without your written authorization. You may revoke your authorization, in writing, at any time, but we cannot take back any uses or disclosures of your PHI already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI

Confidential Communications. You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location.

Right to Request Restrictions. You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but we are not required to agree to the restriction. We cannot agree to limit uses or disclosures that are required by law.

Inspection and Copies. You have the right to inspect and to obtain copies of your PHI that may be used to make a decision about your care. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. In limited circumstances, we may deny your request to inspect and copy your protected health information and the reason for denial will be provided to you. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed.

Amendment. You have the right to request that we amend (correct, supplement) your PHI that we maintain. This request must be submitted in writing. If we believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. We may deny your request under certain circumstances. If we do, a reason for the denial will be provided to you and you will be permitted to submit a written statement of disagreement to us to be kept with your PHI.

Accounting of Disclosures. You have the right to receive an accounting of some of the disclosures of your PHI. This list must be submitted in writing and include your name, title, and address. The accounting may not exceed a period of six years prior to the request and may not include dates before 4/14/03. There will be no charge for up to one list per year. For additional lists, there may be a fee to cover the cost of preparing the list.

Right to Paper Copy of this Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with this Department or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR WOULD LIKE TO EXERCISE ANY OF YOUR RIGHTS UNDER THIS NOTICE, PLEASE CONTACT: Lt. Eric M. Strauss, Orange Village Fire Department, 4600 Lander Road, Orange Village, OH 44022. Telephone: (440) 498-4402

ORANGE VILLAGE FIRE DEPARTMENT

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the use or disclosure of my Protected Health Information as described below. I understand that this authorization is voluntary.

Individual's Name: _____

Individual's S.S.N.: _____

Person/Entity authorized to provide the information: _____ Person/Entity
authorized to receive the information: _____

Specific description of the information including (if practicable) the date(s) of services related to the information: _____

The purpose of the use or disclosure is: At the request of the Individual (Check box if applicable)

Other: (Please list purpose for each use or disclosure) _____

I understand that if the person or entity authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

I understand that my health care and the payment of health care will not be affected if I do not sign this authorization form.

I understand that I may see and copy the information described in this Authorization Form, and that I will receive a copy of this Authorization Form after I sign it.

I understand that this Authorization expires on _____ or the date the following event occurs:
_____ (describe event or write 'not applicable').

I understand that I may revoke this Authorization at any time by written notice to the Orange Fire Department's Privacy Officer _____ at _____.

I understand that if I revoke this authorization, the revocation will not have any effect on actions taken by the Orange Village Fire Department before receiving my revocation. I also understand that more information regarding the revocation of this Authorization may be covered in the Orange Village Fire Department's Notice of Privacy Practices.

Signature of Individual or Legal Representative

Date

Relationship if Legal Representative

(Except for Legal Representatives acting in capacity as a parent to the patient, a copy of documentation giving the Legal Representative the authority to sign this Authorization must be attached.)

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION