

**Claycomo Fire Department  
PRIVACY PRACTICE NOTICE**

**I. This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please read carefully.**

**II. We have a legal duty to safeguard your protected health information (PHI).**

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes the information that can be used to identify you that we have created or received about your past, present, or future health or condition(s), the provision of health care provided to you, and/or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. We will not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. **How we may use and disclose your protected health information.**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent. You may revoke the consent to disclose information in writing at any time except 1) action has already been taken, or 2) if the authority was obtained as a condition of obtaining insurance coverage. Below we describe the different categories of our uses and disclosures and give you some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Require Your Prior Written Consent.**

We may use and disclose your PHI with your authorization for the following reasons:

1. **For treatment:** We may disclose your PHI to physicians, nurse, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a lower back injury, we may disclose your PHI to the receiving facility in order to coordinate your care. We may also discuss your medical information with a family member who is involved in your care.
2. **To obtain payment for treatment:** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also discuss PHI about you with a family member who helps pay for your care.
3. **For health care operations.** We may use your PHI in order to evaluate the quality of health care services you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to others to make sure we are complying with the laws that effect us.

**B. Exceptions to Consent Requirement for Treatment, Payment, and Health Care Operations.**

Although your consent is required for numbers 1-3 of Section A above, we may disclose your PHI to others without your consent in certain situations. Your consent also is not required if you need emergency treatment as long as we try to get your consent after treatment or we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain), and we think you would consent if you were able to do so.

**C. Certain Uses and Disclosures That Do Not Require Your Written Consent.**

We may use and disclose your PHI with or without your authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement.** For example, we make disclosures when law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; or when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, we report information about births and deaths to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
3. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **To avoid harm.** In order to avoid a serious threat to health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. **For worker's compensation purposes.** We may provide PHI in order to comply with worker's compensation laws.

**III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask in writing that we limit how we use and disclose you PHI. We will consider your request but are not legally required to agree to your requested restriction. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send PHI and Communicate with You.** You have the right to ask that we send PHI to you by an alternative method. We must agree to your request as long as we can easily provide it in the format requested. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing to Fire Chief, specifying how or where you wish to be contacted.
- C. **The Right to Inspect and Copy your PHI.** In most cases, you have the right to review your medical records on site at our facility and to obtain copies of medical information that may be used to make decisions about your care. In certain very limited situations, we may deny your request to review and obtain copies of PHI. If we do, we will notify you in writing with our reasons for the denial. If your request is for copies of your PHI, there will be an associated charge. Requests will be honored in five (5) business days.
- D. **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed PHI about you. Your request must be made in writing and submitted to the Fire Chief, stating a specific time period, not longer than 6 years and may not include dates prior to February 26, 2003. This list will not include uses or disclosures that you have already authorized, such as those for treatment, payment, or health care operations made directly to you, to your family, in our facilities or apparatus. Facilities include but are not limited to any public or private building, residence, mine/quarry, industrial place, street or highway, residential institution, and any other unspecified place where service has been requested and/or provided.
- E. **The Right to Correct or Update Your PHI.** If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide the request and your reason for the request in writing and submit it to the Fire Chief. We may deny your request in writing if the PHI is (1) correct and complete; (2) not created by us; (3) not allowed to be disclosed; (4) not part of our records; or (5) your request is not in writing or does not include a reason to support the request. If we approve your request, we will make the change to your PHI, tell that we have done it, and inform others that need to know about the change to your PHI. If we deny your request, our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request in writing that your initial request and our written denial be attached to all future disclosures of your PHI.
- F. **The Right to Request Restrictions of Limitations on the PHI We Use or Disclose about You for Payment or Health Care Operations.** You also have the right to request a limit in the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific medical condition or surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Fire Chief. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example – disclosures to your spouse.
- G. **The Right for a Paper Copy of this Notice.** You have a right to receive a paper copy of this notice at any time during business hours or upon receipt of care.