



DRAPER CITY FIRE DEPARTMENT

NOTICE OF PRIVACY PRACTICES

Effective Date: _____

IMPORTANT NOTICE

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

OUR COMMITMENT TO YOUR PRIVACY

The Draper City Fire Department (DCFD), as an Emergency Medical Services (EMS) provider, is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) to protect the privacy of your health information.

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI);
- Provide you with this Notice of our legal duties and privacy practices;
- Notify you if a breach of your unsecured PHI occurs; and
- Follow the terms of this Notice currently in effect.

Protected Health Information (PHI) includes information that identifies you and relates to your past, present, or future physical or mental health condition, the care provided to you, or payment for that care.

We respect your privacy and treat all healthcare information with strict confidentiality.



HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI without your written authorization for the following purposes:

1. Treatment

We may use and share your PHI to provide medical care and services.

Examples include:

- Obtaining medical information from you, family members, or other providers;
- Sharing information with doctors, nurses, hospitals, or other EMS providers;
- Transmitting information by radio, phone, or electronic means to a hospital or dispatch center;
- Providing patient care reports to receiving medical facilities.

2. Payment

We may use and disclose your PHI to bill and receive payment for services.

Examples include:

- Submitting claims to insurance companies, Medicare, or Medicaid;
- Verifying insurance coverage;
- Performing medical necessity reviews;
- Using third-party billing services (Business Associates);
- Collecting unpaid balances.

3. Healthcare Operations

We may use your PHI for activities necessary to operate our department and ensure quality care.

Examples include:



- Quality improvement and assurance activities;
- Licensing and accreditation;
- Training and education;
- Audits and compliance reviews;
- Business planning and administrative services;
- Legal and financial services.

We may also create reports that do not personally identify you.

4. Business Associates

We may contract with third parties (such as billing companies or IT providers) to perform services on our behalf. These entities (Business Associates) are required by law and written agreement to protect your PHI.

OTHER PERMITTED USES AND DISCLOSURES

We may also disclose your PHI without your written authorization when permitted or required by law, including:

- To other healthcare providers for treatment, payment, or healthcare operations;
- To a family member, friend, or other person you identify, to the extent directly relevant to their involvement in your care, and consistent with your wishes or as permitted by law;
- For public health reporting (abuse, neglect, domestic violence, communicable diseases, births, deaths);
- For government audits, inspections, and investigations;
- In response to court orders, subpoenas, or legal processes;
- For law enforcement purposes in limited circumstances;
- To prevent a serious threat to health or safety;
- For military or national security purposes;
- For workers' compensation claims;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;



- To correctional institutions when required;
- For approved research under strict privacy safeguards;
- For healthcare fraud and abuse investigations.

We may also use or disclose information that does not personally identify you.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization for any use or disclosure not described in this Notice.

We must obtain written authorization before:

- Using or disclosing psychotherapy notes (if applicable);
- Using your PHI for marketing where we receive payment;
- Selling your PHI.

Note on Substance Use Disorder Records

If we create, receive, or maintain substance use disorder (SUD) patient records subject to 42 CFR Part 2, these records have additional heightened protections. We cannot use or disclose Part 2 SUD records in legal proceedings against you without your consent or as otherwise permitted by law (for example, a court order when required).

You may revoke your authorization at any time in writing, except where we have already relied upon it.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

1. Right to Access and Obtain Copies



You may inspect and request copies of most medical and billing records we maintain about you.

- Requests must be made in writing.
- We generally respond within 30 days.
- Electronic copies are available if maintained electronically.
- You may request records be sent directly to another person.
- A reasonable fee may apply.
- Certain denials may be appealed.

2. Right to Request Amendment

You may request correction of information you believe is incorrect or incomplete.

- Requests must be made in writing.
- We generally respond within 60 days.
- We may deny certain requests but will provide a written explanation.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures made within the past six (6) years.

This does not include disclosures for treatment, payment, or healthcare operations; disclosures made to you; disclosures made with your authorization; or certain law enforcement or government purposes.

4. Right to Request Restrictions

You may request restrictions on certain uses and disclosures.

We must agree if the disclosure is to a health plan for payment or healthcare operations and you paid in full out-of-pocket for the service.

Other requests may be denied, but any approved restriction will be honored except in emergencies.



5. Right to Confidential Communications

You may request that we communicate with you in a specific way or at a specific location. Requests must be made in writing.

6. Right to Breach Notification

If your unsecured PHI is breached, we will notify you in writing within 60 days and provide details about the incident and steps you may take.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain and will be effective immediately upon posting. The most current version will be available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- Draper City Fire Department (contact Privacy Officer below); or
- The U.S. Department of Health and Human Services, Office for Civil Rights (see <http://www.hhs.gov/hipaa/filing-a-complaint/index.html> for details).

You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

Privacy Officer / Records Manager
Draper City Fire Department

Email: fire.department@draperutah.gov

Phone: 385-557-2800