



East Jefferson Fire Rescue Privacy Statement

Notice of Privacy Practices

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

East Jefferson Fire Rescue EMS understands that your health information is personal and private. We are committed to protecting the privacy of your health information and the health information of your family members that we receive and maintain. This health information is referred to in this Notice as "your protected health information" or PHI. This notice describes your legal rights, advises you of our privacy procedures, and lets you know how East Jefferson Fire Rescue EMS is permitted to use and disclose PHI about you. East Jefferson Fire Rescue EMS is an emergency provider; therefore, it is legally acceptable to use information prior to obtaining immediate consent in certain situations. East Jefferson Fire Rescue EMS is required by law to abide by the terms of the privacy notice currently in effect. East Jefferson Fire Rescue EMS reserves the right to change the terms of its notices and to make the new notice provisions effective for all PHI that it maintains. East Jefferson Fire Rescue EMS will post new notice provisions on our website, www.ejfr.org and will make the notice available at 24 Seton Road Port Townsend WA 98368.

How Your Personal Health Information May be Used and Disclosed

Uses and Disclosures of PHI: East Jefferson Fire Rescue EMS may use PHI for the purposes of treatment, payment, and other health care operations. For example, East Jefferson Fire Rescue EMS may use your PHI in the following instances:

- **Treatment**: This includes verbal communications and written documentation obtained regarding your medical condition and treatment.
- **Payment**: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- **Health Care Operations**: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- **Other Uses and Disclosures of PHI without your written authorization**: East Jefferson Fire Rescue EMS is authorized to disclose PHI without patient consent, authorization, or written permission in certain situations, including:
 - o For the treatment, payment or health care operations activities of another health care provider who treats you;
 - o For health care and legal compliance activities;
 - o To disclose treatment information to a family member, other relative, or close personal friend or other individual directly involved in the individual's care, to make payment related to the individual's health care, and in circumstances required or permitted by HIPAA (e.g., in the case of an emergency or natural disaster);
 - o To personal representatives;
 - o To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
 - o 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;
 - o 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;
 - o For law enforcement activities in limited situations;
 - o For military, national defense and security and other special government functions;
 - o To avert a serious threat to the health and safety of a person or the public at large;
 - o For workers' compensation purposes, and in compliance with workers' compensation laws;
 - o To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying out their duties as authorized by law;
 - o 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;
 - o For limited data sets. We may use and disclose a limited data set that does not contain specific, readily identifiable health information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual; or
 - o For research projects, subject to strict oversight and approvals.

- **Part 2 Program Substance Use Disorder Patient Information:** We may receive or maintain substance use disorder (“SUD”) treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 (“Part 2 Program”). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

Your Written Authorization to Release Information

In addition to the uses and disclosures of protected health information described in this Notice or as provided in HIPAA regulations, your protected health information will be used or disclosed only with your written permission. If you give us your written authorization to use or disclose your protected health information, you may revoke that permission, in writing, at any time, but not for any actions we have already taken. If you revoke your permission, you must be specific about which entity's permission is being revoked.

Your Rights Regarding Your Protected Health Information

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

- The right to access, copy, or inspect your **PHI**. You may be charged a reasonable cost-based fee for copying and mailing the requested information. Your request should be made in writing to the Privacy Official. We may deny your request in some circumstances, but we will provide a written response if we deny you access and inform you of how to appeal a denial;
- The right to amend your PHI, unless we determine the information is accurate and complete without the amendment;
- The right to request an accounting of disclosures of your PHI other than those for treatment or health care operations, to you about your own PHI incident to an otherwise permitted use or disclosure, pursuant to an authorization, for national security or law enforcement purposes, or that occurred prior to the covered entity's HIPAA compliance date. A reasonable fee may be charged if you request more than one accounting in a twelve-month period;
- The right to receive confidential communications of PHI in an alternative manner or to an alternative location if you believe that a disclosure by mail to your address on file in our records could endanger you. Your request should be made in writing to the Privacy Official. It is our policy to accommodate reasonable requests for confidential communications if you clearly state that the disclosure of all or part of your PHI could endanger you.
- The right to request restrictions on certain uses and disclosures of your **PHI**, although East Jefferson Fire Rescue EMS is not required to agree to all requested restrictions; and
- The right to obtain a copy of East Jefferson Fire Rescue's privacy policy upon request.
- The right to receive notification of a breach of your private health information.

To invoke any of your rights regarding your **PHI**, please contact the Privacy Officer at the end of this notice.

Complaints and Questions

Legal Rights and Complaints:

If you have questions or if you wish to file a complaint or exercise any rights Listed in this notice, please contact the Privacy Official:

Privacy Officer
East Jefferson Fire Rescue
24 Seton Road
Port Townsend, WA 98368
360-385-2626

You may complain to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. The U.S. Department of Health and Human Services can be contacted at:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll free: 1-877-696-6775
<http://www.hhs.gov/contacts>

You will not be retaliated against for filing a complaint.

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