

NOTICE OF PRIVACY PRACTICES 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.

This Notice of Privacy Practices is provided to you as required by Section 164.520 of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

This notice describes the practices of the City of Hillsboro Fire & Rescue (HFD) with regard to your protected health information. Affiliated providers of the HFD may have different privacy practices from those described in this notice. For more information about the privacy practices of affiliated providers, please contact them directly.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information, and your privacy rights. The delivery of your services will in no way depend upon your signed acknowledgment. If you decline to sign an acknowledgment, we will continue to provide your services. We can and will also use and disclose your protected health information for provision, payment, and reporting of services, when necessary.

Our Duties and Responsibilities Regarding Your Protected Health Information

We understand that your medical and health information is personal and that protecting your health information is important. "Protected health information" is individually identifiable health information which includes items such as name, age, address, social security number, e-mail address, etc. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. HFD is required by law to do the following:

- Maintain the privacy of your health information
- Provide this notice that describes the ways that we may use and share your protected health information
- Follow the terms of the notice currently in effect

We reserve the right to change this notice. **The effective date of this notice is August 22, 2005.** We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Should the Notice of Privacy Practices change, the revised notice will be posted in our office and available on our website at www.hillsboroohio.net. Upon your request, a copy of the revised notice will be provided to you. For more information about the practices and rights described in this notice visit our website. If you are concerned that

your privacy rights have been violated or disagree with a decision that was made about access to your health information, contact the HFD Privacy Officer. You may also file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your protected health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a subcontractor, such as a third-party clearinghouse, who provides our billing services. This would also apply to other HFD personnel who are involved with providing your services.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the HFD might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, your information may be shared with a business associate, such as a lead agency to arrange payment for life squad/emergency services.

Health Care Operations

We will use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, monitoring exercises, investigations, and oversight or staff performance reviews, communications about a service, conducting or arranging for other health care related activities, protocol development, case management and care coordination.

For example, we may release your name and phone number to a subcontractor or other provider to arrange a health program or service that you have requested. We may share your protected health information with third-party "business associates" who perform various activities for the HFD. The business associates will also be required to protect your health information. We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or information about other health-related programs and services that might interest you. For example, your name and address may be used to send you a calendar of events that the HFD is sponsoring in your area.

Disclosure to Family Caregivers, and Close Friends

We may disclose to a family member, caregiver, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify the HFD.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Deaths suspected from criminal conduct circumstances pertaining to victims of a crime
- Crimes occurring at the HFD

Research

When authorized by law, we may disclose your protected health information to researchers if an institutional review board that has established protocols to ensure the privacy of your protected health information has approved their research proposal.

Criminal Activity

Under applicable federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to the HFD Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. Please be aware that the HFD might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in your client record for as long as we maintain the protected health information. A client record contains medical, financial, and service information and any other information necessary to provide services to you. Under certain circumstances, such as protected health information that is subject to law that prohibits access, you may be denied access to your information. You may request a review of this denial.

Right to Request Restrictions

You may ask HFD not to use or disclose any part of your protected health information. We will consider all requests for restrictions carefully, but are not required to agree to any restrictions. Your request must be made in writing to the HFD Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If HFD believes that the restriction is not in the best interest of either party, or cannot reasonably accommodate the request; the HFD is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after August 22, 2005 and no more than 6 years from the date of request. This right excludes disclosures made to you, an individual designated by you, persons involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You have the right to receive a paper copy of this Notice of Privacy Practice at any time. To obtain a paper copy, send your written request to the HFD Privacy Officer or visit our website at www.hillsboroohio.net.

FEDERAL PRIVACY LAWS

This HFD Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

COMPLAINTS

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your Protected Health Information, you may file a written complaint with the HFD Privacy Officer or the Office of Civil Rights of the United States Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

CONTACT INFORMATION

You may contact the HFD Privacy Officer for further information about the complaint process, or for further explanation of this document at:

City of Hillsboro Fire & Rescue
108 Governor Trimble Place
Hillsboro, Ohio 45133
Phone (937) 393-2902
FAX (937) 393-3273