

FERNANDINA BEACH FIRE DEPARTMENT

DEPARTMENT FORMS



Notice of Privacy Protection Form

F-21

Approval Signature:
Harvey T. Silcox, Fire Chief

PURPOSE OF THIS NOTICE:

The Fernandina Beach Fire Department is required by law to maintain the privacy of certain confidential health care information, known as protected health information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the FBFD is permitted to use and disclose PHI about you. FBFD is also required to abide by the terms of the version of this Notice currently in effect. We are also required by Federal Law to attempt to obtain your signature or initials acknowledging receipt of this form.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU?

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- 1. FOR 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 includes transfer of PHI via radio or telephone to the hospital 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.
- 2. FOR PAYMENT:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- 3. FOR HEALTH CARE OPERATIONS:** This includes quality assurance activities, licensing, training programs, student education, ride-along programs, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.
- 4. REMINDERS FOR SCHEDULED TRANSPORTS & INFORMATION SERVICES:** We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.
- 5. INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT REGARDING YOUR CARE:** We may release medical information about you to a friend or family member who is involved in your medical care provided you have consented to such disclosure. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- 6. AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- 7. TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- 8. HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 9. LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- 10. LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement, About a death we believe may be the result of criminal conduct, About criminal conduct at the office, In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- 11. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

PATIENT RIGHTS REGARDING MEDICAL INFORMATION

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

- 1. RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Division of EMS listed at the end of this notice. We will normally provide you with access to this information within 30 days of your written request. We may also charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. You will be notified in writing of such denials in addition to any appeal rights that may exist.
- 2. RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the attention of the FBFD Division of EMS. In addition, you must provide a reason that supports your request.
- 3. WE MAY DENY YOUR REQUEST FOR AN AMENDMENT IF IT IS NOT IN WRITING OR DOES NOT INCLUDE A REASON TO SUPPORT THE REQUEST. IN ADDITION, WE MAY DENY YOUR REQUEST IF YOU ASK US TO AMEND INFORMATION THAT:** Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by or for our office; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.
- 4. THE RIGHT TO REQUEST THAT WE RESTRICT THE USES AND DISCLOSURES OF YOUR PHI:** You have the right to restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. FBFD is not required to agree to any restrictions you request, but any restrictions agreed to by the FBFD Division of EMS listed at the end of this notice. In your request, you must tell us: What information you want to limit; Whether you want to limit our use, disclosure or both; and To whom you want the limits to apply, for example, disclosures to your spouse.
- 5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the FBFD Division of EMS listed at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- 6. RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.fbfl.us. To obtain a paper copy of this notice, send a written request to the Fernandina Beach Fire Department, Division of EMS listed at the end of this notice.
- 7. OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.
- 8. F.S.S. 199.071 REGARDING OUR COLLECTION AND USAGE OF YOUR SOCIAL SECURITY NUMBER:** Pursuant to requirements outlined in F.S.S. 119.071, Section (5) OTHER PERSONAL INFORMATION, we are hereby advising you that the collection of your social security number is imperative for the performance of our duties and responsibilities as prescribed by law. Your Social Security Number will be used for billing purposes and to enable other healthcare providers and/or health insurers to identify your records. As such, we are in compliance with such sections of Florida law.
- 9. EMAIL:** Email addresses are considered public record under Florida Law and are not exempt from public-records requirements. If you do not want your email address to be available for release via a public-records request do not send email to this entity or its employees. Instead, contact us by standard mail or telephone.
- 10. LEGAL RIGHTS AND COMPLAINTS:** This notice will be updated when any significant changes in our privacy practices occur. The FBFD reserves the right to change or amend this Notice at any time, and the changes will be effective immediately. We also reserve the right to make any changes effective for PHI that we have created or received prior to the effective date of the Notice provision that was changed. You also have the right to complain to us, or to the Secretary of the Federal Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions or comments or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Fernandina Beach Fire Department
Attn: Division of EMS
204 Ash Street
Fernandina Beach, FL 32034
(904) 277-7331