

PRIVACY NOTICE

WE ARE REQUIRED BY FEDERAL LAW TO KEEP YOUR HEALTH CARE INFORMATION PRIVATE. THIS NOTICE TELLS YOU HOW WE CAN USE YOUR INFORMATION AND WHAT YOUR RIGHTS ARE. WE ARE REQUIRED BY LAW TO ABIDE BY THE TERMS OF THIS NOTICE.

PLEASE READ!!!

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER THE HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

IT TELLS YOU:

- YOUR PRIVACY RIGHTS TO YOUR PROTECTED HEALTH INFORMATION (PHI)
- HOW INFORMATION ABOUT YOU CAN BE USED BY US
- WHEN AND HOW WE CAN GIVE YOUR INFORMATION TO OTHERS
- HOW YOU CAN GET ACCESS TO YOUR INFORMATION
- HOW YOU CAN LIMIT USES OF YOUR INFORMATION
- HOW YOU CAN CORRECT INFORMATION THAT MAY BE ERRONEOUS
- HOW YOU CAN FIND OUT WHO WE HAVE GIVEN YOUR INFORMATION TO
- WHO TO CONTACT WITHIN OUR ORGANIZATION FOR INFORMATION OR TO EXERCISE YOUR RIGHTS

OUR RIGHTS:

We may use your Protected Health Information (PHI) in the following ways without your consent or authorization:

- *Consent* refers to how we can use your information
- *Authorization* refers to when we pass your information along to others.
- **FOR YOUR TREATMENT:** Without your consent or authorization, we will use PHI about you to treat you. We will try to get a written consent from you if we can, but in emergencies or when we can't reasonably get a signed consent from you we may use your information without it. We will pass your PHI along to other medical personnel involved in your care, including doctors and nurses at treatment facilities you may be taken to. We may use radio, telephone, fax, written and computer communications to transmit

this information as needed for your care. Copies of your patient care records will be given people at facilities who treat you. We can disclose information about you to your relatives, friends, and to other individuals who have a need to know about your condition.

- FOR PAYMENT: Without your consent or authorization, we will submit your PHI to insurance companies, to Medicare, or Medicaid as appropriate to obtain payment for our services to you. We may use an outside billing company to process our claims for payment. We may use your PHI for determining medical necessity for your treatment, for justifying our treatments of you for payment purposes, and when and insurance company or other payer requests further information about you to determine our rights to payment. We may transmit your PHI to a collection agency hired by us to collect past due accounts.

- FOR HEALTH CARE OPERATIONS. Without your consent or authorization we will use your PHI in Health Care Operations. Health Care Operations means all activities that we use to evaluate our treatment of you, our employees' performance in treating you and following our policies and procedures, and other processes that we engage in for the purposes of improving patient care. We may use your PHI for Health Care Operations involving:
 - Case reviews
 - Education
 - Obtaining legal and accounting services
 - Business planning
 - Resolving complaints
 - Employee discipline
 - Fundraising and marketing activities, including contacting you to tell you about services we can offer to you
 - Medical research
 - Databases which involve your PHI but do not identify your individual information
 - Reminders of when we have an appointment to transport you somewhere

- WHEN REQUIRED BY LAW: Whenever we are required by law to provide your PHI we will transmit your PHI to others without either your consent or authorization. Some examples are:
 - To law enforcement officials when necessary to identify you or someone who has committed a crime against you
 - To law enforcement officials when there is an immediate need for the information to prevent or solve a crime

- To public health authorities to report births, deaths, or a disease that we are required to report
 - To people who may have been exposed to a communicable disease you have
 - To report child abuse, elder abuse, or domestic violence as required by law
 - To the FDA and other agencies to report an adverse event from the use of a drug or medical device
 - To government agencies who have a right to the information for conducting investigations, audits, inspections, disciplinary proceedings or other administrative or judicial actions in order to determine our compliance with the law
 - In response to subpoenas, search warrants, and other legal requests or directives which require us to produce and disclose your PHI
 - To government military, defense, investigative, security, and other agencies who have a right to your PHI in order to protect citizens, officials of the United States or a foreign country, and to investigate or prevent terrorist activities
 - To public health officials of the US or foreign countries to avert a serious threat to the safety and health of the people
 - As required by worker's compensation laws
- OTHER USES. We may use your PHI without your express consent or authorization for other unnamed uses if they can be reasonably said to fall within any of the categories listed above.

We have the right to amend this notice, but no amendments may go into effect until the amended notice has been posted.

YOUR RIGHTS:

You have the right to:

- COMPLAIN TO US OR TO THE SECRETARY OF HEALTH AND HUMAN SERVICES OF THE USA IF YOU THINK WE HAVE VIOLATED YOUR RIGHTS. If you file a complaint:
 - Your complaint must be in writing, either on paper or by email
 - You must address a complaint to us to the Privacy Officer listed at the bottom of this notice
 - You must address a complaint to the Secretary of Health and Human Services, Washington D.C.
 - Your complaint must describe the event you are complaining about

- Your complaint must be filed within 180 days of the occurrence you are complaining about or when you first found out about it and tell us whether or not it was us or somebody else that violated the rules. The Secretary of Health and Human Services may extend the time for filing.
- RESTRICT OUR USE OF YOUR PHI. You have the right to require us to restrict our use and disclosure of your PHI with certain exceptions, but we don't have to agree if any of the following exceptions applies:
 - Exceptions.
 - We are not required to agree with your request for restriction, but if we refuse your request we must tell you why we did
 - If we DO agree to your requested restrictions, we must honor them and must tell all others that we have disclosed your PHI to or will disclose your PHI to about your restrictions and require them to honor them
 - When we are required by law to disclose your information
 - When your PHI is needed for your treatment in and emergency
- AMEND YOUR PHI. If you think your PHI is not correct you can ask us to amend it, and if we agree we must do so within 60 days from your request. However, we can refuse your request if:
 - Your records were not created by us
 - We don't have access to your records or we can't get access to them
 - We believe our records are correct
 - Amendment would result in our being unable to obtain payment for services rendered to you.
- REQUEST AN ACCOUNTING FOR OUR USE AND DISCLOSURES OF YOUR PHI DURING THE LAST 6 YEARS BEGINNING ON APRIL 14, 2003, THE DATE WHEN HIPAA PRIVACY PROVISIONS TAKE EFFECT. However, we will not be required to account for use and disclosures prior to April 14, 2002. We do not have to account for your treatment, for payment, health care operations or disclosures that we were required by law to make. You have the right to one free accounting in any 12 month period; for additional accountings we may charge a reasonable fee.

- RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US.
If you want us only to contact you at an alternative address, telephone number, or email address, you can request that we do so and we will abide by your request.

NO RETALIATION. WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY FOR EXERCISING ANY OF YOUR RIGHTS UNDER HIPAA.

HOW TO CONTACT US:

THE PERSON FOR YOU TO CONTACT WITHIN OUR ORGANIZATION IF YOU HAVE ANY QUESTIONS OR COMPLAINTS, AND TO EXERCISE ANY RIGHTS YOU HAVE UNDER HIPAA IS:

Privacy Officer
Allen Fire Department
310 Century Parkway
Allen TX 75013

YOU HAVE A RIGHT TO OBTAIN A COPY OF THIS NOTICE IN WRITING BY CONTACTING ANY EMPLOYEE OF Allen Fire Department Emergency Medical Service.

We will ask you to sign an acknowledgement that you have received this notice. If you cannot do so, we will make a reasonable attempt later to obtain your acknowledgement.

Effective date of this Notice: September 01, 1996