

WARRENVILLE FIRE PROTECTION DISTRICT

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 carefully

Purpose of This Notice

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice and get your written acknowledgment of its receipt. We must follow the terms of this notice that are currently in effect. A copy of the revised notice will be available upon request or posted at our location or on our web site.

This notice will be given to you on the date that you first receive medical services or treatment from the Warrenville Fire Protection District. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

How We Use or Disclose Your Medical Information

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you and your health. For example, 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 personnel health information via radio or telephone to the hospital or dispatch center 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. Family members and other health care providers may be part of your medical care and may require information about you that we have.

For Payment

We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan, information about a service that you received, so your health plan will pay us or reimburse you for the service. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

For Health Care Operations

We may use or disclose your medical information for operational purposes. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the healthcare services that we provide to you.

Use or Disclosures that are Required or Permitted by Law

We may use or disclose health information about you without your permission for the following purposes, subject to all-applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety - We may use and disclose health 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.

Required By Law - We will disclose health information about you when required to do so by federal, state or local law.

Immunize - We may disclose medical information about you to a correctional institution or law enforcement official that has custody of you.

Research - We may disclose your medical information to researchers under certain limited circumstances. We will ask you for your permission if the researcher will have access to your name address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation - 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 such donation and transplantation.

Military, Veterans, National Security and Intelligence - If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.

Workers' Compensation - We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks - We may disclose health information about you for public health reasons, in order to prevent or control disease.

Food and Drug Administration - We may disclose health information about you, to monitor drugs or devices controlled by the Food and Drug Administration.

Health Oversight Activities - We may disclose health information to a health oversight agency for audits, investigations, inspections, licensing purposes, or to comply with civil rights laws.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement - We may release health information, if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors - We may release health information about you, as necessary, to allow these individuals to carry out their responsibilities. For example, to identify a deceased person or determine the cause of death.

Other Uses and Disclosures of Health Information

Individuals Involved in your care - We may disclose health information about you to a family member, close friend or any other person identified by you if they are involved in your care or payments related to your care. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also disclose health information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose your health information to, please notify our Privacy Officer Martin Nelson in writing.

Health Information Authorization - We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization*. We must obtain your *Authorization* separate from any consent we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization* we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization, (different than the *Authorization* and Consent mentioned above), from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have treatment both your signed consent and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

Your Rights Regarding Health Information About You

The information contained in your health information is the physical property of your Covered Entity. The information in it belongs to you. You have the following rights:

Right to Inspect and Copy - You have the right to inspect and copy your health information. You must submit a written request to Privacy Officer Martin Nelson in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend - If you believe health 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 as long as the information is kept by this office. To request an amendment complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer. 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:

a) Was not created by us.

b) Is not part of the health information that we keep.

c) Is in records that you are not allowed to inspect and copy.

d) Is already accurate and complete

Accounting of Disclosures - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, and health care operations. To obtain this list, you must submit your request in writing to Privacy Officer Martin Nelson. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions - You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree to Your Request - If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restriction On Use/Disclosure Of Medical Information to our Privacy Officer.

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 complete and submit the Request For Restriction on Use/Disclosure Of Medical Information and/or Confidential Communication to our Privacy Officer. 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.

Changes to This Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

Complaints

You have the right to complain to the United States Secretary of Health and Human Services, if you believe we have violated your privacy rights. There is not risk in filing a complaint.

To file a complaint with us, contact by phone or by mail:

Warrenville Fire Protection District
Attn: Privacy Officer
P.O. Box 51
Warrenville, Illinois 60555
630-393-1381

To file a complaint with the United States Secretary of Health and Human Services and your complaint to him or her in care of:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

If you have any questions about this notice, please contact

Privacy Officer Martin Nelson
Warrenville Fire Protection District
Post Office Box 51
Warrenville, Illinois 60555
Phone (630) 393-1381