

## ***Uses and Disclosures of PHI***

CFD and CARS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

**For Treatment:** We can use your PHI for 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.) We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

**For Payment:** We may use and disclose your PHI for any activities we must undertake in order to obtain reimbursement for the services we provide to you. This includes such things as submitting bills to insurance companies, performing medical necessity determinations and reviews, and collecting outstanding accounts.

**For Healthcare Operations:** We may use or disclose your PHI for things such as 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.

### ***Use and Disclosure of PHI Without Your Authorization***

CFD and CARS are permitted to disclose PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment, or health care operations activities of another health care provider who treats you;
- As required by law, including reporting for public health purposes;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure to a person involved in your health care is in your best interests;

- To report abuse, neglect or domestic violence;
- 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;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena, discovery request, or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- 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;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, including using or disclosing your psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

### ***Your Rights Regarding PHI***

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

### ***Right to access, copy, or inspect your PHI***

This means you may inspect and obtain a paper or electronic copy of the medical information that we collect and maintain about you. We will normally provide you with access to this information within 15 days of your request. In addition, if you request that we transmit a copy of your PHI directly to another person, we do so provided your request is in writing, signed by you (or your representative) and you clearly identify the designated person and where to send the copy of your PHI. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and if you disagree with our decision, you may obtain a review of certain types of denials. We have available forms to request access to your PHI. We will provide a written response if we deny you access and let you know your review rights. You also have the right to receive confidential communications of your PHI.

To assure your records are discussed and disclosed only to the proper person (you or your legally authorized representative), we normally require you to appear in person at our office to access or discuss your medical information. However, we will honor reasonable requests by you to receive communications about your medical information by alternative means or at alternative locations. If you wish to inspect and copy your medical information, you should contact our Privacy Officer, whose address and phone number is listed below.

### ***Right to amend your PHI***

You have the right to ask us to amend written medical information that we may have about you if you think it is inaccurate or incomplete. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct and complete. If you wish to request that we amend the medical information that we have about you, you should contact our Privacy Officer.

- **Right to request an accounting**

We are required to keep a record of certain disclosures of your medical information, and you may request an accounting of what that record contains. Disclosures that we are NOT required to keep a record of include:

- Information we have used or disclosed for purposes of treatment, payment or health care operations,
- When we share your health information with our business associates, like our billing company or a medical facility from or to which we have transported you, or
- Information for which you have already given us written authorization to disclose.
- When disclosures are made for law enforcement or certain other governmental purposes.

We are required to keep this record of disclosures for the past six years, or back to the compliance date of April 14, 2003 for federal privacy regulations, whichever is later. If you wish to request an accounting of these disclosures, contact our Privacy Officer.

- **Right to request that we restrict the uses and disclosures of your PHI**

You have the right to request that we restrict how we use and disclose the medical information that we have about you. CFD and CARS are not required to agree to any restrictions you request.

However, we are required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have already paid us in full. Any restrictions agreed to by CFD and CARS in writing are binding on CFD and CARS. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment.

- **Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.**

If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

- **Right to notice of a breach of unsecured protected health information**

If CFD or CARS discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our Privacy Officer, to make us aware of this preference and to provide a valid email address to send the electronic notice. You may withdraw your agreement to receive notice by email at any time by contacting our Privacy Officer.

- **Right to request confidential communications**

You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, we will only comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our Privacy Officer and make a request in writing.

#### **Revisions to the Notice**

CFD and CARS reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

#### **Your Legal Rights and Complaints**

You also have the right to complain to us, or to the Secretary of the United States 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, comments, or complaints you may direct all inquiries to our Privacy Officer.

#### **Privacy Officer Contact Information**

Privacy Officer  
Charlottesville Fire Department  
2420 Fontaine Ave.  
Charlottesville, Virginia 22903  
(434) 970-3357

*Effective Date of the Notice: June 1, 2018*

## **Charlottesville Fire Department**

## **Charlottesville- Albemarle Rescue Squad**



## **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.***

Charlottesville Fire Department ("CFD") and Charlottesville-Albemarle Rescue Squad ("CARS") are required by law to maintain the privacy of your protected 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. CFD and CARS are also required to abide by the terms of the version of this Notice currently in effect.