

## COLUMBUS DIVISION OF FIRE—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.**

The Columbus Division of Fire is required by the Health Insurance Portability and Accountability Act to maintain the privacy of protected health information (PHI), to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify you following a breach of your unsecured PHI. The Division is required to abide by the terms of this notice. The Division reserves the right to change the terms of its notice and to make new notice provisions effective for all PHI that it maintains. A revised notice may be obtained from the Division.

#### USES AND DISCLOSURES

- *For Treatment:* This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital. Disclosures of PHI for treatment include the Division of Fire's participation in a health information exchange.
- *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 submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- *For Health Care Operations:* This includes quality assurance activities, licensing, and training programs to ensure our personnel meet our standards of care and follow established policies and procedures.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION: The Division is permitted to use PHI, without your written authorization or opportunity to object, in certain situations and unless prohibited by more stringent state or other federal law, including:

- For use in treating you, obtaining payment for services, or for health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity;
- To another health care provider for the health care operations of that entity as long as the entity receiving the information has or has had a relationship with you and the PHI relates to that;
- When required by law to disclose your PHI;
- For health care fraud and abuse detection or legal compliance activities;
- 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 don't raise an objection, and in certain circumstances where we're unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority, such as to report abuse, neglect, or domestic violence, or exposure to a communicable disease;
- For health oversight activities;
- For judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant or when information is needed to locate a suspect;

- For military, national defense and security, or 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 purpose 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;
- To an organization that handles organ procurement, or organ, eye, or tissue transplantation as necessary to facilitate that procurement or transplantation;
- To a correctional institution if the disclosure is necessary for the health and safety of the inmate or correctional staff;
- For research projects, subject to strict oversight and approvals;
- Any use or disclosure of health information about you in a way that does not personally identify you or reveal who you are.

PATIENT RIGHTS: As a patient you have certain rights regarding your PHI. You have the right to:

- Request restrictions on certain uses and disclosures of PHI, including a statement that the Division is not required to agree to a requested restriction;
- Receive confidential communications of PHI;
- Inspect, copy, and amend your PHI;
- Receive an accounting of disclosures;
- Obtain a paper copy of this Notice from the Division upon request.

COMPLAINTS: You have the right to complain to the Division or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You may direct all questions, comments, or complaints to the Division's Privacy Officer as indicated below. You will not be retaliated against in any way for filing a complaint with the Division or the Secretary.

CONTACT INFORMATION:

Columbus Division of Fire Privacy Officer  
3639 Parsons Avenue  
Columbus, OH 43207  
614-645-7384