

Notice.

Changes and/or Revisions to Privacy Practices and this Notice: The York County Department of Fire and Life Safety reserves 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.

Contact Information:

HIPAA Privacy Officer
York County Department of Fire and Life Safety
P.O. Box 532
Yorktown, Virginia 23690
(757) 890-3600
patient.advocate@yorkcounty.gov

Office for Civil Rights Department of Health and Human Services
150 S. Independence Mall West Suite 372 Philadelphia, PA 19106-3499 215-861-4441, TTY 215-861-4440 1-800-368-1019 (toll free)
www.hhs.gov/ocr/privacy

Effective Date of the Notice: February 1, 2010



www.yorkcounty.gov/fire

**YORK COUNTY
DEPARTMENT OF
FIRE AND LIFE SAFETY**

NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW CAREFULLY



www.yorkcounty.gov

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.

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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.

Members, staff, and/or a representative(s) of York County Government and/or the York County Department of Fire and Life Safety and associated volunteer organizations are providing you with this "Notice of Privacy Practices," as required by the Code of Federal Regulations (45 CFR Section 164.520). This notice describes how medical information about you may be used and disclosed and how you can get access to such information

The York County Department of Fire and Life Safety understands your privacy is important. Members of the York County Department of Fire and Life Safety may provide health care services directly to you in one of our community and/or public service programs or during an emergency medical event. The York County Department of Fire and Life Safety is required by law to maintain the privacy of certain confidential health information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice also describes your legal rights under the Health Insurance Portability and Accountability Act (HIPAA). York County is required to abide by the terms of this notice currently in effect.

Your protected health information includes your identifying demographic information, assessment information, test results, diagnosis information, treatment information, and billing-related information recorded by the provider each time you receive services from us. Our department members, staff, health care/EMS providers, and contracted associates are committed to handling this confidential information only as allowed by federal or state law and agency policy, adhering to the most stringent law that protects the privacy of your protected

health information. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: The York County Department of Fire and Life Safety ("YCFLS") 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. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. Your emergency medical provider may share information about your condition with medical control to authorize additional treatment or with other health care and/or EMS providers when transferring your care, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For Payment. This includes any activities we must perform, undertake, and/or initiate in order to be reimbursed for the services we provide to you. Such payment activities include reviewing your PHI for correct billing information, medical necessity determinations, and claims management including submitting bills to insurance companies, making medical necessity determinations, and collecting outstanding accounts. In order to receive payment we may work with a company that will make a bill for your services or directly send your information to companies responsible for payment coverage. If you have identified a financially responsible person for payment purposes, a monthly bill may be sent to that person.

For Health Care Operations. This includes 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.

Individuals Involved In Your Care Or Payment For That Care: We may release medical information about you to a family member, other relative, or friend who is involved in your care or payment for

the 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. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care or payment for the care.

Fundraising. We may contact you when we are in the process of raising funds for York County Department of Fire and Life Safety, or to provide you with information about our public service programs.

Use and Disclosure of PHI WITHOUT Your Authorization. YCFLS is permitted by federal and state law to disclose specific PHI and/or health information about you without your written authorization, or opportunity to verbally or otherwise object. These circumstances include disclosures for:

- Mandated requirements of law (for example, to report children or helpless adults who are victims of abuse, neglect or exploitation; to report injuries from guns and dangerous weapons)
- Public health purposes (for example, reporting births, deaths, certain contagious diseases; reporting defects of products regulated by the Food and Drug Administration; workplace medical surveillance)
- Health oversight activities of health inspectors and other government people who check our clinics and health services (for example, audits, investigations, inspections, and other activities required of the health care system; eligibility for enrollment in government benefit programs; and compliance with civil rights laws)
- Judicial and administrative proceedings (for example, in response to an order from a court, subpoena, legal counsel to the agency, or Inspector General) Law enforcement purposes (for example, limited information requested about a suspect, fugitive, material witness, or missing person; to provide evidence of criminal conduct on county premises; for emergency health care situations when such care is related to the commission of a crime; or if you are an unconscious

victim of a crime and the provider determines a timely disclosure is in your best interest)

- Averting a serious threat to health and safety of another person or the public (for example, in response to a specific threat made by a person served to harm another)
- Specialized government functions (for example, as directed by military command authorities for national security and intelligence activities)
- Correctional facilities (for example, for custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility)
- Workers' compensation purposes (for example, to facilitate the administration of benefits as allowed by law)
- Coroners and medical examiners (for example, to identify a deceased person or to determine cause of death)
- Federal Department of Health and Human Services (for example, in connection with an investigation of York County agencies for compliance with federal regulations.)
- For military, national defense and security and other special government functions;
- 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.
- For the treatment, payment, or health care operations activities of another health care provider who treats you;
- 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;

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. 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 Health Information Rights

When receiving health care and/or EMS services from the York County Department of Fire and Life safety, you have federally defined privacy rights under the Health Insurance Portability and Accountability Act (45 C.F.R. Parts 160 and 164). Other federal and state privacy laws limit the disclosure of your health information. Such laws include, but are not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records (42 USC 290dd), Health Records Privacy (VA Code 32.1-127.1:03), and Human Rights Regulations (VA Code 35-115).

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

The right to access, copy, or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. 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 are listed below.

The 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.

The 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.

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.

The 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. The York County Department of Fire and Life Safety is not required to agree to any restrictions you request, but any restrictions agreed to by the York County Department of Fire and Life Safety in writing are binding on the York County Department of Fire and Life Safety.

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