

MASON CITY FIRE DEPARTMENT - NOTICE OF PRIVACY PRACTICES

IMPORTANT: This notice describes how medical information about you may be disclosed and how you can get access to this information.

Please review it carefully.

-As an essential part of our commitment to you, the Mason City Fire Department (hereinafter “MCFD”) maintains the privacy of certain confidential information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with this Notice of Privacy Practices.

-The Notice outlines our legal duties and privacy practices in respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how MCFD is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

-MCFD is also required to abide by the terms of the version of this Notice currently in effect. In most situations, we may use this information as described in this notice without your permission, but there are also some situations where we may use it only after we obtain your written authorization, if we are required to do so by law.

-We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

Purpose of this Notice: MCFD is required by law to maintain the privacy of certain information, known as Protected Health Information or PHI, and provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how MCFD is permitted to use and disclose PHI about you. MCFD is also required to abide by the terms of the version of this Notice currently in effect. In most situations, we may use this information as described in this notice without your permission, but there are also some situations where we may use it only after we obtain your written authorization, if we are required to do so by law.

Uses and Disclosures of PHI: MCFD may use PHI for the purposes of treatment, payment and healthcare operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: 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 PHI 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.

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 organizing your PHI and submitting bills to insurance companies (either directly or through a third party company), management of billed claims for services rendered, medical necessity determination and reviews, utilization reviews, and collection of outstanding balances.

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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating

reports that do not individually identify you for data collection purposes, grant applications, fundraising and certain marketing activities.

Use and Disclosure of PHI Without Your Authorization: MCFD is permitted to use PHI without your written authorization or opportunity to object in certain situations, including:

- For MCFD use in treating you or in obtaining payment for services provided to you by it or in other health care operations;
- For treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative or close personal friend or other individual 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. We may also disclose health information to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. 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 interests. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- To public health authorities in certain situations (such as reporting a birth, death or disease) as required by law, as a part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or governmental 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 or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special governmental 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 a cause of death or carrying on their duties as authorized by law;

- If you are an organ donor, we may release health-related 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 in accordance with the law;
- Uses and disclosures of health information in such a manner that does not 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 (which must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). 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 upon that authorization.

Patient Rights: As a patient, you have a number of rights regarding the protection of your PHI, including:

The right to access, copy, or inspect your PHI. This means you may come to our offices and 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 written 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 you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny your access and inform you of your appeal rights. If you wish to inspect and copy your medical information, you should contact the Privacy Officer listed at the end of this Notice. You have the right to obtain any PHI in an electronic format if it is stored that way.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your written 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 (such as when we believe the information you have asked us to amend is correct). If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Officer listed below.

The right to request an accounting of our use and all disclosure of your PHI. You may request an accounting from us of all external disclosures of your medical information that we may have made in the last three to six years prior to the date of your request. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the Privacy Officer listed below.

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 your medical information that we have about you for treatment, payment or health care operations or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. You may request that MCFD not use your PHI for billing purposes. This request must be made prior to the claim being submitted to your insurance carrier (usually within 24 hours of service) and be accompanied by full payment of the account. **MCFD** is not required to agree to other restrictions you request, but any restricts agreed to by **MCFD** are binding.

The right to obtain this Notice on request. While the City of Mason City or **MCFD** maintains a web site, we will prominently post a copy of this Notice on such web site and make the Notice available electronically through the web site. If you allow us, we will forward this Notice by electronic mail instead of on paper. You may always request a paper copy of this Notice through the Privacy Officer listed at the end of this Notice.

Accidental Disclosure or Breach: In the event of an accidental disclosure of PHI or breach of information, MCFD is required to notify you immediately as well as outline steps necessary to mitigate harm from the breach. We will send notification via first-class mail to your last known address. We may also notify you by email at your request, or by phone, if urgent. We are required to post notice of large breaches on our website and also with prominent media outlets serving this jurisdiction.

Revisions to the Notice: MCFD reserve the right to change the terms of this Notice at any time and such changes will be effective immediately and apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the Privacy Officer listed below.

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 that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with the government or us. Should you have any questions, comments or complaints, you may direct all inquiries to the Privacy Officer listed below.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Privacy Officer – Capt. David Johnson
Mason City Fire Department
350 5th St SW
Mason City IA 50401-3822
(641) 421.3640; Fax (641) 421.2710

Billing – Jennifer Brown
Mason City Fire Department
350 5th St SW
Mason City IA 50401-3822
(641)-423-4357
Toll-Free (877.421.2399

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