



**Health Insurance Portability and Accountability Act (HIPAA)  
Notice of Privacy Practices**

No. Pg. 1 of 2

Effective: 11/26/07

Fire Chief: *Adam Malachuk*

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.**

**PURPOSE OF THIS NOTICE:**

The Kochville Township Fire Department (KTFD) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI. Typically, this includes information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment, and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers.

The KTFD understands that health information about you is personal and the KTFD is committed to protecting your PHI. This Notice applies to your PHI maintained by the KTFD. The KTFD is required to provide you with a notice of our legal duties and privacy practices with respect to your PHI, and to abide by the terms of this Notice of Privacy Practices (hereinafter "Notice").

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

When the KTFD creates a record or collects Protected Health Information about you, we are permitted to use it for treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you. By way of example, we may use or disclose certain PHI without your authorizations for reasons such as:

**FOR TREATMENT:** This includes both 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 such as consulting physicians, nurses, technicians, medical students, or other EMS personnel who provide treatment to you. For example, we may transfer your PHI via radio or telephone to the hospital or dispatch center, or provide 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 activities we undertake in order to be reimbursed for the services we provide to you. For example, we may need to give an insurance company, third party payer or debt collector information about treatment you received from us so they will pay us for the care we provided.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose health information about you for KTFD operations. For example, we may need to use your health information as a tool in educating and assessing the competency of doctors, nurses and technicians who provide care on behalf of KTFD.

**REQUIRED BY LAW:** We may use or disclose your PHI as required by federal, state, or local law.

**PUBLIC HEALTH ACTIVITIES:** We may disclose your PHI to a public health authority for the purpose of preventing disease or injury or to a social service agency authorized to receive reports of abuse, neglect, or domestic violence.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your PHI to a health oversight agency in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose your PHI in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

**LAW ENFORCEMENT:** We may disclose your PHI for law enforcement activities such as when a law enforcement officer requests information to locate a suspect, fugitive, material witness, or missing person.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** The KTFD may release medical information about you to coroners or medical examiners for the purpose of identifying a deceased person or determining cause of death, or to funeral directors to carry out their duties as authorized by law.

**ORGAN DONATION:** We may disclose your PHI to organizations that handle organ procurement, transplant or donation as necessary to facilitate appropriate donation and transplant in the event you are an organ donor.

**RESEARCH:** We may disclose your PHI to a physician or other researcher for the purpose of conducting a research study.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may disclose your PHI to public health officials responsible for averting a serious threat to your health or safety, or the health or safety of another person or the public.

**FUNDRAISING:** We may use or disclose your PHI as a source of data for contacting you in an effort to raise money for the KTFD. UNLESS REQUESTED OTHERWISE.

Other uses and disclosures will be made only with your written authorization. If we request an authorization to use or disclose your protected health information and you sign it, you can later revoke that authorization to stop future uses and disclosure of that information.

#### **YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we may maintain about you:

**RIGHT TO INSPECT AND COPY:** You have the right, except for psychotherapy notes and other limited exceptions, to inspect and obtain a copy of your health record. We do not need to know the reason for your request. All requests must be made in writing to the KTFD Privacy Official. After receipt of your request, the KTFD shall have 30 days to respond by granting or denying your health information to you or within 60 days if the PHI is stored offsite. The KTFD may have an additional 30 days to respond in certain circumstances. If you request a copy of your protected health information, the KTFD may charge you a fee for your request as allowed by law. The KTFD may deny your request to inspect and copy your health information in very limited circumstances. The KTFD's decision to deny the access may be reviewable, however, by a licensed health care professional selected by the KTFD who will not have been involved in the original decision to deny your request. If we deny your request, we will notify you in writing of the basis for the denial and your rights relating to the denial.

**RIGHT TO AMEND:** You have the right to ask us to amend written medical information that we may have about you. We will generally respond to you within 60 days of your request but may have an additional 30 days to respond in certain circumstances. We are permitted by law to deny your request to amend your medical information if it was created by another healthcare provider, is not part of the health information kept by or for our organization, is not part of the health information you would be permitted to inspect or copy, or is accurate and complete as it is. If we deny your request, we will notify you in writing of the basis for the denial and your rights regarding the denial.

If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Official listed at the end of this Notice.

**RIGHT TO ACCOUNTING OF DISCLOSURES:** You have a right to receive a written accounting of disclosures of your protected health information made within the past 6 (six) years. We will generally respond to your request within 60 days from the date of the request but may, under certain circumstances, have up to 90 days to respond. All such requests shall be in writing to the KTFD's Privacy Official and shall include the time period for which you want an accounting, which may not be longer than 4 (four) years and may not include dates before January 1, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request the restriction of certain uses and disclosures of your protected health information. You may request, in writing, that we not use or disclose your information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, **but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation.** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example: you may request that we only contact you at work or by mail. Again, this request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to receive a paper copy of this Notice. To request a paper copy, please contact the KTFD Privacy Official at the address listed below.

**CHANGES TO THIS NOTICE:** The KTFD reserves the right to change this Notice of Privacy Practices as new amendments are implemented. We reserve the right 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. The notice will contain on the first page the effective date. You can get a copy of the latest version of this notice by contacting the Privacy Official.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the KTFD and/or Office of Civil Rights. To file a complaint with KTFD, please contact us at the address listed below.

**You will not be penalized or retaliated against for filing a complaint.**

#### **ADDITIONAL INFORMATION**

For further information regarding the issues covered by this Notice, please contact us at  
Kochville Township Fire Department  
Attn: Privacy Official  
5865 Mackinaw Rd., Saginaw, MI 48604.  
Office (989) 791-3473 Fax (989) 792-0793