

APACHE JUNCTION FIRE DISTRICT– 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.

Apache Junction Fire District is required by law to maintain the privacy of certain confidential healthcare 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 describes your legal rights, advises you of our privacy practices, and lets you know how Apache Junction Fire District is permitted to use and disclose PHI about you. Apache Junction Fire District is 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 some situations in which we may use it only after we obtain your written authorization, if we are required by law to do so.

We will use your health information for treatment. For example: Verbal and written information pertaining to your medical condition that is obtained by a Department member will be recorded in your record and used to determine the best course of treatment for you. This information may be disclosed to doctors and nurses who give orders to allow us to provide treatment to you. It may also be disclosed to other healthcare personnel to whom we transfer your care and treatment, including the 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.

We will use your health information for payment. For example: We may use and disclose your health information to obtain reimbursement for the services we provide to you. This includes organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts. The information on or accompanying the bill may include information that identifies you, as well as your medical complaint or diagnosis, and procedures and supplies used.

We will use your health information for healthcare operations. For example: We may use and disclose health information about you in order to effectively operate our District. We may use this information in certification and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures. We may also use it in obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. Information in your health record will be used by members of our quality management team to assess the care and outcomes in your case and others like it. This information is used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Fund-raising. We may contact you as part of a fund-raising effort.

Information on Other Services. We may contact you for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Special Situations

We may use or disclose health information about you *without* your written authorization, or opportunity to object, for the following purposes:

Information Not Personally Identifiable. We may use and disclose health information about you in a way that does not personally identify you or reveal who you are.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

Research. We may use and disclose health information about you for research projects that are subject to a strict approval process. Health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

Organ and Tissue Donation. 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 such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health

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

Privacy Officer Contact Information: Privacy Officer, Apache Junction Fire district: 565 North Idaho Road: Apache Junction, AZ 85219 Phone: 480.982.4440; Fax: 480.982.0183

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information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar program purposes, and in compliance with workers' compensation laws. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, problems with products, or to notify a person about exposure to a possible communicable disease as required by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for oversight activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; and other administrative or judicial actions undertaken by the government (or their contractors). These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order, or in some cases, in response to a subpoena or other legal process.

Law Enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, or when the information is needed to identify or locate a suspect, or stop a crime.

Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person, determine the cause of death, or to carry out their duties as authorized by law.

Family and Friends. We may disclose health information about you to your family members, other relative, 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. We may also disclose health information to your family, relatives, or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when your spouse has called 9-1-1 for you. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using 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 the person's involvement in your care.

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the physical property of the healthcare organization that compiled it, the information belongs to you. As a patient, you have a number of rights with respect to the protection of your PHI, including:

Right to Access, Inspect, and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy your health information. We will normally provide you with access to this information within 30 days of your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review. If you wish to inspect and copy your medical information, contact our Privacy Officer listed at the end of this Notice.

Right to Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this District. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are

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permitted by law to deny your request to amend your medical information if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that we did not create, unless the person that created the information is no longer available to make the amendment; is not part of the health information that we keep; you would not be permitted to inspect and copy; or we believe is accurate and complete. If you wish to request that we amend the medical information that we have about you, contact our Privacy Officer listed at the end of this Notice.

Right to an Accounting of Disclosures. You have the right to request an accounting from us of certain disclosures of your medical information that we have made. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or healthcare operations, or when we share your health information with our business associates, such as the medical facility to which you have been transported. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. 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, contact our Privacy Officer listed at the end of this Notice. Your request must be submitted in writing and must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. 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 healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your healthcare. But 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 healthcare provider to provide you with emergency treatment. Apache Junction Fire District is not required to agree to any restrictions you request, but any restrictions agreed to by Apache Junction Fire District are binding on Apache Junction Fire District.

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 and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper. You may always request a paper copy of the Notice. **Revisions to this Notice.** We reserve the right to change the terms of this Notice at any time. 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 on our web site. You can obtain a copy of the latest version of this Notice by contacting the Privacy Officer identified below. **Your Legal Rights and Complaints.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

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