

PRIVACY NOTICE TO OUR PATIENTS
Effective April 14, 2003 (Updated December 11, 2013)

THIS NOTICE DESCRIBES HOW
HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THE INFORMATION

PLEASE REVIEW IT CAREFULLY!

The City of Trenton Fire Department is required by law to maintain the privacy of certain confidential health care information. The law requires us to tell you how we will use and disclose this information and to describe your legal and privacy rights. This notice may change from time to time in order to comply with the laws currently in effect. If we make changes to this notice, we will take steps to notify you of the changes and give you a copy of the revised notice by reasonably permitted means.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION ("PHI")

For Treatment: We may use and disclose your PHI for treatment purposes, and to others who provide subsequent treatment, i.e. hospitals, and other health care providers.

For Payment: We may use and disclose your PHI so that payment may be collected from you, your insurance company, or a third party for the treatment and services you received.

For Health Care Operations: The law permits us to use and disclose your personal health information for the operations of the City of Trenton Fire Department and others involved in your treatment. For example, we may use and disclose your PHI to those including family members or personal representatives helping with the payment for your treatment.

As Required By Law: We have the right to use and disclose your PHI when required to do so by federal, state, or local law.

Organ and Tissue Donation: If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement, banking or transplantation, to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may disclose your PHI to military command authorities.

Worker's Compensation: We may disclose your PHI for worker's compensation or similar Programs that provide benefits for work related injury or illness.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law such as, audits, investigations, inspections and licensure.

Lawsuits and Disputes: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your PHI if asked to do so by a law enforcement official for Legitimate law enforcement purposes.

Coroners, Medical Examiners, Funeral Directors: We may disclose your PHI to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: We may disclose your PHI to authorized officials for intelligence, counter-intelligence, and other national security activities, including for the protection of the President and other heads of state.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose your PHI to that law enforcement official or correctional institution.

Research: Under certain circumstances, we may be asked to disclose your PHI for research projects. If the information will personally identify you, we will contact you for authorization.

For Matters Involving Public Health: We may disclose your PHI for public health activities, which include but are not limited to the following:

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HIPAA Privacy Policy

- Public health and safety activities, including disease control, vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight.
- Reporting adult abuse, neglect, or domestic violence.
- Averting a serious threat to the health or safety of others.

When Authorization is Required: The following are prohibited without your authorization: the sale of PHI, disclosures of psychotherapy notes, and marketing.

YOUR RIGHTS REGARDING YOUR PHI

Right to Inspect and Copy: You have the right to inspect and copy your information. You may also request an electronic copy of your PHI. If your PHI is not producible in the electronic form and format requested, then your PHI will be produced in a “readable electronic form and format.” You must submit a written request to do so. We reserve the right to charge a reasonable cost-based fee for copying and postage. If we deny your request for access, we will tell you the basis for our decision and you may request a review.

Right to Amend: You have the right to request that we amend your PHI contained in our records if you feel that it is incorrect or incomplete. To request an amendment, please submit the request along with explanation in writing. If for any reason your request is denied, we will provide you a written explanation.

Right to an Accounting of Disclosure: You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on and after April 14, 2003. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee covering the cost of responding to these additional requests.

Right to Request Restrictions: You have the right to request that we place restrictions on the way we use or disclose your PHI for payment, treatment or health care operations. We are not required to agree to these additional restrictions: but if we do, we will abide by them unless we notify you that we are terminating our agreement. In your written request, you must provide details of the type of restriction, use or disclosure, and to whom you would like the restriction to apply. If you pay out of pocket, then you may request restrictions on the disclosure of your PHI, and we must abide by that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you confidentially. For example, you may request that we contact you at work or by mail only. To request confidential communications, you must make your request in writing to our office. You need not provide a reason, but must be specific as to how you wish to be contacted.

Right to Request Transmission of PHI: You have the right to request that your PHI be transmitted to another person designated by you. Such request must be in writing, signed by you, and clearly identify the designated person and where to send the copy of PHI. An electronic request with an electronic signature is acceptable.

Right to Notice of Breach: We have a duty to notify you following any breach of your unsecured PHI in accordance with the applicable laws and regulations.

QUESTIONS AND COMPLAINTS

If you are concerned that we have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, please contact the City of Trenton Fire Department at 734-676-1314.

You may also submit a written complaint to the U.S. Department of Health and Human Services. Feel Free to visit their website at www.hhs.gov for more information regarding filing a complaint. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with the U.S. Department of Health and Human Services.