



Special Operations - EMS

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.

At Hillsboro Fire & Rescue we respect the privacy and confidentiality of your protected health information. We are sincere in our promise to ensure the confidentiality of your information in a responsible and professional manner. We also are required by law to maintain the privacy of your protected health information, provide you with this Notice, and abide by the terms of this Notice.

Hillsboro Fire & Rescue reserves 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 we maintain.

This Notice explains how we use information about you and when we can share that information with others. It also informs you about your rights. Finally, this Notice provides you with information about exercising these rights.

How We Use or Share Information

Hillsboro Fire & Rescue may use protected health information and may share it with others for the purpose of treatment and operations, in most cases *without* your written permission. The following are ways we may use or share information about you:

- **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 family members and doctors who give orders to allow us to provide treatment to you. We may give your protected health information to other health care providers involved in your treatment, and may transfer this information via radio or telephone to the hospital or dispatch center.
- **For operations.** This includes quality improvement activities 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. We may share your information with individuals who perform business functions for us (i.e. – the medical supervisor). We will only share your information if there is a business need to do so and if our business partner agrees to protect the information.

There are also state and federal laws that may require us to release your health information to others. Hillsboro Fire & Rescue may be required to provide protected health information to others *without* your written authorization, or opportunity to object, in the following situations:

- For the treatment or operation activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your medical 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 give information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. In situations where you are not capable of giving consent we may, using our professional judgment, determine that a disclosure to your family member 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. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);



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- For health oversight activities including audits or government 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 responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and public 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 cause of death, or carrying on their duties as authorized by law;
- 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 protected health information about you in a way that does not personally identify you or reveal who you are.

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific, written authorization. If you give us written authorization to use or disclose protected 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.

***NOTE:** If we disclose information as a result of your written permission, it may be re-disclosed by the receiving party and may no longer be protected by state and federal privacy rules. However, you may be protected by federal or state law regarding re-disclosure of additional information such as HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information. Please consult with your legal counsel for further information.

Your Rights Regarding Your Protected Health Information

As a patient, you have a number of rights with respect to your protected health information, including:

- **The right to inspect and obtain a copy of your information.** To inspect and obtain a copy of your information, you must submit a *written* request accompanied by a signed medical release form. Release forms are available from Hillsboro Fire and Rescue and can be sent to you via fax, mail or E-mail. Requests will be processed within 30 days. We will charge a fee of \$15.00 for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- **The right to amend your information.** You have the right to ask us to amend written medical information that we may have about you. The request must be accompanied by the Hillsboro Fire & Rescue Request for Amendment form. We will generally amend your information within 30 days of your request and will notify you when we have amended the information. If we make the amendment, we will obtain your agreement to have us notify the relevant persons you have identified with whom the amendment needs to be shared. We will notify these persons, including their business associates, of the amendment. 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. The denial will explain your right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial, and your statement of disagreement be included with your information for any future disclosures.



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- **The right to request an accounting.** You may request an accounting from us of certain disclosures of your medical information that we have made in the six-year time period prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment or operations. We are also not required to give you an accounting of our use of protected health information for which you have already given us written authorization. The accounting may not include disclosures made prior to April 14, 2003. Requests will be process within 30 days.
- **The right to request a restriction.** You may ask us to restrict how we use or disclose your protected health information for treatment or operation purposes. The request must be accompanied by Hillsboro Fire & Rescue Request for Restriction form. Requests will be processed within 30 days. You also have the right to ask us to restrict information we may give to persons involved in your care. While we may honor your request for restrictions, *we are not required to agree* to these restrictions.

*NOTE: The above requests should be submitted to at Hillsboro Fire and Rescue Administrative offices at Hillsboro Fire and Rescue: 240 SE 1st Ave. Hillsboro OR. 97123 Office; 503-681-6166 Fax; 503-681-6208

Exercising Your Rights

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 the Hillsboro Fire & Rescue EMS Records Custodian. Our office is open Monday through Friday from 8 a.m. to 4:30 p.m. You also can send general privacy questions electronically at our internet site.