

THE BLUE ASH FIRE DEPARTMENT
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. If you have any questions about this notice please contact our privacy officer @ (513) 745-8533.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control certain confidential health care information about you, known as Protected Health Information or PHI. Examples of PHI include demographic information, physical or mental health or condition, and related health care services, and includes all records relating to health care services provided to you by the Blue Ash Fire Department.

We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at the time. Upon your request, we will provide you with our current Notice of Privacy Practices by calling (513) 745-8533 and requesting that a revised copy be sent to you in the mail.

Uses and Disclosure of PHI

We may use PHI for the purposes of treatment, payment, and health care operations without your written permission. Examples of our uses of your PHI include:

For Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. 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. 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.

Payment: Your PHI will be used, as needed, to obtain payment for the services we have provided to you. Activities may include determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, organizing your PHI and submitting bills to insurance companies, and collection of outstanding accounts.

Health Care Operations: This includes quality assurance activities, employee review activities, training, and creating and conducting business reviews. For example, we may use your protected health information to evaluate how we can better meet your needs or we may provide protected health information about you to an auditor who reviews our books. We may also share your PHI with third party "business associates" that perform various activities for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Fundraising: We may contact you when we are in the process of raising funds for the Blue Ash Fire Department.

We are further permitted to use PHI without your written authorization, or opportunity to object in other situations, including:

Required By Law: We may use or disclose your protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse, Neglect, or Domestic Violence: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food And Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information about you in the course of any judicial or administrative proceeding in which you are involved, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law). We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may also disclose protected health information, in response to a court order, subpoena, warrant, summons, or similar process, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and disclosures otherwise required by law; (2) limited uses and disclosures for identification and location purposes; (3) disclosures pertaining to victims of crime; (4) disclosures when there is a suspicion that death has occurred as a result of criminal conduct; (5) uses and disclosures in the event that a crime occurs on our premises; and (6) disclosures in medical emergencies when it is likely that a crime has occurred.

Coroners, Funeral Directors And Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity And National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Electronic Storage and Transmission: We may record and transmit your health information electronically. This includes but is not limited to information about the medicines you take and your prescriptions. Health information may also be shared electronically through local, regional, state and national health information networks.

Data Breach Notification Purposes: We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you and/or the Department of Health.

Additional Restrictions on Use and Disclosure: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

Sale of PHI: We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state that the disclosure will result in remuneration to Blue Ash Fire Department.

Confidentiality of Psychotherapy Notes: We must receive your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by Blue Ash Fire Department for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by Blue Ash Fire Department to defend itself in a legal action or other proceeding brought by you; to the extent required to investigate or determine Blue Ash Fire Department's compliance with the HIPAA regulations; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Required Uses And Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Other Uses and Disclosures of Your PHI: Other uses and disclosures of your PHI not covered by this notice or the laws that apply to the Blue Ash Fire Department will be made only with your written permission ("authorization"). If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the medical treatment or other services that we have provided to you.

Patient Rights

The Right To Access. Copy Or Inspect Your PHI: This means you may come to our offices and inspect and copy, or submit a written request for a copy of the medical information about you that we maintain. We will normally provide you with access to or a copy of this information within 30 days of your request. If you request a copy of your PHI, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In limited circumstances, we may deny you access to your medical information, but you have a right to request a review of any such denial. We have forms for you to use to request access to your PHI and we will provide a written response if we deny you access and let you know 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.

The Right To Amend Your PHI: You have the right to ask us to amend written medical information that we may have about you. If we approve your request, we will generally amend your information within 60 days of your 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 the health care entity (e.g., doctor, hospital, clinic) that created your PHI is responsible for amending it. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this notice.

The Right To Request An Accounting Of Our Use And Disclosure Of Your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the six years 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, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also NOT REQUIRED to give you an accounting of our uses of protected health information 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, you should contact the privacy officer listed at the end of this notice.

The Right To Request That We Restrict Our Uses And Disclosures Of Your PHI: You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment and health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our privacy officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

The Right To Confidential Communications: You also have the right to request to receive private health information communications by requesting we communicate with you by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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 and you may always request a copy of the notice.

Revision To The Notice: The Blue Ash Fire Department reserves the right to change the terms of this notice at any time, and 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, if we maintain one. You can get a copy of the latest version of this notice by contacting the privacy officer identified 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 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 privacy officer listed at the end of this notice or directly to the government at: Office for Civil Rights, U.S. Department of Health and Human Services, Region V, 233 N. Michigan Ave., Suite 240, Chicago, Ill., 60601, Voice Phone (312) 886-2359; Fax (312) 886-1807; or TDD (312) 353-5693. Individuals will not be retaliated against for filing a complaint.

In the event of any breach of unsecured PHI, we shall fully comply with the HIPAA/HITECH breach notification requirements, which will include notification to you of any impact that breach may have had on you and/or your family member(s) and actions we undertook to minimize any impact the breach may or could have on you.

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
The City of Blue Ash Fire Department
10647 Kenwood Rd
Blue Ash, Ohio 45242
Phone: (513) 745-8533
Fax: (513) 794-3496
Effective Date of Notice: April 14, 2003