

# **Anacortes Fire Department**

1016 13<sup>th</sup> Street, Anacortes, WA 98221  
Phone: 360.293.1925 Fax: 360.299.1965

## ***NOTICE OF PRIVACY PRACTICES***

**IMPORTANT: 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.**

As an essential part of our commitment to you, Anacortes Fire Department maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices in respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how Anacortes Fire Department is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Anacortes Fire Department is also 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 where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

**PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT OUR PRIVACY OFFICER: 293-1925.**

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**IMPORTANT: 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: Anacortes Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information of 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 Anacortes Fire Department is permitted to use and disclose PHI about you.

Anacortes Fire Department is also 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 where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: Anacortes Fire Department may use PHI for the purposes of treatment and health care operations, in most cases without your written permission, Examples of our use of your PHI:

For Treatment. 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 (including doctors and nurses who give orders to allow us to provide treatment to you.) 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.

For Health Care Operations. This includes, for example, quality assurance activities, training programs, obtaining legal or financial services, and conducting business planning.

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Use and Disclosure of PHI Without Your Authorization. Anacortes Fire Department is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For Anacortes Fire Department's use in treating you and for certain health care operations;
- For the treatment activities of another health care provider;
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For activities related to compliance with the law;
- To an immediate family member or close personal friend 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 immediate family or other persons with whom you are known to have a close personal relationship if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your immediate family member or close personal friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For healthcare 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 to the extent required by state or federal law and to the extent permitted by state law;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners and medical examiners for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For certain research projects subject to restrictions;

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- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization. If you would like to revoke an authorization, you should submit the appropriate form to the Privacy Official identified below.**

AFD's Disclosures With Your Prior Authorization. Anacortes Fire Department generally will obtain your written authorization, if required by state law, before disclosing any of the following categories of information:

1. Psychotherapy Notes. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.
2. HIV Status, Infection Or Test Results. "HIV" means human immunodeficiency virus. "HIV infection" means infection with HIV or any other related virus identified as a probable causative agent of AIDS. "AIDS" means acquired immunodeficiency syndrome.
3. Other Serious Communicable Diseases. "Serious communicable diseases" are diseases that, under Washington law, are subject to strict limitations on disclosure by a recipient of information indicating that you suffer from the disease.
4. Results Of Genetic Testing. "Genetic testing" means any laboratory test of human DNA-RNA or chromosomes that is used to identify the presence or absence of alternations in genetic material which are associated with disease, illness, or a mental or physical disorder or susceptibility thereto. "Genetic testing" includes only those tests which are direct measures of such alternations. "Genetic testing" does not include chemical, blood or urine analyses that are widely accepted and used in clinical practice and are not used to determine genetic traits.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

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*The right to access, copy or inspect your PHI.* This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 15 working days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms 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. We will generally amend your information within 10 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 in certain circumstances, like when we believe the information you have asked us to amend is correct. 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 after April 14, 2003. 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 disclosures of protected health information to you, to a family member or close friend involved in your care, or 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 the uses and disclosures of your PHI.* 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 health care operations, or to restrict the information that is provided to family, friends and other individuals involved in you health care. But if your request a restriction and the information you have asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Anacortes Fire Department is not required to agree to any restrictions you request, but any restrictions agreed to by Anacortes Fire Department are binding on Anacortes Fire Department.

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### The Right To Request Communications By Alternative Means Or To An Alternative Location.

The Anacortes Fire Department will honor your reasonable request to receive PHI by alternative means, or at an alternative location, if you submit the request to the Privacy Official (identified below).

A Note About Personal Representatives. Your personal representative may exercise all of the rights described above after the personal representative has provided the Anacortes Fire Department with proof of his or her authority to act on your behalf. Proof of authority may be established by (a) a power of attorney for health care purposes notarized by a notary public, (b) a court order appointing the person to act as your conservator or guardian, or (c) any other document which the Anacortes Fire Department, in its sole and absolute discretion, deems appropriate.

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 violated. You should submit your complaint within 180 days of learning of the conduct forming the basis of the complaint. You will not be retaliated against in any way for filing a complaint with us or to the government or for exercising any of the other rights described in this notice. Should you have any questions, comments or complaints you may direct all inquiries to the privacy offer listed at the end of Notice. Individuals will not be retaliated against for filing a complaint.

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  
Anacortes Fire Department  
1016 13<sup>th</sup> Street  
Anacortes, WA 98221  
360-293-1925

Revisions to the Notice: Anacortes Fire Department 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 that we maintain. We will mail any revised version of the notice to you if we still maintain medical information about you when the revised notice becomes effective. You can get a paper copy of the latest version of this Notice by contacting the Privacy Officer identified above.

Effective Date of this Notice: April 14, 2003