

Addison Fire Department  
**PRIVACY NOTICE**

**WE ARE REQUIRED BY FEDERAL LAW TO KEEP YOUR HEALTH CARE INFORMATION PRIVATE.**

**THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):**

**OUR RIGHTS:**

**We may use your Protected Health Information (PHI) without your consent or authorization:**

- **TO TREAT YOU.** and to give your PHI to other medical personnel in hospitals or other treatment facilities through paper records, radio, telephone, fax and computer communications. We can disclose information about you to your relatives, friends, and to other individuals who have a need to know about your condition.
- **FOR PAYMENT.** We may submit your PHI to insurance companies, Medicare, or Medicaid to obtain payment for our services to you, use an outside billing company to process our claims for payment, and use your PHI for determining medical necessity for your treatment and payment. We may transmit your PHI to a collection agency to collect past due accounts.
- **FOR HEALTH CARE OPERATIONS.** Examples:
  - Case reviews
  - Education
  - Obtaining legal and accounting services
  - Business planning
  - Resolving complaints
  - Employee discipline
  - Fundraising and marketing activities, including contacting you to tell you about services we can offer to you
  - Medical research
  - Data bases which involve your PHI but do not identify your individual information
  - Reminders of when we have an appointment to transport you somewhere
- **WHEN REQUIRED BY LAW:**
  - To law enforcement officials to identify you or someone who has committed a crime against you or when there is an immediate need for the information to prevent or solve a crime.
  - To public health authorities to report births, deaths, or a disease that we are required to report;
  - To people who may have been exposed to a communicable disease you have;
  - To report child abuse, elder abuse, or domestic violence as required by law;
  - To the FDA and other agencies to report an adverse event from the use of a drug or medical device;
  - To government agencies who have a right to the information for conducting investigations, audits, inspections, disciplinary proceedings or other administrative or judicial actions in order to determine our compliance with the law;
  - In response to subpoenas, search warrants, and other legal requests or directives which require us to produce and disclose your PHI;
  - To government military, defense, investigative, security, and other agencies who have a right to your PHI in order to protect citizens, officials of the United States or a foreign country, and to investigate or prevent terrorist activities;
  - To public health officials of the US or foreign countries to avert a serious threat to the safety and health of the people; or
  - As required by worker's compensation laws.
- **OTHER USES.** We may use your PHI without your express consent or authorization for other unnamed uses if they can be reasonably said to fall within any of the categories listed above.

**When we disclose PHI we must only disclose the minimum information necessary for the purposes of the disclosure.**

**We have the right to amend this notice, but no amendments may go into effect until the amended notice has been posted.**

**YOU HAVE THE RIGHT TO:**

- **COMPLAIN TO US OR TO THE U. S. SECRETARY OF HEALTH AND HUMAN SERVICES IF YOU THINK WE HAVE VIOLATED YOUR RIGHTS.** If you file a complaint it:
  - must be in writing, either on paper or by email, to the Privacy Officer listed below OR to the Secretary of Health and Human Services, Washington, D.C.;
  - must describe the event you are complaining about in sufficient detail for us to determine what you're complaining about; and
  - must be filed within 180 days of the occurrence you're complaining about or when you first found out about it.

- **LOOK AT AND COPY YOUR PHI except** when disclosure to you would be contrary to law or harmful to you or someone else.
  - We must tell you why we deny you access to your PHI and your rights to appeal our refusal.
  - We can charge reasonable fees for copying your records, postage, and summarizing your records if you agree to a summary rather than a full set of records.
  - We must give you copies of your records within 30 days of your request if we have them, or 60 days if somebody else has them. If we can't give them to you within this time we can have an additional 30 days but we must let you know why we can't furnish them and tell you when we will.
  
- **RESTRICT OUR USE OF YOUR PHI.** You have the right to ask us to restrict use and disclosure of your PHI, but we don't have to agree. If we don't agree we must tell you why within 30 days.
  - We won't agree when we are required by law to disclose your information or when it's needed to treat you in an emergency.
  - If we DO agree we must honor the restrictions and tell all others that we have disclosed or will disclose your PHI to about them.
  
- **AMEND YOUR PHI.** If you think your PHI is not correct you can ask us to amend it, and if we agree we must do so within 60 days from your request. However, we can refuse your request if:
  - Your records were not created by us;
  - We don't have access to your records or we can't get access to them;
  - We believe our records are correct; or
  - Amendment would result in our being unable to obtain payment for services rendered to you.
  
- **REQUEST AN ACCOUNTING FOR OUR DISCLOSURES OF YOUR PHI DURING THE LAST 6 YEARS BEGINNING ON APRIL 14, 2003.** We are not required to account for disclosures made prior to April 14, 2003, to you or in connection with your treatment, payment, health care operations or disclosures that we were required by law to make. You may have one free accounting in any 12-month period; for additional accountings we may charge a reasonable fee.
  
- **RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US.** If you want us only to contact you at an alternative address, telephone number, or email address, you can request that we do so and we will abide by your request.

**WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY FOR EXERCISING ANY OF YOUR RIGHTS UNDER HIPAA.**

**HOW TO CONTACT US:**

FOR ALL PURPOSES RELATIVE TO YOUR PRIVACY RIGHTS:

**Privacy Officer  
 Addison Fire Department  
 4798 Airport Parkway  
 Addison, Texas 75001  
 972.450.7201**

**You have a right to obtain a copy of this notice in writing by contacting any employee of the Addison Fire Department.**

**We will ask you to sign an acknowledgement that you have received this notice. If you cannot do so, we will make a reasonable attempt later to obtain your acknowledgment.**

**Effective Date of this Notice: April 14, 2003**