

**BRENTWOOD 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.**

*The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.*

*The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.*

**Purpose of this Notice:** The Brentwood Fire Department (“BFD”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. 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.

BFD is also required to abide by the terms of the version of this Notice currently in effect. If we make any changes in the Notice, we must notify you before the change can take effect. We reserve the right to change the terms of this Notice and to make any new Notice provisions effective for all PHI we maintain.

BFD is required by law to notify you if your PHI is breached or reasonably believed to be breached. Non-encrypted patient information that is improperly disclosed or breached has to be reported to both you and the government (U.S. Dept. of Health and Human Services).

**Permitted Uses and Disclosures of PHI Without Your Written Authorization:  
Treatment, Payment and Health Care Operations**

BFD may use and disclose your PHI for the purposes of 1) treatment, 2) payment, and 3) health care operations, in most cases without your written permission. Examples of our use of your PHI:

1) 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 doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center. We will also leave with hospital personnel a copy of the *electronic Patient Care Report (ePCR)* containing PHI that we create in the course of providing you with treatment and transport.

2) For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies and collecting outstanding accounts.

EXAMPLE: BFD's office staff prepares billing information and sends it electronically to a third party billing company who, in turn, sends the information to the party responsible for paying for your treatment, such as your health insurance company.

3) For health care operations. This includes hospitals, quality assurance activities, licensing, 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.

EXAMPLES: BFD's Emergency Medical Services ("EMS") supervisors review treatment records to make sure they are accurate, complete and organized. In addition, we may review treatment records, if necessary, in taking disciplinary or other corrective action towards a staff person who has not performed properly. Those records may also be reviewed in employee grievance hearings about such disciplinary or corrective action.

*\*Minimum Necessary Rule- When it comes to Payment and Operations, we are only permitted to use the minimum amount of PHI necessary to accomplish the purpose of the disclosure. "Just enough to get the job done" Example: Before we use a copy of a Patient Care Report for a QI meeting, we are required to remove identifying information (i.e. name, address, SS#).*

**Other Permitted Uses and Disclosures of PHI Without Your Written Authorization:** BFD is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a public health authority (such as the Health Department that you have been exposed to certain communicable diseases);
- For health oversight activities (such as to the Missouri Division of Health and Senior Services, who licenses BFD's EMS activities);
- To a public health authority in certain situations as required by law (such as to report suspected abuse, neglect or domestic violence);
- 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 or when the information is needed to locate a suspect or stop a crime;

- For military, national defense and security and other special government functions;
- 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, 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 only when the research has been approved by an appropriate oversight authority who has established safeguards to protect the privacy of your information;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- To a family member, other relative, or close personal friend or other individual involved in your 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, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;

EXAMPLE: Your spouse has called the ambulance for you. We may assume you agree to our disclosure of your PHI to your spouse.

In situations where you are not capable of objecting, we may, in our professional judgment, determine that a disclosure to your family member, relative or friend is in your best interest. In that situation, we will disclose only PHI relevant to that person's involvement in your care.

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 the treatment that is being administered by our ambulance crew.

**Written Authorization Required:**

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. 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.

**Patient Rights:** HIPAA is a Civil right. As a patient, you have a number of rights with respect to the protection of your PHI, including:

*The right to access, copy or inspect your PHI.* This means you may come to the BFD Administrative offices at 8756 Eulalie Ave., Brentwood, MO 63144 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 calendar 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. The charge for making any copies is \$0.25 per page and the hourly rate for staff time if it takes more than 15 minutes to retrieve and copy the information you requested. 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. You have the right to receive confidential communications of your PHI. You also have the right to access your PHI in electronic format. If you wish to inspect and copy your medical information, you should contact our 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. Your request must be in writing, and should include exactly what amendment you are requesting and the reason which supports an amendment. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. At such time, we may ask you to identify the relevant persons to be notified. 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. At such time, we will provide you with a letter indicating that your request has been denied, and information on how and to whom to lodge a complaint about the denial. You may also submit a Statement of Disagreement to be made part of the medical record. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

*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 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, contact our privacy officer. The request must state the time period you want the accounting to cover.

*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 or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, if you request a restriction and the information you ask 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. BFD is not required to agree to any restrictions you request, but any restrictions agreed to by BFD in writing are binding on BFD. You have the right to request to BFD to not use your PHI to submit a claim to your insurer but only if you first pay your bill in full.

*Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.* You have the right to receive a paper copy of this notice at any time, even if you agreed to receive this notice electronically. You can get an electronic copy of this Notice at our web site, [www.brentwoodmo.org](http://www.brentwoodmo.org), to obtain a paper copy of this Notice, contact the BFD Privacy Officer listed 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 our privacy officer.

*Personal Representative may act on behalf of the patient and are entitled to all rights (i.e. legal guardian, power of attorney, parent (minor), executor of estate if deceased).*

***Revisions to the Notice:*** BFD 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 administrative offices and posted to our web site. You can get a copy of the latest version of this Notice by contacting our privacy officer.

If you have any questions, or if you wish to file a complaint or exercise any rights listed in this Notice, you may contact either of the following:

Lieutenant Matt Stoverink BFD Privacy Officer  
Brentwood Fire Department  
8756 Eulalie Ave.  
Brentwood, MO 63144  
Telephone number: (314) 963-8614  
Fax number: (314) 962-3869  
[mstoverink@brentwoodmo.org](mailto:mstoverink@brentwoodmo.org)

Secretary of the Department of Health and Human Services  
1800 F Street NW  
Washington, D.C. 20405  
[www.dhhs.gov](http://www.dhhs.gov)

A complaint may be made in person, over the phone, via e-mail or by mail

*Effective Date of the Notice: January 1, 2015*