



Clark County Fire & Rescue

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Also found in HIPAA SOG No. 526.10.02

PLEASE REVIEW THIS INFORMATION CAREFULLY.

Clark County Fire & Rescue (the District) 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. The District is also required to abide by the terms of the version of the Notice currently in effect.

USES AND DISCLOSURES OF PHI

The District may use PHI for the purposes of treatment, payment, 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 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.

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, making medical necessity determinations, and collecting outstanding accounts.

For Health Care Operations

This includes quality assurance activities, licensing, and training programs to ensure that personnel meet our standards of care and follow established policies and procedures, as well as performing certain other management functions.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION

The District is permitted to disclose your PHI without written authorization or your opportunity to object in certain situations (unless prohibited by a more stringent state law) including:

- The treatment or payment of health care operation activities of another health care provider who treats you;
- Health care and legal compliance activities;
- Disclosure 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;
- Disclosure to a public health authority in certain situations as required by law (such

as to report abuse, neglect or domestic violence);

- 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;
- 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;
- Law enforcement activities in limited situations, such as when responding to a warrant;
- Military, national defense and security, and other special government functions;
- Averting serious threats to the health and safety of a person or the public at large;
- Workers' compensation purposes in compliance with workers' compensation laws;
- Disclosure 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;
- Release of 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 if you are an organ donor;
- Disclosure for research projects subject to strict oversight and approvals;
- Disclosure of health information 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. 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

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

The right to access, copy, or inspect your PHI

This means you may 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 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. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

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 21 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, i.e. when we believe the information you have asked us to amend is incorrect. 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, for example our Medical Program Director. 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 right to 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. The District is not required to agree to any restrictions you request, but any restrictions agreed to by the District in writing are binding.

If you would like more information about your rights

We will prominently post a copy of this Privacy Notice on our web site. (www.clarkfr.org). If requested, we will forward this Notice by electronic mail. You may always request a paper copy of the Notice and /or a complete copy of our Patient Information Privacy Practices Policy.

REVISIONS TO THE NOTICE

The District 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 to our web site. You may get a copy of the latest version of this Notice by contacting our privacy officer.

YOUR LEGAL RIGHTS

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. More Dept of HHS HIPAA information may be located at:

<http://www.hhs.gov/ocr/hipaa/>

Should you have any questions, comments, or complaints you may direct all inquires to our privacy officer.

Privacy Officer Contact Information

Dennis Mason
Fire Chief/Privacy Officer

OR

Christi Linn
Alternate Privacy Officer

Clark County Fire & Rescue
911 N 65th Avenue
Ridgefield, WA 98642

Phone 360/ 887.4609
Fax 360/ 887.0862

E-Mail dennis.mason@clarkfr.org
christi.linn@clarkfr.org

Effective Date of the Notice

June 1, 2003

Revised

October 1, 2008
September 18, 2009