

**Notice of Privacy Practices
City of Norfolk, Virginia
Department of Fire-Rescue**

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.

The Department of Fire-Rescue of the City of Norfolk, Virginia, has adopted the following policies and procedures for the protection of the privacy of the people it serves.

We are required by law to maintain the privacy of your “**PROTECTED HEALTH INFORMATION**” or “**PHI**”, to notify you of our legal duties and your legal rights and to follow the privacy practices described in this notice. **PHI means any information that we create or receive that identifies you and relates to your health.**

Use and Disclosure of PHI

For treatment. We will disclose verbal and written PHI to various members of our staff in the course of our care for you. We may provide information to other health care personnel (such as doctors, nurses, lab technicians) to whom we transfer your care and treatment. Disclosure may be to a hospital or dispatch center. We may contact you to tell you about services that we offer that might be of benefit to you.

For payment. *We will disclose your PHI as needed to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (either directly or through a third party billing company); your insurance company or the billing company may need health information to confirm that the service rendered is covered by your plan and medically necessary.*

For health care operations. It may be necessary to disclose PHI for quality assurance and improvement activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures. Your health plan may wish to review your records to be sure that we meet national standards for quality care.

As part of an official municipal, state or federal investigation. It may be necessary to share information about the care provided or conditions found related a call for medical assistance. The department of Fire – Rescue is expected to cooperate in instances where information provided by the technicians at a particular scene or contained in the documentation of a particular is deemed by the investigating agency as necessary for completion or resolution of their case.

Other situations. If you are an organ donor, we may release health information to organizations that handle organ procurement or transplantation, as necessary to facilitate organ donation and transplantation. We will release PHI in any situation required by law; for example, we will disclose PHI for Workers’ Compensation purposes, for law enforcement activities and for public health oversight.

We will not ask for your written permission to use or disclose your PHI for Treatment, Payment or Health Care Operations purposes, or any of the other situations listed above.

With your verbal agreement, by inference, or if we give you an opportunity to object to such a disclosure and you do not raise an objection, we will disclose PHI to a family member, other relative, or close personal friend or other individual involved in your care. For example, we may infer 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 family member, relative, or 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.

Any 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.**

Patient's Rights

With respect to your PHI you have the right to:

access, copy or inspect your PHI. 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 30 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.

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 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 in certain circumstances, like when we believe the information you have asked us to amend is correct.

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 last six years prior to the date of your request.

request that we restrict the uses and disclosure of your PHI. You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or health care operations, or to restrict the information that we provide to family, friends and other individuals involved in your health care. But if you request a restriction and the information is needed to provide you with emergency treatment, then we may use or disclose the PHI to provide you with emergency treatment. The City of Norfolk Department of Fire-Rescue is not required to agree to any restrictions you request, but any restrictions agreed to by The City of Norfolk Department of Fire-Rescue are binding on The City of Norfolk Department OF Fire-Rescue.

internet, electronic mail, paper copy of Notice on request. If we maintain a website, we will prominently post a copy of this Notice on our website and make the Notice available electronically. If you allow us to do so, we will forward this Notice to you by electronic mail instead of on paper and you may always request a paper copy of the Notice.

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 with the federal government.

If you wish to exercise any of your rights listed above, you should contact the Privacy Official listed at the end of this Notice.

Revisions to the Notice

We reserve 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. Any material changes to the Notice will be promptly posted in our facilities and posted on our website, if we maintain one.

You can get a copy of the latest version of this Notice by contacting the Privacy Official as identified below.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact our Privacy Official at:

THE CITY OF NORFOLK DEPARTMENT OF FIRE-RESCUE
100 Brooke Avenue, Suite 500
Norfolk, Virginia 23510
(757) 664-6600

Effective Date of the Notice: **September 5, 2007**