

**James City County Fire Department  
Notice of Privacy Practices**

**IMPORTANT: THIS NOTICE DESCRIBES HOW  
MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN OBTAIN  
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT  
CAREFULLY.**

James City County Fire Department is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information or "PHI." We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

**Uses and Disclosures of Your PHI We Can Make Without Your Authorization**

James City County Fire Department may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

**Treatment:** We can use your PHI for 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). This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition. We may also share your PHI with other individuals involved in your care and treatment. This 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. We may also share your PHI with other healthcare providers for their treatment activities.

**Payment:** We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding

accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

**Healthcare Operations:** We may use or disclose your PHI for things such as quality assurance activities, licensing, training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes and certain marketing activities. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or had a patient relationship with you and the PHI pertains to that patient relationship.

**Other Uses and Disclosure of Your PHI We Can Make Without Authorization.**

James City County Fire Department is also permitted to use or disclose your PHI *without* your written authorization in situations including:

- ❖ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ❖ To a family member, other relative, or close personal friend or other individual involved in your care if we, 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;
- ❖ 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, 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 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 healthcare 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 there is a warrant for the request, 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.

**Uses and Disclosures of Your PHI That Require Your Written Consent**

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). Specifically, we must obtain your written authorization before using or disclosing your: [ (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes,] (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. **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.

#### **Your Rights Regarding Your PHI**

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

**Right to access, copy, or inspect your PHI.** You have the right to inspect and obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. If you request that we transmit a copy of your PHI directly to another person, we will do so provided you fill out an access request form or your request is in writing. If your request is in writing, it must be signed by you [or your personal representative, as defined in 45 CFR 164.502(g)], and you clearly identify the designated person and where to send the copy of your PHI. We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, we may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

**Right to request an amendment of your PHI.** You have the right to ask us to amend PHI that we maintain regarding you. Requests for amendments to your PHI must be made in writing and you must contact our HIPAA Compliance Officer if you wish to make a request for amendment. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when we believe that the information you have asked us to amend is correct. We will respond to your Amendment Request within 60 days of your request, with an explanation of our decision.

**Right to request an accounting of uses and disclosures of your PHI.** You may request an accounting from us of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that is subject to the accounting requirement, you should contact Laura Simmons, our HIPAA Compliance Officer, and make

a request in writing. You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. You may request an accounting once a year at no cost, but you will be responsible for a cost-based fee for any additional requests within a one-year period.

**Right to request restrictions on uses and disclosures of your PHI.** You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends, and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you must contact our HIPAA Compliance Officer and make a request in writing.

James City County Fire Department is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid James City County Fire Department in full.

**Right to notice of a breach of unsecured protected health information.** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer to make James City County Fire Department aware of this preference and to provide a valid email address to send the electronic notice.

**Right to request confidential communications.** You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you must contact our HIPAA Compliance Officer and make a request in writing.

#### **Internet, Email and the Right to Obtain Copy of Paper Notice**

We will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

#### **Revisions to the Notice**

James City County Fire Department is required to abide by the terms of the version of this Notice currently in effect. However, James City County Fire Department 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 PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer.

#### **Your Legal Rights and Complaints**

You have the right to file a complaint with us, or with the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. Should you have any questions, comments or complaints, you may direct all inquiries to our HIPAA Compliance Officer. Individuals will not be retaliated against for filing a complaint with us or to the government.

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

Laura Simmons  
James City County Fire Department  
HIPAA Compliance Officer  
5077 John Tyler Hwy  
Williamsburg, VA. 23185  
(P) 757-220-0626  
(F) 757-220-9125  
[Laura.Simmons@jamescitycountyyva.gov](mailto:Laura.Simmons@jamescitycountyyva.gov)

**Effective Date of the Notice:** 11/1/2015