

## Coconut Creek Fire Rescue HIPAA 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.**

### **I. Purpose of This Notice**

This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Coconut Creek Fire Rescue will be permitted to use and disclose protected health information (PHI) about you. Coconut Creek Fire Rescue is committed to protecting medical information about you and will use it to the “minimum necessary” to accomplish the intended purpose of the use, disclosure, or request of it. This Notice applies to all of the medical records Coconut Creek Fire Rescue maintains. Coconut Creek Fire Rescue is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

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

Coconut Creek Fire Rescue may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

- a. *Treatment: Provision, Coordination, Consultation, or Management of Health Care.*** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and 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). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and 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.
- b. *Payment: Obtaining or Collecting Fees.*** This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including 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.
- c. *Healthcare Operations: Administrative, Financial, Legal, or Quality Improvement.*** This includes quality assurance activities, licensing, and 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 aggregation purposes.

**d. Other Uses and Disclosures of Your PHI Without Authorization.**

Coconut Creek Fire Rescue is also permitted to use or disclose your PHI *without* your written authorization in situations including, but not limited to:

1. For healthcare fraud and abuse detection or for activities related to compliance with the law;
2. To a family member, other relative, or close personal friend or other individual involved in your care with written proof of kinship/authority; in an emergency setting, when you are present, if we obtain your verbal agreement to do so, or we provide you with the opportunity to object to the disclosure, and you do not express an objection, or we reasonably infer from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure, we may also disclose your PHI to your family, relatives, or friends who are involved in your care if we infer from the circumstances that you do not object. For example, we may assume that you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. 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;
3. To comply with Federal and State requirements; for example, 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;
4. To avert a serious threat to health or safety, we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician;
5. For judicial and administrative proceedings, as required by a court or other legal process, including law enforcement activities in limited situations as allowed by law;
6. For military, national defense and security and other special government functions;
7. For workers' compensation purposes, and in compliance with workers' compensation laws;

8. To Business Associates; only to the extent that we have contracted with entities (defined as "business associates" under HIPAA) to help us administer your benefits; we require that these entities only use and disclose your PHI as we are permitted to do so under HIPAA.

**NOTE:** This Notice does not list every use or disclosure; instead it gives examples of the most common uses and disclosures.

### **III. Uses and Disclosures of Your PHI That Require Your Written Consent**

Other uses and disclosures not described in this notice will be made only with your written authorization. The authorization must specifically identify the information sought to be used or disclosed, as well as when and how same will be used or disclosed. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes (as applicable), 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.**

### **IV. Your Rights Regarding Your PHI**

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

- a. ***Right to access, copy or inspect your PHI.*** You have the right of access to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer using the contact information contained below. In limited circumstances, we may deny you access to your PHI (e.g., psychotherapy notes, and records compiled in reasonable anticipation of civil, criminal or administrative actions), and you may not appeal these certain types of denials. However, 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. We will normally provide you with access to this information within 30 days of your written request. If we maintain your PHI in an electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing on the provided waiver form, signed by you (and/or your representative, when necessary), and you must clearly identify the designated person and where to send the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable law. If we do not maintain the health information that you seek, but know where it is maintained, you will be informed of where to direct your request. If you are denied access to your PHI, you may request that the denial be reviewed.

- b. *Right to request an amendment of your PHI.*** If you feel that medical information we have about you is incorrect or incomplete, you have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer, using the contact information below, to obtain an amendment request form. You have the right to make this request for as long as the information is kept by or for Coconut Creek Fire Rescue. Usually within 60 days of your request, we will either notify you that we have amended the information or issue a denial with a description of how you may proceed. 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.
- c. *Right to receive an accounting of disclosures of your PHI.*** You may request an accounting from us of disclosures of your PHI. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer, using the contact information below, and make a request in writing. You have the right to receive an accounting of certain disclosures of your PHI for a period of time not to exceed six (6) years. However, we are not required to provide you with an accounting of certain disclosures of your PHI, such as: disclosures for purposes of treatment, payment, or healthcare operations; disclosures that were made to you or that you expressly authorized; or disclosures made for law enforcement or certain other governmental purposes required by law.
- d. *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 PHI for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, we are only required to abide by a requested restriction under limited circumstances. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Compliance Officer, using the contact information below, and make a request in writing. Coconut Creek Fire Rescue is not required to abide by a requested restriction, unless required by law (e.g. if the disclosure is to a health plan (insurer) and is for the purpose of carrying out payment for a service that you have already paid-in-full to Coconut Creek Fire Rescue). We are also required to abide by any restrictions that we voluntarily agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment. A restriction may be terminated if you agree to or request the termination. Coconut Creek Fire Rescue may also terminate most current restrictions as long we notify you.

Such termination after notice is only effective as to the PHI created or received after we have informed you of the termination.

- e. ***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). However, we will only comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer, using the contact information below, to make a request in writing.
- f. ***Right to receive a Hard Copy of this Notice.*** You have the right to obtain a paper copy of this Notice from the Coconut Creek Fire Rescue. Please contact our HIPAA Compliance Officer, using the contact information below, to make such a request.

#### **V. Notification of Breach of Unsecured PHI**

Pursuant to changes to HIPAA required by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations (collectively, "HITECH Act") under the American Recovery and Reinvestment Act of 2009 ("ARRA"), this Notice also reflects federal breach notification requirements imposed on Coconut Creek Fire Rescue in the event that your "unsecured" PHI (as defined under the HITECH Act) is acquired by an unauthorized party. We will notify you following the discovery of any "breach" of your unsecured PHI as defined in the HITECH Act (the "Notice of Breach"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by email if you have previously agreed to receive such notices electronically. Substitute notice may be reasonably necessary if the breach involved insufficient or out-of-date contact information for individuals who may be affected by the breach. If fewer than 10 individuals are affected, such substitute notice may be provided by an alternative form of written notice, telephone, or other means. If the breach involves 10 or more individuals with insufficient or out-of-date contact information, then such substitute notice shall: 1) be in the form of either a conspicuous posting for a period of 90 days on our website, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and 2) include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured PHI may be included in the breach.

Your Notice of Breach shall be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and shall include, to the extent possible: 1) a description of the breach; 2) a description of the types of information that were involved in the breach; 3) the steps you should take to protect yourself from potential harm; 4) a brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches; and 5) our relevant contact information.

#### **VI. 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.

**VII. Revisions to the Notice**

Coconut Creek Fire Rescue is required to abide by the terms of the version of this Notice currently in effect. However, Coconut Creek Fire Rescue 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, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer at the address/phone number listed below.

**VIII. 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 that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint. Should you have any questions, comments, or complaints, you may direct all inquiries to our HIPAA Compliance Officer, using the contact information provided below. NOTE: All complaints must be submitted in writing.

**IX. Other Uses of Medical Information**

Other uses and disclosures of medical information that are not covered by this Notice or the laws that apply to us will be made only with your written permission. If you grant us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we may be required to retain our records related to your benefit determinations and services rendered.

**X. Contact Information**

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

Coconut Creek Fire Rescue  
Attention: HIPAA Compliance Officer  
4800 West Copans Road  
Coconut Creek, FL 33063  
954-973-6706

**XI. Effective Date of the Notice: January 01, 2023.**