

## 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 terms of this Notice of Privacy Practices apply to *THE VILLAGE OF LODI FIRE AND RESCUE DEPARTMENT*. We will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of patients' protected health information, to notify you if there is a breach of your unsecured protected health information, and to provide patients with notice of its legal obligations and privacy practices. We are required to abide by the terms of this Notice so long as it is in place. We reserve the right to change the terms of this Notice as necessary and to make the new terms effective for all protected health information we maintain. You may get a copy of any revised notices at the facilities listed above or by mailing a request to Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

**Authorization.** Except for uses and disclosures described later in this Notice, we will not use or disclose your protected health information unless you have signed a written authorization giving us permission. You have the right to revoke an authorization in writing except to the extent that we have already taken action based on the authorization.

**Uses and Disclosures Required or Permitted by Law.** The law requires and in some case requires us to use and/or disclose your protected health information without your authorization. We may use or disclose your protected health information for:

- Any purpose required by law.
- Public health activities (for example, where required for reporting disease, injuries, births and death), and for required public health investigations.
- Reporting suspected child abuse or neglect; or if you may be a victim of abuse, neglect, or domestic violence.
- Reporting to the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls;
- Your employer if we have provided health care to you at your employer's request.
- Reporting to a government oversight agency conducting audits, investigations, or for civil or criminal proceedings.

- A court or administrative ordered subpoena or discovery request.
- Law enforcement officials to report wounds, injuries and crimes.
- County coroners.
- Arrangement of an organ or tissue donation from you or a transplant for you.
- Military purposes, if you are a member of the military, or for national security or intelligence activities.
- Your workers' compensation claim to workers' compensation agencies.

**Uses and Disclosures for Treatment, Payment or Health Care Operations.** We will use and disclose your protected health information as needed for treatment, payment and health care operations purposes. Examples of such uses and disclosures include: nurses, doctors and other professionals involved in your care will use information in your medical record to put in place a treatment plan and to carry out that plan; and in some situations to other health care facilities or providers who will be treating you; sending information about you and your treatment to insurance companies, governmental agencies and programs and other entities or individuals who will pay for your care; and in meetings and as part of other actions our practice takes to make sure all entities are licensed, accredited, the doctors and other professionals involved in its facilities have proper credentials and in many other activities designed to make sure of, and improve upon, the quality of care our practice provides.

**Business Associates.** As part of the services our practice provides, it sometimes seeks the help of outside persons or businesses. These outside entities help in a number of ways like giving us legal help, accrediting our facilities or auditing our records, just to list some examples. In order to get their help in making The Village of Lodi Fire and Rescue Department's care available, we must often give them your protected health information. At times it may be necessary for us to provide certain of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. Before we give out any protected health information to these outside parties, we require them to protect the privacy of your information.

**Others Involved in Your Care.** If you approve, we may disclose your protected health information to people that you designate (typically family and friends), who are involved in your care or in payment of your care, to help them with your care or paying for your care. If you are not available, incapacitated, or have a health emergency, and we determine that a limited disclosure may be in your best interest, we may disclose protected health information with the people involved in your care or paying for your care without your approval. In some cases, we may also disclose your protected health

information to parties involved in disaster relief to help them find your family member or other persons involved in our care or paying for your care.

**Marketing.** We may use your protected health information to contact you about health products and services necessary for your care, about new products and services it offers, and to give you general health and wellness information. Most other uses and disclosures of your protected health information for marketing purposes and disclosures that constitute a sale of your protected health information require your authorization.

**Services/Communications.** We may contact you to provide appointment reminders, or test results, or other information regarding your care. You can ask and we will accommodate reasonable requests to receive communications about your protected health information from us in a different way or at a different place. For example, if you want reminders to not be sent to a particular address. You must make the request in writing to Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254.

**Research.** Sometimes we may use and disclose your protected health information for research purposes where, for example, an entity may compare outcomes of patients taking a medicine. If we do not get your specific authorization, your privacy will be protected by strict confidentiality requirements used by an Institutional Review Board that oversees the research or by representations of the researchers that limit their use and disclosure of your information.

## YOUR RIGHTS

**Right to Receive Notice.** You have the right to receive a copy of this Notice on paper even if you have requested the Notice by e-mail or in some other electronic transmission.

**Access to Your Protected Health Information.** You have the right to copy and/or inspect the protected health information that we have about you. You have to ask us in writing and sign the request. You send the written request to Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254. You can get a form for making the request from our Privacy Manager. For preparing a summary of requested there are charges for our costs.

**Amendments to Protected Health Information.** You have the right to request that we amend your protected health information. We do not have to make your amendments but will carefully consider your request. All amendment requests must be in writing, signed and state the reasons for the amendment. You can get a form for making the request from Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254.

**Accounting for Disclosures of Protected Health Information.** You have the right to get an accounting of certain disclosures we make of your protected health information. You may only request disclosures made within the six (6) years before the date of your request. To get this accounting, you have to sign and complete a written accounting

request form that you can get from Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254. It will not cost you anything for one accounting in a 12-month period, but for each accounting after one in a 12-month period there will be a charge.

**Restrictions on Uses and Disclosures.** You have the right to ask for restrictions on certain uses and disclosures we make of your protected health information for treatment, payment or health care operations. You can get a restriction request form from Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254 . We do not have to agree to any restriction, except in certain situations if you ask us not to give your health plan information related to services you paid us for out of pocket in full, but will review it and if we consider it appropriate allow the restriction. We reserve the right to stop any restriction at any time by giving you written notice. You can also stop a restriction by giving written notice to Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with us on a complaint form. You can get the form from Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254. We will review it and respond to you. You may also file a complaint, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint. Complaints should be sent to:

Region V  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue  
Suite 240  
Chicago, IL 60601  
Telephone: (312) 886-2359  
Fax: (312) 886-1807  
TDD: (312) 353-5693

**Acknowledgement of Receipt of Notice.** You will be asked to sign an acknowledgement that you received this Notice of Practice Practices.

#### **FOR FURTHER INFORMATION**

If you have any questions about his Notice, you can talk to Privacy Manager, Lodi Village Hall, 110 Ainsworth St., Lodi, Ohio 44254, Telephone: (330) 948-2040

#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective September 23, 2013.

**THE VILLAGE OF LODI FIRE AND RESCUE DEPARTMENT**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) requires all health care providers, including fire and rescue respondents, to inform patients about how their medical information may be used and disclosed and how patients can get access to that information. The purpose of this form is to document that you have received such information (see The Village of Lodi Fire and Rescue Notice of Privacy Practices).

Please fill out, date, and sign this form after you have had a chance to review, understand, and/or ask questions about your rights to privacy and confidentiality.

**Patient Full Name:** \_\_\_\_\_ (please print)

**DOB:**                    \_\_ / \_\_ / \_\_\_\_ (mm/dd/year)

**Patient Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“I hereby acknowledge that I have received and reviewed a copy of The Village of Lodi Fire and Rescue Department’s Notice of Privacy Practices.”

Signature: \_\_\_\_\_  
Patient/Parent or Guardian Signature (please specify)

\_\_\_\_\_  
Full Name (please print)

\_\_ / \_\_ / 20\_\_  
Date