

BODEGA BAY FIRE PROTECTION DISTRICT
STANDARD OPERATING PROCEDURE

WRITTEN BY: GRINNELL	APPROVED BY: 	NUMBER: 75
SUBJECT: PRIVACY PRACTICES		DATE: 14APR03

**NOTICE OF PRIVACY PRACTICES
OF BODEGA BAY FIRE PROTECTION DISTRICT
(THE "ORGANIZATION")**

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.

Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that our personnel create. (Your physician may have a different policies and a different notice regarding your health information that is created in the physician's office.) In addition, the hospital at which you receive care may also have different policies and a different Notice regarding your health information.

I We Are Legally Required to Safeguard Your Protected Health Information.

We are required by law to:

- A. maintain the privacy of your health information, also known as "protected health information" or "PHI";
- B. provide you with this Notice, and
- C. comply with this Notice.

II Future Changes to Our Practices and This Notice.

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change, as well as to information we receive in the future. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Administrative Office at 707/875-3700. We will also make any revised Notice available in our Administrative Office.

III How We May Use and Disclose Your Protected Health Information.

The law requires us to obtain your prior authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. This Section III gives examples of each of these circumstances.

- A. Uses and Disclosures that do not Require Your Authorization. We may use or disclose your PHI to **provide treatment** to you or in order for **others to provide treatment** to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care.

C. Certain Uses and Disclosures Do Not Require Your Authorization. The law allows us to disclose PHI without your authorization in the following circumstances:

- (1) **When Required by Law.** We disclose PHI when we are required to do so by federal, state or local law.
- (2) **For Public Health Activities.** For example, we disclose PHI when we report adverse reactions to a drug or medical device, or to notify a person who may have been exposed to a disease in compliance with applicable law. We may also report PHI to the local emergency medical services agency in connection with its oversight role over ambulance services. We may also use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.
- (3) **For Reports About Victims of Abuse, Neglect or Domestic Violence.** We will disclose your PHI in these reports only if we are required or authorized by law to do so, or if you otherwise agree.
- (4) **To Health Oversight Agencies.** We will provide PHI as requested to government agencies that have authority to audit or investigate our operations.
- (5) **For Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court order or administrative order. We may also disclose your PHI in response to a subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain a court order that will protect the PHI requested.
- (6) **To Law Enforcement.** We may release PHI as permitted by law if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order issued by a court in the county where the records are located, grand-jury subpoena, court-ordered warrant, administrative request or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.

V. Your Rights Related to Your Protected Health Information.

You have the following rights:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the Department of Health and Human Services, related to our facility's patient directory, or the disclosures described in Section III, above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.
- B. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.
- C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI that may be used to make decisions about your care if you ask in writing to do so. Any such request must be addressed to our Administrative Department. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If you ask us to copy your PHI, we will charge you \$1.00 per page. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.
- D. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing. You must tell us why you think the amendment is appropriate. In addition, the following procedures apply:

We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment. We may deny your request if you ask us to amend information that:

- (1) was not created by us, unless the person who created the information is no longer available to make the amendment.
- (2) Is not part of the PHI we keep about you;
- (3) Is not part of the PHI that you would be allowed to see or copy; or
- (4) Is determined by us to be accurate and complete.

BODEGA BAY FIRE PROTECTION DISTRICT

WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Bodega Bay Fire Protection District (Organization) "Notice of Privacy Practices."

Signature: _____ Date: _____

Printed Name: _____

I hereby acknowledge that I received a copy of the Bodega Bay Fire Protection District "Notice of Privacy Practices." I request that payment of authorized Medicare or other insurance benefits be made either to me or on my behalf to the Bodega Bay Fire Protection District for any ambulance services and supplies furnished to me by the Bodega Bay Fire Protection District. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid (CMS) or any other third party payer and its agents and carriers, as well as the Bodega Bay Fire Protection District, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, now or in the future. (A copy of this authorization may be used in place of the original.)

FAILED ATTEMPT TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF THE "NOTICE OF PRIVACY PRACTISE".

Patient's Name: _____ Date of Service: _____

Reason acknowledgement was not obtained. Describe the reason, such as patient inability to sign or individual refused to sign or failed to return the form to the Bodega Bay Fire Protection District or emergency treatment situation: _____

Describe any further action that will be taken to obtain consent: _____

BBFPD Member Signature: _____ Date: _____

BBFPD Printed Name: _____