



LONGVIEW FIRE DEPARTMENT

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 City of Longview Texas, Longview Fire Department, Emergency Medical Services (“LFD/EMS”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (“PHI”), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. LFD/EMS is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of Protected Health Information: LFD/EMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of how we use your PHI are:

For treatment. This includes such things as obtaining and using verbal and written information about your medical condition and treatment from you and from others, such as doctors who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations, and collecting outstanding accounts.

For health care operations. This includes 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, as well as certain other management functions. We may also contact you about other services we provide.

City of Longview Fire Department
EMS BILLING DEPARTMENT
PO Box 1952
Longview, TX 75606-1952

ATTENTION: PLEASE SIGN & RETURN
IMMEDIATELY

URGENT

TO BE OPENED BY ADDRESSEE OR LEGAL REPRESENTATIVE ONLY

Use and disclosure of Protected Health Information without your authorization:

LFD/EMS is permitted to use PHI without your written authorization or opportunity to object in certain situations which include:

- For the treatment, payment, or healthcare operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests, except that Texas law may limit the disclosure of certain emergency medical information without written authorization;
- To a public health authority in certain situations as required by law (like reporting abuse, neglect or domestic violence);
- 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 health care system;
- For judicial and administrative proceedings as required by a court of 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 responding to a warrant;
- 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;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Use or disclosure of PHI, other than as listed above, will only be made with your written authorization. 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 Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy, or inspect your PHI. This means you may see and copy most of the medical information that we maintain about you. 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. We have forms available on which to request access to your PHI. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and/or copy your medical information, you should contact our privacy officer.

The right to 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 already correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request, if such period is after April 14, 2003. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or healthcare operations, or when we share your health information with our business associates, like our billing or collections company, or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose the medical information that we have about you. LFD/EMS is not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding.

The right to obtain a copy of this notice: If we maintain a web site, we will prominently post a copy of this notice on our web site. If you allow us, we may forward this notice to you by electronic mail instead of on paper. You may always request a paper copy of the notice.

Your legal rights and complaints: You have the right to complain to us if you believe your privacy rights have been violated, or you may complain to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments, or complaints you may direct all inquires to our privacy officer.

Revisions to the notice: LFD/EMS 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 protected health information that we maintain. Any material changes to the notice will be promptly posted to our web site, if we maintain one. You can get a copy of the latest version of this notice by contacting our privacy officer, or any Fire Department employee.

It is our mission to reflect the highest standards and expectations of our community and ourselves. We request that you contact us with any concerns you may have concerning any aspect of our operations.

City of Longview Fire Department
EMS Privacy Officer
PO Box 1952
Longview, TX 75606-1952

Phone: 903 239 5530
Email: hhester@ci.longview.tx.us

For questions regarding billing or customer accounts, please call:

EMS Billing Office
Phone: 903 237 1232
Fax: 903 237 1307

Effective date of this notice: August 1, 2003