

MIAMI TOWNSHIP FIRE-RESCUE Privacy Policy (Revised: 12/17/2007)

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.

PURPOSE: Miami Township Fire-Rescue (MTFR) is required by law to maintain the privacy of Protected Health Information or PHI, and to provide notice of our legal duties and privacy practices with respect to PHI. This notice describes your legal rights, advises you of our privacy practices and lets you know how MTFR is permitted to use and disclose your PHI. MTFR is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this Notice without your permission but there are a few instances where we may use it only after we obtain your written authorization.

USES AND DISCLOSURES: MTFR may use PHI for the purposes of treatment, and health care operations, in most cases without your written permission. Below are a few examples of how we may use your PHI.

Treatment: This includes things such as verbal and written information that we obtain and use pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer your care and treatment. Radio or telephone contact and leaving a copy of the patient care report we create while providing you with treatment and transport are also permitted.

Healthcare operations: This includes quality assurance activities, licensing and training programs to ensure that we continue to provide a high standard of care. MTFR is permitted to use/disclose PHI without your written authorization or opportunity to object in certain situations:

- treatment or in other health care operations
- treatment activities of another health care provider
- 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 a disclosure and you fail to do so*
- reporting a birth, death or disease as required by law; to report child or adult abuse or 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
- judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process
- to avert a serious threat to the health and safety of person or the public at large
- to coroners, medical examiners and funeral directors for identifying a deceased person, determining a 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 transplantation.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- to health insurance companies for payment purposes.

**In situations where you are not capable of objecting, due to incapacity or medical emergency, we may determine that a disclosure to your family member, relative or friend in your best interest.*

Other use or disclosure of your PHI will be made only after obtaining 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 the protection of your PHI, including:

1. The right to access, copy or inspect your PHI. We will normally provide you with access to this information within 30 days of your request. Your request must be made in person, on the appropriate form, at the firehouse during regular business hours. In limited circumstances, we may deny you access to your medical information and you may appeal certain types of denials.
2. The right to amend your PHI. You have the right to ask us to amend your written medical information. You will receive notification of the decision to amend or not within 90 days of our receiving your request. If we believe that the information you have asked us to amend is, in fact, correct we are permitted by law to deny your request.
3. MTFR maintains a web site, address: www.mtfr.org. We are required to post a copy of this policy on our web site and to make the policy available electronically through the web site. Any changes to this policy, once adopted, must be posted on the web site.
4. You also have the right to complain to us or to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. If you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer listed below.

To file a complaint or exercise any rights listed in this policy, please contact:

Denny Powell, Assistant Chief
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