



**San Antonio Fire Department**

**IMPORTANT: 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 of this Notice:* The San Antonio Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the San Antonio Fire Department is permitted to use and disclose PHI about you.

The San Antonio Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In many situations, as described in this Notice, we may use or share your PHI without your permission, but there are some situations where we may use or share it only after we obtain your written authorization.

*Uses and Disclosures of PHI:* The San Antonio Fire Department may, in general, use or disclose your PHI for the purposes of treatment (for example, disclosed to your doctors), payment (for example, determining your plan benefits), and health care operations (for example, quality review) without your written permission.

*Use and Disclosure of PHI Without Your Authorization.* The San Antonio Fire Department is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including, but not limited to:

- For use in treating you or in obtaining payment for services provided to you or in our health care operations;
- For your treatment activities by another health care provider;
- For use by another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- Sharing PHI with 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 do not raise an objection.
- Sharing PHI with your family, relatives, or friends if we infer from the circumstances that you would not object;
- In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. 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;
- Sharing PHI with 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 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);
- 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 or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations;
- For military, national defense and security and other special government functions;
- 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.

Most other uses or disclosures of PHI, other than those listed above, including but not limited to the sale of PHI, the use or disclosure of PHI for marketing activities, or the use of psychotherapy notes, will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed your PHI in reliance on that authorization.**

**Patient Rights:** As a patient, you have certain rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of your PHI that we maintain. You also have the right of electronic access to your PHI and the right to request that your PHI be transmitted to a third party. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable cost-based fee for a copy of your PHI that you have the right to access. In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials.

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. If you wish to inspect and copy your PHI, you should contact the HIPAA Compliance Officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend your PHI that we maintain. 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 PHI only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the PHI that we have about you, you should contact the HIPAA Compliance Officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your PHI that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing 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 to use or disclose. If you wish to request an accounting of your PHI that we have used or disclosed that is not exempted from the accounting requirement, you should contact the HIPAA Compliance Officer listed at the end of this Notice.

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 your PHI that we have about you 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. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. The San Antonio Fire Department is not required to agree to most restrictions you request, but any restrictions agreed to by the San Antonio Fire Department are binding on San Antonio Fire Department. The San Antonio Fire Department is required to agree to your request that we not submit a claim to a third-party payor provided you make payment in full for the service at the time the service is provided.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, 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.

Revisions to the Notice: The San Antonio Fire Department 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 posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the HIPAA Compliance Officer identified below.

The right to notice in case of a breach. If we discover that there has been an unauthorized access to your PHI that we have not rendered unusable, unreadable, and indecipherable, we will provide you with notice of such breach as soon as possible, but no later than 60 days after discovery. The notice will provide a brief description of what happened, the type of PHI that was involved, what you can do to protect yourself from potential harm from the breach, and contact procedures to ask questions and secure additional information from us.

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 your privacy rights have been violated. 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 inquiries to the HIPAA Compliance Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

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

**San Antonio Fire Department**

**HIPAA Compliance Officer  
315 S. Santa Rosa Ave  
Suite 2000  
San Antonio, TX 78207**

**(210) 207-4974**

**Effective Date of the Notice: July 2014**



## San Antonio Fire Department

### Patient Acknowledgement of Receipt of Notice of Privacy Practices

I, the undersigned, acknowledge that I have received a San Antonio Fire Department Notice of Privacy Practices brochure. I also understand that if I have any questions regarding the use and disclosure of my protected health information, I may contact the Department HIPAA Compliance Officer at:

HIPAA Compliance Officer  
San Antonio Fire Department  
315 S. Santa Rosa St, Ste. 2000  
San Antonio, TX 78207  
(210) 207-8400

Patient Name: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_