

San Antonio Fire Department Wellness Center

Notice of Privacy Practices

This notice contains important information about our privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and related regulations. This notice describes how your Protected Health Information (PHI) may be used and disclosed, and indicates how you get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Fire Departments Privacy Officer: District Chief of Personnel Service.

OUR COMMITMENT TO YOUR PRIVACY

The San Antonio Fire Department's Wellness Center is dedicated to maintaining the privacy of your medical information. This notice provides you with the following information: a. How we may use and disclose your medical information; b. Your privacy rights regarding your medical information; and c. Our obligations concerning the use and disclosure of your medical information.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

We may use and disclose your protected health information to coordinate your health care and any related services. This includes the coordination of your health care with a third party that has already obtained your permission to have access to your protected health information. We may also disclose protected health information to physicians who may be treating you when we have the necessary permission from you to disclose your protected health information.

In addition, we may disclose your protected health information with another physician or health care provider who becomes involved in the SAFD Medical Appeals Process as stated in SAFD's Wellness Program General Order.

We will not sell or disclose your protected health information for fundraising or marketing purposes without your specific written consent. The San Antonio Fire Department's Wellness Center will not release psychotherapy notes without written consent.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you. You must submit your request in writing to the Wellness Manager in order to inspect/or obtain a copy of your medical information.

You have the right to request an electronic copy of your medical records if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request however if it is not readily producible by us, we will provide it in either our standard format or in hard copy forms.

Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked by you at any time in writing by sending a written, signed and dated request to the Wellness Manager. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in this authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain your medical records.

You will be notified upon a breach of any of your unsecured protected health information.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any medical information that we may receive, create, or maintain in the future. You may request a copy of our most current notice at any time.