

NOTICE OF PRIVACY PRACTICES

Updated September 23, 2013

ROY CITY FIRE & RESUCE

5051 South 1900 West

Roy, UT 84067

801-774-1080

www.royutah.org

This notice describes the privacy practices of our organization. It also describes the privacy practices of affiliated providers while they are performing services on our behalf - unless they provide you with their own privacy policy. Affiliates are either organizations that provide services to patients or approved business associates that provide services to our organization. Other organizations or affiliates may have differing privacy practice from those described in this notice.

YOUR PRIVACY

We understand that medical and health information should be protected. We have taken steps to insure that your Personal Healthcare Information (PHI) will be strictly maintained and remain confidential.

PERMITTED USES OF PHI

When you receive care from us, we must obtain certain information that will allow us to treat, bill for services rendered, follow-up care, and conduct our normal business operations. We may use your PHI for the following:

TREATMENT-

We must keep records of the services that are provided to you and in some cases share that information with Doctors, Hospitals, and other related Healthcare Providers for the purpose of diagnosing and treating your healthcare needs. Some disclosures of your PHI may have additional restrictions as dictated by State and Federal Laws.

PAYMENT-

The PHI we obtain from you, as well as financial information, may be used to obtain payment from you, your insurers, or other applicable third parties. Verification of insurance coverage and notification for ongoing treatment and payments is a permissible use of your PHI.

OPERATIONS-

Your information may also be used to evaluate internal policies, procedures, cost management, quality control, customer service, training, and other related operational activities, BUT will not reveal any personal identifiable information.

WHERE TO LEARN MORE

For more information on HIPPA (Health Insurance Portability and Accountability Act) and its impact on you and your family, you may contact the U.S. Department of Health and Human Services.

(<http://www.hhs.gov/>)

OTHER SERVICES

Some of the other possible uses of your PHI include:

- Utilizing your information with other agencies that may assist us in treatment, payment, or operations such as hospitals, collections agencies, and billing companies.
- Our business associates must protect your information by adhering to the same privacy practices as regulated by State and Federal Law.

YOUR RIGHTS -

- You may request copies of your PHI for inspection and corrections where applicable. Access may be denied under certain circumstances, at which point a review may be requested (it must be in writing and you must be able to produce photo ID in person).
- You may ask for restrictions on usage of your PHI, which may or may not be considered.
- You may request certain communication processes such as addresses and phone numbers on how we contact you.
- You may ask for a copy of this notice at any time.
- You have the right to receive this notice electronically at any time. (This notice is also posted on the Roy City website @ www.royutah.org. Go to Departments & Services, then Fire & Rescue Department).
- You may request an accounting in writing of certain disclosures that do not fall under the uses allowed under the provisions of treatment, payment, and operations, as well as some disclosures as required by law. Any such request must include the time period (limited to the last 6 years and exclude any disclosure prior to April 14, 2003). A fee may apply for such requests if it's from a third party.
- You may file a written complaint with the office of Civil Rights of the U.S. Department of Health and Human Services.
- Although we DO NOT participate in these practices, your authorization is required for sale of your PHI, disclosures of psychotherapy notes, and marketing in which we would receive payment.
- You have the right to request disclosure restrictions on your PHI to health plans, if you plan to pay out-of-pocket AND you pay in full, *unless* the disclosure is otherwise required by law.
- If there is a Breach of your PHI, we are required by law to inform you of such information.

PERMITTED DISCLOSURES

Some of the other possible disclosures:

- Organ and tissue donation
- Prevent and protect against abuse, neglect, or domestic violence
- Legal proceedings
- Investigations, inspections, and audits
- Medical Examiners, coroners, and funeral directors
- Government intelligence and matters of security

- Workers Compensation
- Public Health issues relating to drug reaction, problems with medical devices, and communicable diseases

All other uses and disclosures not described in this notice require your signed, written consent of authorization. You may revoke your authorization at any time in writing.

CONTACTING US

You can find out more about your rights by contacting our Privacy Compliance Officer at:

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