

## **The City of Miami 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.**

**Purpose of this Notice:** The City of Miami Department of Fire Rescue (hereinafter referred to as the "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 Fire Department is permitted to use and disclose PHI about you.

The Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

**Permitted Uses and Disclosures of PHI:** The Fire Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

**For Treatment.** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital, medical director, or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport. Also, this includes information given 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 do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the Rescue for you. 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 rescue truck 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 crew.

**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 organizing your PHI and submitting bills to healthcare providers, and/or insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).

**For health care operations.** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our federal, state, and local standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

- To 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.
- For health care fraud and abuse detection or for activities related to compliance with the law.
- To 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, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- 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 and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

#### **Uses and Disclosures of PHI Requiring Authorization**

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information the Fire Department seeks 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 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:

*The right to obtain copy or inspect your PHI.* This means you may visit the Fire Department offices at 444 S.W. 2<sup>nd</sup> Avenue (10<sup>th</sup> Floor), inspect and copy most of the medical information about you that we maintain. The Fire Department will provide you with access to this information within 30 days of your request. The Fire Department may also charge you for the cost to copy any medical information that you have the right to access.

*The right to amend your PHI.* You have the right to ask the Fire Department to amend written medical information that we may have about you. If the Fire Department agrees to amend your information we will generally amend your information within 60 days of your request and will notify you when we have amended the information. The Fire Department is 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 correct. If you wish to request that the Fire Department amend the medical information that we have about you, you should contact the privacy 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 the Fire Department of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. Please contact the privacy officer listed at the end of this notice.

The Fire Department is **not required** to give you an accounting of information we have used or disclosed for purposes of:

- Treatment
- Payment
- Health care operations
- 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.
- Our use of protected health information for which you have already given us written authorization.

*The right to request that we restrict the uses and disclosures of your PHI.* You have the right to request that the Fire Department restrict how we use and disclose your medical information 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 the Fire Department 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 Fire Department is **not required** to agree to any restrictions you request, but any restrictions agreed to by the fire department is binding on the fire department.

*Internet, and the Right to Obtain Copy of Paper Notice on Request.* If the Fire Department maintains a web site, we will prominently post a copy of this Notice on our web site. Upon request the Fire Department will forward you a copy of the Notice. To make a request please contact the Privacy Officer listed at the end of this notice.

*Revisions to the Notice:* The 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 protected health information 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 Privacy Officer identified below.

*Patient's Legal Rights and Complaints:* You also have the right to complain to the Fire Department privacy officer listed at the end of this notice 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 federal government.

Marketing/Fundraising

The Fire Department will not use any protected health information for marketing or fundraising purposes.

Research

If the Fire Department engages in any research projects where protected health information identifies individual patients, the Fire Department will obtain the patient's authorization to disclose the patient's PHI.

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

The Privacy Officer  
The City of Miami Department of Fire Rescue  
444 SW 2<sup>nd</sup> Avenue  
Miami, Fl. 33130  
(305) 416-1653

***Effective Date of this Notice: April 14, 2003***