



## Patient Privacy Information (HIPAA Notice)



# HIPAA REQUIREMENTS

### Accessing Medical Information About You and How it May be Used and Disclosed

*The Upper Arlington Fire Division (UAFD) 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. UAFD is also required to abide by the terms of the version of this Notice currently in effect.*

#### Uses and Disclosures of PHI

- **For treatment.** We may give your PHI to other health care providers involved in your treatments, and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- **For health care operations.** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

#### Use and Disclosure of PHI Without Your Authorization

UAFD is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative or other individual involved in your care, if we obtain your verbal agreement to do so, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government 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 responding to a warrant;
- 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;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will only be made with 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 your PHI, including;

- The right to access, copy or inspect your PHI. We have forms available to request access to your PHI, and we will provide a written response if we deny you access and will let you know your appeal rights.
- The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. 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 medical information unless we believe the information you have asked us to amend is correct.

- The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the 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.
- 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 medical information that we have about you. UAFD is not required to agree to any restrictions you request, but any restrictions agreed to by UAFD in writing are binding on UAFD.
- Contact our privacy officer if you wish to request any forms or assistance.

### **Revisions to the Notice**

UAFD 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. You can obtain a copy of the latest version of this Notice by contacting our privacy officer.

### **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 them to our privacy officer.



**City of  
Upper Arlington**

**FIRE DIVISION**

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[upperarlingtonoh.gov](http://upperarlingtonoh.gov)





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