

Fire Chief  
Robert G. Posipanka  
bposipanka@cityofwillowick.com

Asst. Fire Chief  
Joseph Rupena  
jrupena@cityofwillowick.com

# City of Willowick

## Department of Fire

30435 Lakeshore Boulevard • Willowick, Ohio 44095  
Phone (440) 585-1202 • Fax (440) 585-4112  
www.cityofwillowick.com



### NOTICE OF PRIVACY PRACTICES PROTECTED HEALTH INFORMATION (PHI) April 11, 2003

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. If you have any questions about this notice please contact our privacy officer at (440) 585-1202.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control certain confidential health care information about you, known as Protected Health Information or PHI. Examples of PHI include demographic information, physical or mental health or conditions, and related health care services.

We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail.

#### Uses and Disclosure of PHI

We may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples for our use of your PHI include:

**For treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. 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. 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 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.

**Payment:** Your PHI will be used, as needed, to obtain payment for the services we have provided to you. Activities may include determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, organizing your PHI and submitting bills to insurance companies, and collection of outstanding accounts.

**Health care operations:** This includes quality assurance activities, employee review activities, training, and creating and conducting business reviews. We may share your PHI with third party "business associates" that perform various activities for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect your privacy.

We are permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

**Required By Law:** We may use or disclose your protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological products deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors and Organ Donation:** We may disclose protected health information to a coroner, an agent of the coroner or medical examiner for identification purposes, determining cause of death or for the coroner, an agent of the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board, which reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

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 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 medical information in reliance on that authorization.

### **Patient Rights**

The right to access, copy or inspect your PHI: This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within thirty (30) days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may deny certain types of denials. We have 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 medical information, you should contact the privacy officer listed at the end of this notice.

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 sixth (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 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 medical information 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 us of certain disclosures of your medical information 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 which we have transported you. We are also NOT REQUIRED to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this notice.

The right to request that we restrict the uses and disclosure 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 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. Ambulance service is not required to agree to any restrictions you request, but any restrictions agreed to by ambulance service are binding on ambulance service.

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 copy of the notice.

Revision to the Notice: Ambulance service 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 this notice will be promptly posted in our facilities and posted on 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.

Fundraising: We may contact you when we are in the process of raising funds for our company.

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 the government. Should you have any questions, comments or complaints you may direct all inquires to the privacy 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:

Privacy Officer  
Willowick Fire Department  
30435 Lakeshore Boulevard  
Willowick, Ohio 44095  
(440) 585-1202