

YOUR HEALTH INFORMATION RIGHTS:

- 1. RIGHT TO REQUEST SPECIAL PRIVACY PROTECTIONS:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
- 2. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that you receive your health care in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3. RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have the right to appeal our decision.
- 4. Right to Amend or Supplement:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this agency's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
- 5. Right to Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by North County Fire, except that North County Fire does not have to account for disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 4 (notification and communication with family) and 13 (specialized government functions)

of the first portion of this Notice of Privacy Practices or disclosures for purposes of research of public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted by law, or the disclosures to a health oversight agency or law enforcement official to the extent this agency has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. You have the right to a paper copy of this Notice of Privacy Practices, even if you previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the beginning of this Notice of Privacy Practices.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and copies will be available in our ambulances and District facilities.

COMPLAINTS:

Complaints about this Notice of Privacy Practices or how North County Fire handles your health information should be directed to our Privacy Officer listed at the beginning of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg. 200
Independence Ave. S.W. Room
509 F HHH Building
Washington, DC 20201

NORTH COUNTY FIRE PROTECTION DISTRICT

330 S. Main Avenue
Fallbrook, CA 92028-2938

Phone: (760) 723-2005

Fax: (760) 723-2072

**Protecting Life, Property
and the Environment**



**NORTH COUNTY FIRE
PROTECTION DISTRICT**

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 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.

Privacy Officer: (760) 723-2016



We understand the importance of privacy and are committed to maintaining confidentiality of your medical information.

We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this emergency and non-emergency medical services (EMS) properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer as listed above.



HOW NORTH COUNTY FIRE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

North County Fire collects health information about you and stores it on charts and on a computer. This is your medical record. The medical record is the property of North County Fire, but the information in the medical charts and records belongs to you. The law permits us to use or disclose your health information for the following purposes:

- TREATMENT:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with physicians, or other health care providers who will provide services which we do not provide. We may disclose medical information to members of your family or others who can help you when you are sick or injured.
- PAYMENT:** We use and disclose medical information about you to obtain payment for the services we provide or are about to provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
- HEALTH CARE OPERATIONS:** We may use and disclose medical information about you to operate North County Fire. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection,

and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, which performs administrative services for us. We have a written contract with each of these business associates that contains the terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

- NOTIFICATION AND COMMUNICATION WITH FAMILY:** We may disclose your health information to notify or assist in notifying a family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a disaster relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree to object, our health professionals will use their best judgment in communication with your family and others.
- REQUIRED BY LAW:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
- PUBLIC HEALTH:** We may, and are sometimes required by law to disclose your health information to public health authorities for the purposes related to: preventing or controlling disease, injury or disability; reporting domestic violence, reporting child, elder or dependent adult abuse or neglect; reporting to the Food and Drug Administration problems with products and reactions to medicines; and reporting disease and infection exposure. When we report suspected elder or dependant adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
- HEALTH OVERSIGHT ACTIVITIES:** We may and are sometimes required by law, to disclose your health information to health oversight and regulatory agencies during the course of audits, investigations,

inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

- JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:** We may, and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- LAW ENFORCEMENT:** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for the purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- CORONERS:** We may, and are often required by law, to disclose your health information to coroners in connection with their investigation of deaths.
- ORGANS AND TISSUE DONATION:** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
- PUBLIC SAFETY:** We may, and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- SPECIALIZED GOVERNMENT FUNCTIONS:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- WORKER INJURIES:** We may disclose your health information as necessary to comply with workers compensations insurance injuries covered by law. We are also required by law to report cases of occupational injury or occupational illness to State and Federal agencies.
- CHANGE IN OWNERSHIP:** In the event North County Fire Protection District is consolidated, merged or combined with another organization, your health records will become a part of the successor entity.

WHEN NORTH COUNTY FIRE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, North County Fire will not use or disclose health information which identifies you without your written authorization. If you do authorize North County Fire to use or disclose you health information for another purpose, you may revoke your authorization in writing at any time.

