

**Mehville Fire Protection District
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.

The Purpose of this Notice

Mehville Fire Protection District is committed to protecting the privacy of your personal Protected Health.

Mehville Fire Protection District is committed to protecting the privacy of your personal Protected Health Information (PHI). We create and maintain a record of your PHI in connection with the health care services you receive at Mehville Fire Protection District. We will safeguard the privacy of your PHI. This Notice tells you about:

1. **Our legal duties regarding your PHI**
2. **How we may use and disclose your PHI**
3. **Your rights concerning your PHI**
4. **Contact information** for you to get more information about the matters covered by this Notice or make a complaint if you believe your privacy rights have been violated.

1. Our Legal Duties Regarding Your PHI

The following describes our legal duties regarding your PHI:

Mehville Fire Protection District is required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to notify you if there is a breach of your unsecured PHI. We are required to abide by the terms of this Notice at all times it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain about you. Our current Notice of Privacy Practices, including future revisions, will always be posted in a clear and prominent location in our facility, be available in a printed form for you to take with you and posted on our website if we maintain a website.

You have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice electronically and you may ask us to give you a copy of our current Notice at anytime.

If you have any questions about our Privacy Practices or require further information about matters covered by this Notice or if you want to make a complaint that your privacy rights have been violated please see Section 4, Contact Information, at the end of this Notice.

2. How We May Use and Disclose Your PHI

The following are descriptions of the ways that we may use and disclose your PHI. We will describe each category of uses or disclosures to explain what is permitted or required by applicable law.

Use and Disclosure of Your PHI for Your Treatment

We may use and/or disclose your PHI to health care personnel who are involved in your care and who will provide you with health care treatment or services. For example, a doctor may need to look at your medical record before treating you or your PHI may be disclosed to another health care provider to whom you have been referred to ensure that

the provider has the necessary information to diagnose and treat you.

Use and Disclosure of Your PHI for Payment for Health Services that You Receive

We may use and/or disclose your PHI to bill and receive payment for the health care treatment or services that you receive from us. For example, we may provide your PHI to our billing staff to prepare a bill or statement to send to you, your health insurance company, including Medicare or Medicaid, or another entity or person that may be responsible for payment for your health services.

Use and Disclosure of Your PHI for Our Health Care Operations

We may use and disclose medical information about you for our own health care operations. These uses and disclosures are made to help us assess and improve the quality of health care treatment and services we provide. These activities are referred to as health care operations. We may use and/or disclose your PHI as necessary for purposes of these health care operations. For example, we may conduct a review of your PHI in order to evaluate our performance in caring for you and find ways we might improve or make our services more efficient.

Use and Disclosure of Your PHI to Our Business Associates

We may provide your PHI to persons or entities that are not members of our workforce but that assist us by providing certain functions that require they create, receive, maintain or transmit your PHI. These persons are referred to as Business Associates and they provide various services to or for us or on our behalf, such as billing, transcription, software maintenance and legal services. Our Business Associates are required by law and by contract to maintain the privacy and security of your PHI.

Organ, Eye and Tissue Donation

If you are an organ, eye or tissue donor, we may release medical information to organizations that handle organ, eye or tissue procurement or transplantation, or to an organ, eye or tissue-donation bank, as necessary to help with organ, eye or tissue procurement, transplantation or donation.

Research

Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization (permission) or approval of the contact from a special review board. Enrollment in research may occur only after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an authorization (permission) form.

Public Health

We may disclose PHI about you for public health purposes such as:

- reporting instances of communicable disease such as tuberculosis to public health authorities
- reporting vital events such as births and deaths
- reporting child abuse or neglect
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- reporting findings concerning a work-related illness or injury or workplace related health issue to an employer
- notifying the appropriate government authority as authorized or required by law if we believe an individual has been the victim of abuse, neglect or domestic violence

Judicial, Legal or Administrative Proceedings

We may disclose your PHI to courts, attorneys and government agencies when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies, in the course of certain other lawful, judicial or administrative proceedings or to defend ourselves against a lawsuit brought against us.

Health Oversight Activities

We may disclose your PHI to governmental, licensing, auditing and accrediting agencies including the Secretary of the U.S. Department of Health and Human Services as authorized or required by law.

Coroners, Medical Examiners and Funeral Directors

We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

School Immunization Records

We may provide proof of immunization to a school about an individual who is a student or prospective student of the school, if the school is required by State or other law to have such proof of immunization and we have obtained and documented agreement to the disclosure from you if you are an adult or emancipated minor or from either a parent, guardian or other person acting in loco parentis in the case of an un-emancipated minor.

Disaster Relief Incidents

We may use or disclose PHI about you with a public or private entity that is authorized by law or its charter to assist in disaster relief efforts (e.g., the American Red Cross) so that your family can be notified about your condition, status and location. If you inform us that you do not want us to disclose your medical information for this purpose, we will not make the disclosure unless we must to respond to an emergency situation.

Persons Involved in Your Care

We may use or disclose your PHI to persons whose interest in PHI is relevant to that person's involvement in your care or payment for health care including family members, your Personal Representative or any other person identified by you unless you object to our use and disclosure of your PHI to such persons.

Law Enforcement

If asked to do so by law enforcement, and as authorized or required by law, we may release your PHI to identify or locate a suspect, fugitive, material witness or missing person; or to report a crime, victims or information about a person who committed the crime.

Required by Law

We may use or disclose your PHI when required by state, federal or other law not already referred to above including but not limited to disclosure to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities, for the provision of protective services to the President and other persons authorized by federal law, worker's compensation authorities, correctional institutions and the Food and Drug Administration.

Military

If you are a member of the armed forces, we may release medical information about you to military authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

Fundraising

We may use certain parts of your PHI such as your name, address and treatment dates to contact you for fundraising purposes to seek private support to further our health care purposes and mission. Each fundraising communication you receive, if you have not opted out of receiving such communications, will provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications. The method for electing not to receive further fundraising communications will not cause you to incur an undue burden or expense.

Uses and Disclosures of Your PHI that Require Your Written Authorization

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. For example, you may authorize us to disclose your PHI to an accident insurance company if

you have been involved in an accident and are making an insurance claim or to a life insurance company if you are applying for life insurance. If you provide us written authorization to use or disclose your PHI you may revoke that authorization, in writing, at any time. However, uses and disclosures made because of your authorization before you revoke it are not affected by your action and we cannot take back any disclosures we have made that you authorized. We will not sell your PHI or use or disclose your PHI to send a marketing communication to you without your written authorization. A marketing communication is one that we send about a product or service related to your health care and for which we receive financial remuneration from a third party for sending to you. If we maintain psychotherapy notes about you, we will not use or disclose them without your written authorization except in limited instances permitted by law.

3. Your Rights Concerning Your PHI

You have the following rights concerning the PHI that we maintain about you.

Your Right to Be Informed of Our Privacy Practices Regarding Your PHI

You have the right to receive this Notice describing the way we may use and disclose your PHI, your rights and our legal duties with respect to your PHI. You have the right to receive a copy of our Notice that is in effect at any time. You have the right to receive an electronic copy of this Notice from our web site if we maintain one or, if you agree, by email. You also have a right to obtain a paper copy of this Notice by request at any time even if you have agreed to receive it electronically. You also have the right to contact our Privacy Official for further information about the matters covered by this Notice. For information about contacting our Privacy Official see Section 4, Contact Information, at the end of this Notice.

Your Right to Request Restrictions of the Use and Disclosure of Your PHI

You have the right to request that we agree to restrictions of certain uses and disclosures of your PHI. For example, you could ask that we not disclose PHI to a family member or someone who is involved in your care or the payment for your care. We will provide you with a form to make this request and assist you in completing the form if you wish. We are not required to agree to your request except to a request to restrict disclosure of your PHI to a health plan concerning a health care item or service for which you or a person on your behalf (other than a health plan) has paid us in full. If we agree to any other request to restrict uses and disclosures of your PHI we will comply with your request unless it is needed by a health care provider to provide emergency treatment to you and we will request that health care provider not to further use or disclose your PHI. We may terminate our restriction if you ask us to terminate it. We may also terminate a restriction (except for a restricted disclosure to a health plan previously described) whether or not you ask us to end the restriction if we inform you we are terminating it. If we do terminate a restriction it will only affect PHI that was created or received after we inform you of the termination. We will provide you with a form to make this request and assist you in completing the form if you wish.

Your Right to Request Confidential Communications Concerning Your PHI

You have the right to request to receive communications from us about your PHI by alternative means or at an alternative location. We will provide you with a form to make this request and assist you in completing the form if you wish. We must accommodate a reasonable request. Your request must be in writing, specify an alternative address or method. You other method of contact and provide any information that affects how payment will be do not need to tell us why you request confidential communications about your PHI. If we are unable to communicate with you by the alternative means or at the alternative location you have requested we may attempt to communicate with you using any information we have.

Your Right to Inspect and Copy Your PHI

You have the right of access to inspect and obtain a copy of your PHI in a designated record set we maintain that contains medical records and billing records about you that we use in whole or in part to make decisions about you for as long as we maintain those records. Your request must be in writing. We will provide you with a form to make this request and assist you in completing the form, if you wish. Your request may ask us to transmit a copy of the PHI you request to another person designated and clearly identified by you and you may request an electronic copy of your PHI that we maintain electronically. We must act on your request for access to inspect no later than thirty (30) days after receiving your request unless we need additional time and if we do need additional time we explain the reasons in writing and provide the date on which we will complete the action on your request which will not take more than an additional thirty (30) days. We may also provide you with a summary of your PHI if you agree to receive a summary of your PHI in lieu of providing access or an explanation of your PHI to which access has been granted if you agree in advance to a summary or explanation and to the fees, if any, we may charge for providing the summary or explanation. Under certain circumstances we may deny your request in whole or in part and if so we will explain the basis for our denial and how you may request a review of our denial and make a complaint to us and the Secretary of the U.S. Department of Health and Human Services concerning our denial. We may charge a reasonable cost-based fee for costs associated

with your request, including the cost of labor, supplies for creating the copies and postage.

Your Right to Request an Amendment of Your PHI

You have the right to have us amend your PHI or a record about you in a designated record set we maintain that contains medical records and billing records about you that we use in whole or in part to make decisions about you for as long as we maintain those records. Your request must be in writing and provide a reason to support the amendment you request. We will provide you with a form to make this request and assist you in completing the form if you wish. We must act on your request no later than sixty (60) days after receiving your request unless we need additional time and if we do need additional time we will explain the reasons in writing and provide the date on which we will complete the action on your request which will not take more than an additional thirty (30) days. We will inform you of our action on your request including what we will do if we accept your request for amendment in whole or in part. If we deny all or part of your request for amendment we will provide you with the reasons for the denial and inform you of your additional rights to disagree with our denial and make a complaint to us and the Secretary of the U.S. Department of Health and Human Services concerning our denial.

Your Right to an Accounting of Disclosures of Your PHI

You have the right to receive an accounting of disclosures of your PHI we have made in the six (6) years prior to the date on which you make the request although you may limit your

request to a shorter time frame. We will provide you with a form to make this request that explains what the accounting of disclosures will consist of and disclosures for which we do not have to account such as disclosures for treatment, payment or health care operations or disclosures we have made to you. We must act on your request no later than sixty (60) days after receiving your request unless we need additional time and if we do need additional time we will explain the reasons in writing and provide the date on which we will complete action on your request which will not take more than an additional thirty (30) days. We must provide you with the accounting in writing and the first accounting you request in any twelve (12) month period will be free of charge. We may charge you a reasonable, cost-based fee for each subsequent request for an accounting you make within the same twelve (12) month period and we will inform you in advance of the fee and provide you with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

Your Right to Make a Complaint that Your Privacy Rights Have Been Violated

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against any individual for filing a complaint that his or her privacy rights have been violated. Please see Section 4, Contact Information, below to learn how you may make a complaint.

4. Contact Information

For more information about the matters covered by this Notice or to make a complaint that your privacy rights have been violated contact our Privacy Official listed below.

You will not be retaliated against for filing a complaint.

1. Privacy Official:

Craig Walk
Telephone: 314-894-0420 x 1707
Office address:
11020 Mueller Road
Saint Louis, Missouri, 63123

We will provide you with a form to make your complaint assist you if you wish in completing the form and document your complaint and the disposition of your complaint.

2. You may complain directly to the Secretary of the U.S. Department of Health and Human Services. We will provide you with the contact information to make your complaint to the Secretary.

You may also obtain that information from the official website maintained by the Department of Health and Human Services, www.hhs.gov or by contacting a local or regional office of the Department of Health and Human Services, Office of Civil Rights.

Please note that complaints to the Secretary must:

- a. Be filed in writing, either on paper or electronically, by mail, fax or e-mail;
- b. Name the covered entity or business associate involved and describe the acts or omissions you believe violated the requirements of the Privacy, Security or Breach Notification Rules; and
- c. Be filed within 180 days of when you knew that the act or omission complained of occurred although the 180-day period may be extended if you can show "good cause."