

Eagle Pass Fire Department

IMPORTANT: 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 Eagle Pass 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 Eagle Pass Fire Department is permitted to use and disclose PHI about you. The Eagle Pass Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may not use this 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.

Uses and Disclosures of PHI: The Eagle Pass Fire Department may, in some instances, use PHI for the purposes of treatment (for example, disclosed to your doctors), payment (for example, determining your plan benefits), and health care operations (for example, quality review) without your written permission.

Use and Disclosure of PHI Without Your Authorization:

The Eagle Pass Fire Department is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including, but not limited to:

- * For use in treating you or in obtaining payment for services provided to you or in other health care operations;
- * For the treatment activities of another health care provider;
- * 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;
- * 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.
- * To your family, relatives, or friends if we infer from the circumstances that you would not object;
- * 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 friends 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 ambulance 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 ambulance crew;

* 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 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;

* For military, national defense and security and other special government functions;

* 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.

You may authorize the use or disclosure, other than those listed above by 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: As a patient, you have certain rights with respect to the protection of your PHI, including:

- 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 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 appeal certain types of denials.
- We have available 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 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 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 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/to 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 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 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. The Eagle Pass Fire Department is not required to agree to any restrictions you request, but any restrictions agreed to by the Eagle Pass Fire Department are binding on Eagle Pass Fire Department.
- Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. A copy of this Notice is posted on our web site and the Notice is 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 paper copy of the Notice.

Revisions to the Notice: The Eagle Pass Fire Department reserves the right to change the terms to this Notice anytime, 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 sit, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below. 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 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:

**Eagle Pass Fire Department
Privacy Officer(Manuel Roman)
2558 El Indio Hwy.
Eagle Pass, Texas 78852**