

**Mobile Fire-Rescue Department
Patient Health Information
Privacy Policy Notice**

THIS NOTICE DESCRIBES OUR PRIVACY POLICY, DESCRIBES YOUR RIGHTS, AND DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED TO OTHERS. PLEASE REVIEW IT CAREFULLY. YOUR HEALTH AND YOUR PRIVACY ARE OUR CONCERNS.

Our company wishes to inform you on your rights regarding your private health care information. You have the right to review our privacy policy and to sign this notice. By signing this notice you acknowledge that you have had the opportunity to review our Privacy Policy. If you want a copy of this policy or in the event that our policy changes you want a revised copy please contact us at

**Mobile Fire-Rescue Department
ATTN: HIPAA Compliance Officer
701 St. Francis Street.
(251) 208-7351.**

You also have the right to request that we restrict the method in which we use or disclose your health information for purposes of treatment, payment or health care operations. We have the right to comply with your request.

By signing this form, you expressly acknowledge our use and disclosure of your health information for purposes of your treatment, payment, or health care operations. This notice will not expire and will apply to services provided to you from this day forward.

We will keep and record information about your medical condition. We may use this information or disclose this information to others as follows:

We may use or disclose your health information in order to treat you. For example, we may advise the health care provider which we are transporting you to of your medical condition, including your vital signs and medications we have administered to you. We may also disclose your condition to family or caregivers who are involved in your medical care.

We may disclose your health information in order to receive payment for the services we provide to you. For example, we may disclose your condition in order for your insurance company to understand why you received treatments so that they will pay your claim. We may also disclose your information to our billing department in order to seek payment for the services we provide to you.

We may use or disclose your health information for our operations. For example, we may review your information in order to evaluate your treatment and our services in order to insure that our care for you now and in the future is the best that it can be. We may use your

health information to contact you in the future. We may also disclose your information as required by law.

Mobile Fire-Rescue, 701 Springhill Ave., Mobile, AL 36602, (251) 208-7063, Fax (251) 208-7754 Form 805 EMS 606 revised July 2010

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your health information:

- The right to Inspect and Copy your information. You may review and copy your medical records and information. You should make such a request to us at the address above
- The right to Amend. You may ask that we amend your health information if you believe that your information is incomplete or incorrect. A request for an amendment should be made in writing and should be sent to us at the above address. A statement must accompany your request for an amendment from you regarding why you feel the amendment is proper. We may deny your request if it is not written or if you fail to state a reason for the proposed amendment. We may also deny your request if you ask us to amend information that is not part of the information we keep, was not created by us (unless the entity responsible is no longer available), is not part of the information available for you to inspect and copy, or is inaccurate and incomplete.
- The Right to Know about Disclosures. You have the right to request an accounting of who we have disclosed your health information to. The request should be made in writing and sent to us at the above address. You must state a time period for your request, which cannot be longer than 6 years. Your first request every 12 months is free. After that we may charge you for additional request made within 12 months of your last request. Please contact us for the exact cost.
- Right to Request Restrictions. You may request that we communicate with you about medical matters in a certain format or at a specific location. You must request such a confidential communication or specific type or place of communication in writing submitted to us at the address above. No reason for this request is necessary and we will honor all reasonable requests.
- Right to receive a Copy of this Notice. You may request and receive a written copy of this notice (or our current notice) at any time by contacting us at the address above.

PLEASE NOTE: Periodically we must change our policies and procedures as necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications. When we change a privacy practice that is stated in this notice and make corresponding changes to our policies and procedures, we may make the changes effective for protected health information that we created or received prior to the effective date of the notice revision. We reserve the right under to change a privacy practice that is stated in this notice so that new practices can have retroactive effect to the extent afforded by the law. Additionally, we retain the right to alter, amend or change this notice at any time. Any such revision may be effective on any information we obtain about you in the

future or any information that we already have regarding you. A copy of our most current Notice will be on display in our offices.

COMPLAINTS regarding the use of your health information should be made to us at the address above and/or with the department of Health and Human Services. All complaints must be submitted in writing. There is no cost or penalty to you for filling a complaint.