

# Anchorage Fire Department



## Notice of Privacy Practices

**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.**

The Anchorage Fire Department (AFD) is committed to protecting your personal health information. The AFD is required by law to maintain the privacy of health information that could reasonably be used to identify you, known as Protected Health Information (PHI). The AFD is also required by law to provide you with the attached detailed Notice of Privacy Practices (Notice) explaining our legal duties and privacy practices with respect to your PHI.

The AFD respects your privacy, and treats all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

Please read the attached detailed Notice for further information on your rights to privacy.

**Correspondence, Questions or Complaints May be Directed to the AFD Privacy Officer**

Mailing Address: AFD Privacy Officer, 100 East 4<sup>th</sup> Avenue, Anchorage, Alaska 99501

Email Address: [AFDPrivacyOfficer@muni.org](mailto:AFDPrivacyOfficer@muni.org)

Phone Messaging System: (907) 267-4954

**Purpose of This Notice:** This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the AFD is permitted to use and disclose PHI about you.

**Uses and Disclosures of Your PHI The AFD Can Make Without Your Authorization**

The AFD may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

***Treatment:*** This includes such things as verbal and written information the AFD obtains about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information the AFD gives to other healthcare personnel to whom EMS transfers your care and treatment to, and includes transfer of PHI via encrypted radio frequency, wireless broadband network, cellular phone, or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written and/or electronic record the AFD creates in the course of providing you with treatment and transport.

***Payment:*** This includes any activities the AFD must undertake in order to get reimbursed for the services EMS provides to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

***Healthcare Operations:*** This includes quality assurance and quality improvement (QA/QI) activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for purposes of data analysis.

***Fundraising:*** While permissible under HIPAA, the AFD will not be contacting you nor providing your PHI to other entities for fundraising activities. The AFD will also not condition the provision of medical care on your willingness, or non-willingness, to receive fundraising communications of any type. Should you be contacted by phone, email or postal mail by parties stating they are conducting such activities on behalf of the AFD and are requesting your PHI, contact the AFD Privacy Officer immediately.

***Reminders for Scheduled Transports and Information on Other AFD Medical Services:*** The AFD may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

### **Other Uses and Disclosure of Your PHI We Can Make Without Authorization.**

The AFD is also permitted to use or disclose your PHI *without* your written authorization in situations including:

- ❖ For the treatment activities of another healthcare provider.
- ❖ To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).
- ❖ To another healthcare provider (such as the hospital to which you are transported) for the healthcare 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.
- ❖ For healthcare fraud and abuse detection or for activities related to compliance with the law.
- ❖ To a family member, other relative, or close personal friend or other individual involved in your care if the AFD obtains your verbal agreement to do so or if the AFD gives you an opportunity to object to such a disclosure and you do not raise an objection. The AFD may also disclose health information to your family, relatives, or friends if the AFD infers from the circumstances that you would not object. For example, the AFD may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency), the AFD may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, the AFD may disclose only health information relevant to that person's involvement in your care. For example, the AFD may inform the person who accompanied you in the ambulance that you have certain symptoms and the AFD may give that person an update on your vital signs and treatment that is being administered by the AFD EMS providers.
- ❖ 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, 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 by 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 healthcare 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, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- ❖ For military, national defense and security and other special government functions.
- ❖ To avert a serious threat to the health and safety of a person or the public at large.
- ❖ 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, the AFD 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.
- ❖ For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

### **Uses and Disclosures of Your PHI That Require Your Written Consent**

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 the AFD seeks to use or disclose, as well as when and how the AFD seeks 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.

### **Your Rights Regarding Your PHI**

As a patient, you have a number of rights with respect to your PHI, including:

***Right to access, copy or inspect your PHI.*** You have the right to inspect and copy most of the medical information the AFD collects and maintains about you. Requests for access to your PHI should be made in writing to the AFD. In limited circumstances, the AFD may deny you access to your medical information, and you may appeal certain types of denials. The AFD has available forms to request access to your PHI, and will provide a written response if you are denied access and outline your appeal rights. If you wish to inspect and copy your medical information, contact the AFD EMS Billing and Records Office at (907) 267-4944.

The AFD will normally provide you with access to this information within 30 days of your written request. As the AFD maintains your medical information in electronic format, you have a right to obtain a copy of that information in an electronic format. In addition, if you request the AFD transmit a copy of your PHI directly to another person, the AFD will do so provided your request is in writing, signed by you (or your representative), and you clearly

identify the designated person and where to send the copy of your PHI. The AFD may also charge you a reasonable cost-based fee for providing access to your PHI, subject to the limits of applicable state law.

***Right to request an amendment of your PHI.*** You have the right to ask the AFD to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing to the AFD Privacy Officer.

When required by law to do so, the AFD will amend your information within 60 days of your request and will notify you when we have amended the information. The AFD is permitted by law to deny your request to amend your medical information in certain circumstances, such as when the AFD believes the information you have asked the Department to amend is correct.

***Right to request an accounting of uses and disclosures of your PHI.*** You may request an accounting from the AFD of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact the AFD Privacy Officer in writing.

You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. However, the AFD is not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends, or (d) for disclosures made for law enforcement or certain other governmental purposes.

***Right to request restrictions on uses and disclosures of your PHI.*** You have the right to request the AFD restricts the use and disclosure of your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, the AFD is only required to abide by a requested restriction under limited circumstances, and it is the AFD policy not to agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact the AFD Privacy Officer in writing.

The AFD is required to abide by a requested restriction when you ask the Department not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid the AFD in full. The AFD is also required to abide by any restrictions the Department agrees to. Notwithstanding, if you request a restriction the AFD agrees to, and the information you asked to restrict is needed to provide you with emergency treatment, then the AFD may disclose the PHI to a healthcare provider to provide you with emergency treatment.

A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by the AFD as long as the Department notifies you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. However, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.

***Right to notice of a breach of unsecured protected health information.*** If the AFD discovers there has been a breach of your unsecured PHI, the Department will notify you about that breach by first-class mail dispatched to the most recent address on file. If you prefer to be notified by electronic mail, please contact the AFD Privacy Officer in writing to make the Department aware of this preference and to provide a valid email address to send the electronic notice. You may withdraw your agreement to receive notice by email at any time contacting the AFD Privacy Officer in writing.

***Right to request confidential communications.*** You have the right to request the AFD send your PHI to an alternate location (*e.g.*, somewhere other than your home address) or in a specific manner (*e.g.*, by email rather than regular mail). However, the AFD will only comply with reasonable requests when required by law to do so. If you wish to request the AFD communicate PHI to a specific location or in a specific format, you should contact the AFD Privacy Officer in writing.

### **Internet, Email and the Right to Obtain Copy of Paper Notice**

The AFD will post an electronic copy of this Notice on its official web site that is available for download. The AFD will forward this notice by electronic mail, however, you may request a paper copy of the Notice if necessary.

### **Revisions to the Notice**

The AFD is required to abide by the terms of the version of this Notice currently in effect. However, the AFD 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 PHI the Department maintains. Any material changes to the Notice will be promptly posted on the official AFD website. You may request a copy of the latest version of this notice by contacting the AFD Privacy Officer.

### **Your Legal Rights and Complaints**

You also have the right to file a complaint with the AFD, 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 the AFD or to the government.