



**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**

We are required by law: to maintain the privacy of protected health information; to provide you with a notice of our legal duties and privacy practices with respect to protected health information; to notify affected individuals of any breach of unsecured protected health information; and to abide by the terms of the notice currently in effect. If you have any questions, please call the Frederick County Fire and Rescue Department Privacy Officer at (540) 665-5618 or write to: Frederick County Fire and Rescue Department, C/O Privacy Officer, 1080 Coverstone Drive, Winchester VA, 22602.

**Effective Date: September 1, 2013**

**HOW WE MAY USE AND DISCLOSE MEDICAL  
INFORMATION ABOUT YOU**

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other personnel who are involved in taking care of you. For example, a doctor may need to consult with us concerning items or services we have provided to you in order to select the most appropriate care for your needs. We also may disclose medical information about you to people outside Frederick County Fire and Rescue Department who may be involved in your medical care after you have received care with Frederick County Fire and Rescue Department, such as family members, clergy, or others who provide services that are part of your care such as doctors, nurses, therapists, home health agencies, nursing homes, and medical equipment providers.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from Frederick County Fire and Rescue Department may be billed to and payment collected from an insurance company or a third party. For example, we may need to give your health plan information about treatment you received from our providers so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to

obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose information about you to another health care provider, such as a hospital or nursing home, for their payment activities concerning you.

**For Healthcare Operations.** We may use and disclose medical information about you for Frederick County Fire and Rescue Department operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, students, and others for review and learning purposes. We also may disclose information about you for the health care operations of another provider or organization if you have also received care from them.

**To Business Associates.** We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may use a billing service or accounting service to handle some billing and payments functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. However, in any such instance, unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will have entered into a formal Agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.

**Treatment Alternatives.** We may use and disclose medical information to tell you about, or recommend, possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Where consistent with the research goals and purposes, we will use or disclose only de-identified information, so that your identity cannot be ascertained from the information disclosed. When research cannot be conducted with such de-identified information, we will usually ask for your specific authorization for such use or disclosure.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent

a serious threat to your health and safety or the health and safety of the public or another person, consistent with applicable law. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

**Workers' Compensation.** We may release medical information about you as authorized by Workers' Compensation laws or similar regulations.

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using or, to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Legal Proceedings.** We may disclose medical information about you in response to a valid court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official: in response to a valid court order, subpoena, warrant, summons, similar process or with your authorization; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct within Frederick County Fire and Rescue Department; or, in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information about deceased patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other

authorized persons, or foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy.** You have the right to inspect and to obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect or obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the appropriate medical records or billing office. If you request a copy of the information, we may charge a fee for the labor, supplies and postage associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or provide you with an explanation of the information instead of a copy. Before providing you with a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation. We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Frederick County Fire and Rescue Department. To request an amendment, your request must be made in writing and submitted to the appropriate medical records or billing department and you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for Frederick County Fire and Rescue Department; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. You will be informed of the decision regarding any request for amendment of your medical information and, if we deny your request for amendment, we will provide you with information regarding your right to respond to that decision.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you other than disclosures made to you, disclosures which you authorized, disclosures for treatment, payment or operations, or certain disclosures required by law. To request this list or accounting of disclosures, you must submit your request in writing to the appropriate medical records department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper,

electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for providing the list. We will notify you of the charge involved, and you may choose to withdraw or modify your request at that time before any charges are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required by law to agree to a requested restriction except where you request that we not disclose information to a health plan for payment or health care operations and the information relates only to a health care item or service for which we have been paid in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the appropriate medical records or billing office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the basis of your request, but you must specify how or where you wish to be contacted. Contact our Privacy Officer or the appropriate medical records or billing office if you require such confidential communications.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, request a copy from the person who is registering you as a patient, or submit a request in writing to our Privacy Officer.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at our locations. The Notice will contain on the first page, in the top third center, the effective date. A paper or electronic copy of the revised Notice will be available upon request on or after the effective date of the revision.

### **OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION**

Other uses and disclosures not covered by this Notice or the laws that apply to us may only be made with your written authorization. Your written authorization will typically be required for most uses

and disclosures of psychotherapy notes, most uses and disclosures for marketing, and most arrangements involving the sale of protected health information. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by the authorization. You understand that we cannot recall any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services or our Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

### **APPLICABILITY**

This Notice applies to the records of your care owned by the entities and departments of Frederick County Fire and Rescue Department listed in the Contact Information below, whether made by Frederick County Fire and Rescue Department personnel, contractors, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of medical information owned by your doctor.

### **CONTACT INFORMATION**

For copies of your medical record or billing inquires, contact:

<b>Service Provider</b>	<b>Medical Records Department</b>	<b>Billing Office</b>
Frederick County Fire and Rescue Department 1080 Coverstone Drive Winchester, VA 22602 (540) 665-5618	Premier Accounts Receivable Management 314 Hope Drive Winchester, VA 22601 (540) 536-3390	Premier Accounts Receivable Management P. O. Box 1910 Winchester, VA 22604 (540) 536-3390

### **PRIVACY OFFICER**

You may contact the following office with any concerns:  
Telephone: (540) 665-5618  
Address: Frederick County Fire and Rescue Department, C/O Privacy Officer, 1080 Coverstone Drive, Winchester, VA, 22602.