



**Palm Beach County Fire Rescue  
("PBCFR")  
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.**

PBCFR is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information ("PHI") and to provide you this notice outlining our legal duties.

**Uses and Disclosures of Your PHI We Can  
Make Without Your Authorization**

PBCFR may use or disclose your PHI *without* your authorization, for the following purposes:

***Treatment.***

This includes such things as verbal and written information that we obtain 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). This also includes treatment activities of another healthcare provider such as information we give to other healthcare personnel to

whom we transfer your care and treatment, transfer of PHI via radio or telephone to the hospital or dispatch center and providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

***Payment.***

This includes any activities we must undertake in order to get reimbursed for the services that we provide 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. This also includes providing PHI to other healthcare providers or entities for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).

***Healthcare Operations.***

This includes quality assurance 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, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. This also includes PHI to another healthcare provider (such as the hospital to which you are transported) 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.

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

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

- ❖ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ❖ To a family member, or other individual involved in your care.

- ❖ 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 other 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;
- ❖ To avert a serious threat to the health and safety of a person or the public at large;
- ❖ For 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.

**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. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own

treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. You may revoke your authorization at any time by contacting the HIPAA compliance officer

### **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 obtain an electronic or paper copy of most of the PHI that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer, and by filling out an access request form.

#### ***Right to request an amendment of your PHI.***

You have the right to ask us to amend PHI that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer if you wish to make a request for amendment and fill out an amendment request form.

#### ***Right to request an accounting of disclosures of your PHI.***

You may request an accounting from us of disclosures of your PHI. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer and make a request in writing.

#### ***Right to request restrictions on uses and disclosures of your PHI.***

You have the right to request that we restrict how we use and disclose your PHI 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, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not 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 our HIPAA Compliance Officer and make a request in writing.

#### ***Right to notice of a breach of unsecured protected health information.***

If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified about breaches by electronic mail, please contact our HIPAA Compliance Officer, to make PBCFR aware of this preference and to provide a valid email address to send the electronic notice.

#### ***Right to request confidential communications.***

You have the right to request that we 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). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

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

We maintain a web site and will prominently post a copy of this Notice on our web site located at [www.pbcfr.org](http://www.pbcfr.org). We will make the Notice available electronically through the web site. If you prefer, we will forward you this Notice by electronic mail instead of a paper copy, however you may always request a paper copy of the Notice.

### **Revisions to the Notice**

PBCFR is required to abide by the terms of the version of this Notice currently in effect. However, PBCFR 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 that we maintain. Any material changes to the Notice will be promptly posted in our

facilities and on our web site. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer.

### **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 that 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. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Palm Beach County  
County Administration  
Nancy Bolton  
Assistant County Administrator  
301 N. Olive Avenue, 11<sup>th</sup> Floor  
West Palm Beach, FL 33401  
(561) 355-3838  
[nbolton@pbcgov.org](mailto:nbolton@pbcgov.org)

Or

Palm Beach County Fire Rescue  
Derek Wiley  
Legal Liaison  
Palm Beach County Fire Rescue  
405 Pike Road  
West Palm Beach, FL 33411  
(561) 616-6918  
[dwiley@pbcgov.org](mailto:dwiley@pbcgov.org)

**Effective Date of the Notice:** 4/21/2016