



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.**

Daisy Mountain Fire Department (DMFD) is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information ("PHI"). We are 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.

Uses & Disclosures for Treatment, Payment or Healthcare Operations

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

Treatment

We can use your PHI for 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). For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport.

Payment

We may use and disclose your PHI to get reimbursed for the services that we provide to you. This includes such things as submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

Healthcare Operations

We may use or disclose your PHI for things such as 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.

Fundraising

We may contact you when we are in the process of raising funds for DMFD, or to provide you with information about our annual subscription program. We may also share this information with another organization that may contact you to raise money on our behalf. If DMFD uses your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from DMFD by contacting us.

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

- 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;
- 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;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes 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 and as necessary to facilitate organ donation and transplantation.

Uses and Disclosures of Your PHI That Require Your Written Authorization

Any other use or disclosure of PHI, other than those listed above, will generally only be made with your written authorization. You may revoke this authorization at any time by contacting us. The law specifically requires that we 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.

Your Rights Regarding Your PHI

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

Right to access your PHI

You have the right to inspect and/or obtain a paper or electronic copy of most of the PHI that we collect and maintain about you. You also have the right to request that we transmit your PHI to a third party. We ask patients to make access requests in writing by contacting our Privacy Officer.

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 Privacy Officer if you wish to make a request for amendment.

Right to request an accounting of certain disclosures of your PHI

You may request an accounting of certain disclosures of your PHI. DMFD will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI, you should contact our Privacy 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 we can provide 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 do 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 Privacy Officer and make a request in writing.

Right to notice of a breach of unsecured PHI

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 Privacy Officer.

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 Privacy Officer and make a request in writing.

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

If we maintain a web site, we will post a copy of this Notice on our web site and make the Notice available electronically through the web site. You can also request that we provide our Notice of Privacy Practices to you electronically instead of on paper. You may always request a paper copy of our Notice.

Revisions to the Notice

DMFD is required to abide by the terms of the version of this Notice currently in effect. However, DMFD 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, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy 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 our Privacy Officer.

Contact Information for Privacy Officer

HIPAA Compliance Officer
Daisy Mountain Fire Department
41104 Daisy Mountain Drive
Anthem, AZ 85086
623-465-7400
ems@dmfd.org

Effective Date of Notice: September 16, 2021



NOTICE OF HEALTH INFORMATION PRACTICES

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

* Hospital Records * Radiology Reports * Medical History * Clinic and doctor visit information * Medications * Health plan enrollment and

eligibility * Allergies * Lab test results * Other information helpful for your treatment

Who can view your health information through Health Current and when can it be shared?

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law. Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use. You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

Does Health Current receive behavioral health information and if so, who can access it?

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing

You have the right to:

1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

1. Except as otherwise provided by state or federal law, you may "opt out" of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider. **Caution:** *If you opt out, your health information will NOT be available to your healthcare providers—even in an emergency.*
2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.



We value your feedback and invite you to complete our online survey.

Scan the QR code or visit:



<https://www.surveymonkey.com/r/DMFM-EMS>