

## BETHEL VOLUNTEER FIRE DEPARTMENT, INC.



### Privacy Notice

**This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully.**

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Bethel Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. BFD is also required to abide by the terms of the version of this Notice currently in effect.

**Uses and Disclosures of PHI:** BFD may use PHI for the purpose of treatment, payment and health care operations in most cases without your written permission. Examples of our use of your PHI:

**For Treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give PHI to other health care providers involved in your treatment and may transfer your PHI via radio or telephone to the hospital or dispatch center.

**For Payment:** This includes any activities we must undertake in *order* to get reimbursed for the services we provide to you including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outside accounts.

**For Health Care Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established guidelines and procedures, as well as certain other management functions.

**Use and Disclosures of PHI without Your Authorization:** BFD is permitted to use without your written authorization or opportunity to object, in certain situations and unless prohibited by a more stringent state law, situations including:

- For the treatment, payment or health care operations activities of another healthcare provider who treats you;
- For health care and legal compliance activities;
- To family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To public health authority in certain situations as required by law (such as to report abuse, neglect, or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by law to oversee the health care 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 responding to a warrant;
- 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 law;
- 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 to an organ, eye or tissue transplantation;
- For research projects, but this will be subject to strict oversight and approvals;

- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.
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- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI other than those just listed will only be made with your written authorization. You may revoke your authorization at any time, in writing, except disclosed medical information in reliance on that authorization.

**Patient Rights:**

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

**The right to access a copy or inspect your PHI.** This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee to copy any medical information you have the right to access.

BFD under limited circumstances may deny you access to your medical information and you may appeal certain types of denials. Forms are available to access to your PHI and a written response will be provided if we deny you access and advise you of your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

**The right to amend your PHI:** You have the right to ask us to amend written medical information about you. We will generally amend your information within 60 days of your request and will notify you when we have done so. We are permitted by law to deny your request to amend your medical information only in certain circumstances, such as when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

**The right to request an accounting:** You may request an accounting from us of certain disclosures of your medical information we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purpose of treatment, payment or health care operations, or when we share your health information with our business associates, such as our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

**The right to request that we restrict the uses and disclosures of your PHI:** You have the right to request we restrict how we use and disclose the medical information we have about you. BFD is not required to agree to any restrictions you request, but any restrictions agreed to by the BFD in writing are binding on the BFD.

**Internet, electronic mail and the right to obtain a paper copy of this notice on request:**

If we maintain a website, we will prominently post a copy of this notice on that website. If you allow us, we will forward you this notice by electronic mail instead of on paper and you may always request a paper copy of this notice.

**Your legal rights and complaints:** You also have the right to complain to us or 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 us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to our privacy officer.

**Contact Information:**

**Privacy Officer/EMS Captain  
Bethel Volunteer Fire Department  
36 South Street  
Bethel, CT 06801  
Phone: (203) 778-7414 x 12(station is not staffed full time, please leave a message)  
Effective date of notice: July 7, 2008 Updated: January 15, 2009**