



## Leland Township Fire and Rescue

P.O. Box 578  
Leland, MI 49654-0578

### NOTICE OF PRIVACY PRACTICES

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

Pursuant to the Administrative Simplification Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Leland Township Fire & Rescue Department (LFRD) is required to establish policies and procedures to prevent the unauthorized disclosure and use of individually identifiable "Protected Health Information: (PHI).

LFRD understands that your health information is highly personal and we are committed to safeguarding your privacy. This notice applies to your PHI in our possession including the medical records generated by us. We will use or disclose PHI only as permitted or required by applicable state law.

We are also required by law to provide patients we care for with this "Notice of Privacy Practices". For this reason, you will be required to sign a form acknowledging receipt of this notice. Signing this form does not declare that you agree with the terms outlined in this notice; it simply verifies that you have received this notice.

If after reviewing this notice, now or in the future, you believe your privacy rights may have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services or the Department's Privacy Official at the address listed at the top of this pamphlet. All complaints must be submitted in writing. Written responses to complaints will be made in a timely manner.

This pamphlet is a summary of this Department's PHI privacy practices. For a more detailed explanation of the Department's policies & procedures relating to privacy practices or for more information, please contact the department at the address listed above.

#### **Permitted Uses and Disclosures Without Accounting**

The Department is permitted to use and/or disclose PHI without an accounting for the purposes listed below. This includes disclosures of PHI to "business associates" contracted to perform one or more of the following functions on behalf of the Department.

**Treatment:** We may use and disclose PHI in the provision and coordination of health care to carry out treatment functions. This includes disclosure to PHI to attending physicians, consulting physicians, nurses, technicians, and other health care providers who have a legitimate need for such information in your care and continued treatment. We may also disclose your PHI to people or entities outside of LFRD who will be involved in your medical care such as other care providers and family who will provide services that are part of your care. If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to them during the custodial period.

**Payment:** We may use and disclose your PHI for the purposes of billing for services rendered, determining coverage and eligibility, claims management, medical data processing, reimbursement and collections. PHI may be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider involved in the payment of your medical bill and may include copies or excerpts of your medical records that are necessary for payment of your account. PHI may also be released to other health care providers involved in your treatment so that they may seek payment for caring for you.

**Health Care Operations:** We may use and disclose PHI during routine health care operations of the Department including business planning and development, quality improvement, utilization review, evaluation of employee performance, internal auditing, accreditation, certification, licensing, credentialing activities, educational purposes, and other general administrative activities and responsibilities of the Department.

#### **More Stringent State Laws**

Michigan law further protects patients' privacy rights and required prior authorization for disclosure of PHI containing information related to substance abuse treatment (including alcohol), HIV & AIDS, certain aspects of reproductive health, and behavioral health information. LFRD will continue to abide by these more stringent disclosure laws when applicable.

## Use and Disclosure Permitted By Public Policy or Law Without Prior Authorization-Accounting Required

**Law Enforcement & Judicial Purposes:** PHI may be released for judicial purposes as required by law such as responding to a warrant, court order, or subpoena. Disclosures may be made to law enforcement officers for identifying a criminal suspect, fugitive, or missing person, providing information about a crime victim, or reporting possible criminal conduct as part of a criminal investigation. PHI may also be released for national security and intelligence gathering activities.

**Coroners, Medical Examiners, Funeral Directors:** PHI may be disclosed to coroners, medical examiners, and/or funeral directors as necessary for them to carry out their duties.

**Health or Safety:** PHI may be disclosed as deemed necessary to avert serious threats to the health and safety of a person or the public including preventing illness and injury or preventing the spread of disease. Other disclosures may include information concerning victims of abuse, neglect, or domestic violence, and information regarding possible drug diversion and/or fraudulent prescription activity. This may also include disclosures of PHI relating to the quality, safety, or effectiveness of FDA regulated products and devices. Health oversight agencies may receive PHI in the performance of their roles in the regulation of health care organization-including this Department.

**Other:** Disclosures may be made to military officials as necessary to carry out military functions. PHI may also be released for the purposes of facilitating organ and tissue procurement. Disclosures may be made to employers for reporting work-related injuries and information required in order to comply with workman's compensation or similar programs.

## Permitted Use or Disclosure with an Opportunity for You to Object or Agree

**Family/Friends:** At the time services are rendered, LFRD will seek your verbal permission to disclose PHI to family members or friends who are not involved in your care. You have the right to identify any friend(s) or family member(s) with whom you do not wish PHI to be shared. In disaster situations, unless you object you may disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and/or location.

## Use or Disclosure Requiring Your Authorization

Written authorization request for Department disclosures of PHI will be mailed to you at your last known address and specifically identify what information is to be disclosed, who the information is to be released to, and the purpose(s). Information for these purposes will not be disclosed unless written authorization is obtained. You have the right to revoke authorization at any time after it is granted.

**Marketing/Fundraising:** We will not provide information to any person or company for fundraising activities or for marketing purposes of any products or services.

**Research:** Authorized releases of PHI will be made only for legitimate research to be performed by reputable persons and/or organizations.

**Other Uses:** Any uses or disclosures that are not for treatment, payment, or Department operations and that are not permitted or required for public policy purposes or by law.

## Your Health Information Rights

**Right to Inspect and Copy:** With a few exceptions, you have a right to access and obtain a copy of your PHI as we maintain it. Requests for copies must be made in person or in writing to the Department. Reasonable copy costs apply.

**Right to Amend:** With certain limitations, you have a right to amend your PHI. This does not apply to information regarding medical conditions or treatment that is or was accurate at the time the information was obtained or created.

**Right to an Accounting:** you have a right to receive an accounting of disclosures of your PHI that LFRD maintains with the exception of those relating to treatment, payment, and health care operations. Request forms are available from the Department.

**Right to Request Restrictions:** You have the right to request restrictions on how we use and disclose your PHI to carry out treatment, payment, or health care operation functions. We are not required to comply with requested restrictions.

**Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. We reserve the right to deny request we believe to be unreasonable.

**Right to Receive a Copy of this Notice:** you have been provided with this notice as required. Additional copies this notice are available free of charge upon request to the Department.