



## **NOTICE OF PRIVACY PRACTICES** **(NPP)**

**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**

### **Purpose of This Notice**

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to file a complaint if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice and, except in emergency treatment situations, try to get your written acknowledgement of its receipt when possible. We must follow the terms of this notice that are in effect.

We are an emergency services provider. In an emergency, we will give you the notice as soon as reasonably practicable after the emergency treatment has been given.

### **How We Use or Disclose Your Medical Information**

#### **For Treatment**

We will use medical information about you to provide you with treatment and services. For example, we may share this information with members of our staff or with others involved in your care such as doctors, nurses, or healthcare facilities. This includes personnel to whom we

transfer your care and treatment, and includes transfer of personal health information via radio or telephone to the hospital or dispatch center, as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment.

#### **For Payment**

We may use or disclose your medical information to bill and collect payment for the services we provided. For example, we may need to give your health insurance plan information about your diagnosis and treatment. We may also contact your insurance plan to confirm your coverage.

#### **Healthcare Operations**

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the healthcare services that we provide to you.

### **Common Disclosures for Treatment, Payment or Healthcare Operations**

Your name and address may be used to send out satisfaction surveys. There are some services that are provided for us by our business associates, such as our billing service. We have written contracts with our business associates that require them to protect the privacy of your medical information.

### **Other Use and Disclosures of Medical Information**

**Individuals Involved in your Care** – We may disclose medical information about you to a family member, other relative, close friend, or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose medical information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose your medical information, please notify us in writing at the address on this form.

**Disaster Relief** – We may use or disclose medical information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a disaster.

**Required by Law** – We may use or disclose medical information about you when we are required to do so by law.

**Communicable Diseases** – We may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Public Health Activities and Public Safety** – We may disclose medical information about you for public health activities to prevent or control disease or if we believe it is necessary to prevent a threat to someone's health or safety.

**Victims of Abuse, Neglect or Domestic Violence** – We may disclose medical information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** – We may disclose medical information about you to a health oversight agency for audits, investigations, inspections or licensing purposes.

**Food and Drug Administration** – We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** – We may disclose medical information about you in response to a court proceeding. We may also disclose medical information about you in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** – We may disclose information about you to law enforcement officials for law enforcement purposes:

- as required by law.
- In response to a court order or other legal proceeding.

- to identify or locate a suspect, fugitive, witness or missing person.
- when information is requested about an actual or suspected victim of a crime.
- to report a death as a result of possible criminal conduct.
- about crimes that occur on our premises.
- to report a crime in emergency circumstances.

**Funeral Directors, Coroners & Medical Examiners** – We may disclose medical information about you as necessary to allow these individuals to carry out their responsibilities.

**Organ Donation** – If you are an organ donor, we may disclose medical information about you to organ procurement organizations as it necessary to facilitate such donation.

**Workers' Compensation** – We may disclose medical information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

**Military** – If you are or were a member of the Armed Forces, or part of the national security or intelligence communities, we may be required by government authorities to release health information about you to those authorities.

**Security Clearance** – We may use medical information about you for required security clearance.

**Inmates** – We may disclose medical information about you to a correctional institution or law enforcement official that has custody of you.

**Research** – We may disclose your medical information to researchers under certain limited circumstances if allowed under federal and state laws and rules.

### **Uses or Disclosures that Require Your Authorization**

Other uses and disclosures will be made only with your written authorization. Such authorization must contain certain things, like your signature and a description of the use and disclosure you are authorizing. You may cancel an authorization at any time by notifying us in writing of your

desire to cancel it at the address on this form. If you cancel an authorization, it will not have any effect on information that we have already disclosed. An example of a use or disclosure that may require your written authorization includes a request to provide your medical information to an attorney for use in a civil law suit.

### **Your Rights**

You have the following rights regarding health information we maintain about you:

**Restrictions** – You have the right to ask us to restrict how we use or disclose your medical information. You should submit your request in writing to the address on this form. We will consider your request, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. You can stop a restriction at any time.

**Confidential Communications** – You have the right to ask that we communicate with you in a certain manner or at a certain place. If you want to request confidential communications, the request must be made in writing on a form provided by us. We will agree to reasonable requests.

**Access to and Copies of Your Medical Information** – You have the right to request to inspect and obtain a copy of your medical information. You must submit your request in writing on a form provided by us. If you request a copy of the information, we may charge a fee for the costs of copying, summarizing and/or mailing it to you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing, and you may be able to request a review of your denial.

**Amendments to Your Medical Information** – You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing on a form provided by us. We do not have to agree to your request. If we deny your request, we will tell you why. You have the right to submit a statement disagreeing with our decision, which statement will be included with your medical record and become part of the record. We may deny your request if we determine that the information:

- Was not created by us.
- Is not part of the medical information that we maintain.
- Is in records that you are not allowed to inspect and/or copy.
- Is already accurate or complete

**Accounting of Disclosures of Health Information** – You have a right to receive an accounting of certain disclosures of your information to others. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosure before April 14, 2003. Disclosures are not required for treatment, payment or healthcare operations, or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing on a form provided by us. The first accounting is free. If there is a charge for the second or subsequent accountings within a twelve-month period, we will notify you in advance.

**Copies of and Changes to This Notice** – You have the right to request and get a paper copy of this notice, and any revisions we make to the notice, at any time. We reserve the right to change the terms of this notice. The new notice provision will be effective for all Protected Health Information we maintain. You can get a copy of

this notice at our website. The address is [www.kenosha.org](http://www.kenosha.org).

### **Complaints**

You have the right to complain if you think your privacy has been violated. We encourage you to contact our Privacy Officer at the address on this notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

### **Questions and Information**

If you have any questions or complaints, wish to submit a form as indicated in the "Your Rights" section of the notice, or want more information about the notice of Privacy Practices, please contact us at the following:

James T. Poltrock  
City of Kenosha Fire Department  
625 – 52<sup>nd</sup> Street  
Kenosha, WI 53140  
Phone: 262-653-4100  
Fax: 262-653-4107

