



# Marion County Fire Rescue

## Notice of Privacy Practices

**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.**

### **OUR RESPONSIBILITIES**

We, Marion County Fire Rescue (MCFR), are providing you this privacy notice to tell you about the lawful ways in which we may use and disclose your Protected Health Information (PHI). It also describes your rights and our responsibilities regarding the use and disclosure of your PHI. PHI is information that may identify you (including your name, address, and social security number) and that relates to your past, present, or future physical or mental health condition, the MCFR healthcare services you received, and payment for the MCFR healthcare services you received.

We are required by law to maintain the security and privacy of your PHI and to provide you with this Notice of Privacy Practices and description of our legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this Notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this Notice, we will provide you with a revised Notice upon request. We will also make any revised Notice available in our reception area and on our website at <http://www.marioncountyfl.org/departments-agencies/departments-a-n/fire-rescue/billing>.

### **USES/DISCLOSURES OF PHI**

To comply with the law, only your "Minimum and Necessary" PHI will be used or disclosed by us to accomplish the intended purpose of the use, disclosure, or request. It is our policy to limit the use or disclosure of your PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI without your authorization or without providing you an opportunity to object.

#### **Payment:**

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and obtain payment for MCFR healthcare services you received, when your healthcare provider requests information from us regarding your eligibility for coverage under your health plan, our review of the medical necessity of the treatment you received, and/or in our coordinating payment with other insurance carriers or facilities.

#### **Treatment:**

We may use or disclose your PHI in connection with our treatment or transportation of you. For example, we may disclose your PHI to doctors, nurses, technicians, medical students or any other healthcare provider involved in your care. We may also provide information about you to a hospital or dispatch center via radio, telephone or other electronic means. We may provide a hospital or other healthcare facility with a copy of the medical records created by us in the course of treating or transporting you.

### **Business Associates:**

We may disclose your PHI to third party "business associates" that perform various services for us. For example, we may disclose your PHI to a hospital or to a collections company for payment related purposes. We require our business associates to appropriately secure and safeguard your PHI.

### **Individuals Involved in Your Care:**

We may use and disclose your PHI to a family member or other persons you identify as involved in your care. We will disclose PHI relevant only to that person's involvement in your care or to payment for your care. We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

### **State of Florida Monitors and Other Auditors:**

We may disclose your PHI to State of Florida monitors and other auditors determining our compliance with the law, other state and federal regulations, and generally accepted accounting procedures.

**Required By Law:** We will disclose your PHI as required by federal or state law including:

- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities who have appropriate written authorization citing the relevant law, U.S. Code, Code of Federal Regulations, Florida Statute, and/or Florida Administrative Code. We may also be required to disclose your PHI to authorized members of the Armed Forces for activities deemed necessary, and described and justified in writing by appropriate military authorities.
- **Public Health.** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We may disclose your PHI to a government oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.
- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you or your attorney representative about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement purposes such as: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct that occurs on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determining cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.
- **Inmates.** If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody (1) in order for the institution to provide you with healthcare; (2) to protect your health and safety and the health and safety of others; or (3) to protect the safety and security of the correctional institution.

### **COMPLIANCE WITH SECTION 119.071(5), FLORIDA STATUTES, REGARDING OUR COLLECTION AND USAGE OF YOUR SOCIAL SECURITY NUMBER**

Pursuant to requirements outlined in Section 119.071(5), Florida Statutes, "Other Personal Information," we are hereby advising you that the collection of your social security number is imperative for the performance of our duties and responsibilities as prescribed by law. Your social security number will be used for billing purposes and to enable other healthcare providers and/or insurers to identify your records. Such use is authorized under federal and state law. As such, we are in compliance with Section 119.071(5), Florida Statutes.

### **OTHER USES/DISCLOSURE OF YOUR PHI**

Other disclosures of your PHI not covered by this Notice or provided by the laws that apply to our use and disclosure will be made only with your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this Notice.

### **YOUR RIGHTS**

- **Right to a Request A Restriction.** You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or healthcare operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. We will give serious consideration to your request but we are not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed under exceptional circumstances. If we are unable to notify you of these exceptional circumstances prior to the fact, we will notify you of those circumstances as soon as reasonably possible. To request a restriction please contact our Privacy Officer (contact information provided below). Your request must specify (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.
- **Right to Access, Inspect, And Copy.** You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your healthcare benefits. This includes your medical and billing records, but may not include information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the denial be reviewed. A licensed healthcare provider chosen by us will review your request and our denial. The person performing this review will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact our Privacy Officer (contact information below). A fee may be charged for the cost of copying, mailing, or other supplies associated with your request. We will normally provide you with access to this information within fifteen (15) days but it may take up to thirty (30) days to complete your request.

- **Right to Amend** – If you believe any of your information in our possession is inaccurate, you may request, in writing, that we amend or correct the information that you believe to be erroneous. To request an amendment, contact our Privacy Officer (contact information below). You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the Protected Health Information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. If we deny your request you may submit a short statement of dispute, which will be included in any future disclosure of your information.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. An accounting is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made: (1) for treatment, payment and any other health plan operations; (2) to you; (3) that are incidental disclosures; (4) in accordance with an authorization; (5) for national security or intelligence purposes; and (6) to correctional institutions or law enforcement officials for the provision of healthcare or for the safety of you, other inmates, and officers and employees. To request an accounting of disclosures, contact our Privacy Officer (contact information below). You may request an accounting of disclosures made up to 6 years before the date of your request but not for disclosures made before October 01, 2008. If you request more than one accounting within a 12 month period, we may charge you a reasonable fee for each additional accounting. We will notify you of the fee before any costs are incurred.
- **Right to Confidential Communications.** You have the right to request that you receive communication of your PHI in a certain time or manner (such as, by e-mail rather than by regular mail, or by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer (contact information below). Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may request a paper copy by contacting our Privacy Officer. If you allow us, we will forward this Notice by electronic mail. In addition, you may obtain a copy of this Notice at our website at  
<http://www.marioncountyfl.org/departments-agencies/departments-a-n/fire-rescue/billing>.
- **Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured PHI.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you have the right to file a written complaint with us by sending a copy to our Privacy Officer (contact information below) or with the Secretary of the United States Department of Health and Human Services. All complaints received by our Privacy Officer will be resolved in a timely manner. You will not be retaliated against in any way for filing a complaint. If you would like to discuss the privacy of your PHI in detail, or if you have any concerns, please feel free to contact our Privacy Officer (contact information below).

For additional information please visit the Marion County's website at:

<http://www.marioncountyfl.org/departments-agencies/departments-a-n/fire-rescue/billing>

Or in person at:

2631 SE Third Street Ocala, FL 34471. Phone 352-291-8000.

MCFR Privacy Officer: Rodney K. Mascho, Division Chief of EMS