Clayton Fire Department
Notice of Privacy Practices

This Notice is effective on July 29, 2021

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.

Clayton Fire Department is committed to maintaining and protecting the privacy of medical information about you and that identifies you, which is known as Protected Health Information or PHI. Your PHI may include information about your past, present or future medical condition, about the medical care we provide to you, or about the payment for medical care we provide to you. WE ARE REQUIRED BY LAW TO PROTECT AND MAINTAIN THE PRIVACY OF MEDICAL INFORMATION (PHI) ABOUT YOU.

We are also required by law to provide you with this Notice, explaining our legal duties and privacy practices with respect to your PHI. In most situations we may use your PHI as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so. We are legally required to follow the terms of the Notice currently in effect. In other words, we are only allowed to use and disclose PHI in the manner we have described in the version of our Notice then in effect.

We reserve the right to change the terms of this Notice at any time. Any changes to this Notice will be effective immediately and will apply to all PHI that we maintain. If we make changes to this Notice, we will:

- Post the new Notice on the public Bulletin Board outside our Administrative Offices at 10 S. Bemiston, Clayton, Missouri 63105.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer identified below to obtain a copy of the current Notice)
- Post the new Notice at our website at www.claytonmo.gov.

If, at any time, you have questions about this Notice or about our privacy practices, policies or procedures, you may contact our Privacy Officer, Jeffrey Tobin, by telephone at (314) 290-8485; by e-mail at jtobin@claytonmo.gov, or by mail or in person at 10 N. Bemiston, Clayton, Missouri 63105.

WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN SEVERAL CIRCUMSTANCES

This section of our Notice explains how we may use and disclose your PHI in order to provide medical care, obtain payment for that medical care, and operate and evaluate the emergency medical services we provide. This section also briefly mentions several other circumstances in which we may use or disclose your PHI.

1. Treatment

We may use and disclose your PHI to provide medical treatment to you. This may include communicating with other health care providers regarding your condition, treatment, and coordinating and managing your health care with others.

2. Payment

We may use and disclose your PHI to obtain payment for health care services that you receive. This means that we may use your PHI to arrange for payment from insurance companies (either directly or through a third-party billing company). We also may disclose your medical information and other PHI to others to seek payment for health care services (such as insurance companies, collection agencies, and consumer reporting agencies).

3. Health care 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, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.

4. Persons involved in your care

We may disclose PHI about you to a family member, other relative, close personal friend or any other person you designate who is involved in your care, if the information is relevant to your care and if we obtain your verbal agreement to do so, or if we give you the opportunity to object and you do not raise an objection. We may also disclose PHI to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your PHI to your

spouse when your spouse has called 911 for you. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor, except in limited circumstances.

We may also use or disclose medical information about you to a relative, family member or another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

In situations where you are not capable of agreeing or objecting (due to your incapacity or medical emergency), we may determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only the PHI relevant to that person's involvement in your care.

5. Required by law

We will use and disclose your PHI whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. We will comply with those state laws and with all other applicable laws.

6. Other Uses and Disclosure of PHI

When permitted by law, we may use or disclose your PHI without your written authorization for the following reasons:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a public health authority to report a birth, death, or disease as required by law;
- For healthcare 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 court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities when there is a warrant for the request or when the information is needed to identify or locate a suspect or stop a crime;
- To avert a serious threat to the health and safety of a person or the public at large;
- To coroners, medical examiners, and funeral directors for identifying a deceased person and assisting in determining the cause of death or otherwise carrying on their duties as authorized by the law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement, donation, and transplantation.

7. Authorization

Other than the uses and disclosures described above, we will not use or disclose your PHI without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you, and we may contact you to ask you to sign our Patient Authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign and complete our Patient Authorization form. We will not accept any such requests to disclose your PHI to third parties that are not submitted on our Patient Authorization forms. Patient Authorization forms are available from our Privacy Officer.

You may revoke your authorization at any time, in writing, except to the extent we have already used or disclosed your PHI in reliance on that authorization. Revocation of your authorization must be submitted to us on our Revocation of Patient Authorization forms. We will not accept any requests to revoke an authorization that are not submitted on our Revocation of Patient Authorization forms. Revocation of Patient Authorization forms are available from our Privacy Officer.

YOU HAVE RIGHTS WITH RESPECT TO YOUR PHI

As a patient, you have several rights with respect to the protection of your PHI. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, contact our Privacy Officer, Jeffrey Tobin at (314) 290-8485.

1. Right to access, inspect and copy your PHI

You have the right to inspect and receive a copy of most of the medical information about you that we maintain. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing on our Access Request Form. We will not accept any requests that are not submitted on our Access Request Forms. Access Request Forms are available from our Privacy Officer.

We will normally provide you with access to this information within 30 days of your written request made on our Access Request Forms.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to appeal and have our decision reviewed by another person.

If you would like a copy of your PHI, we will charge you a fee to cover the costs of the copies and postage, if any. The cost for copying is an amount authorized by the Clayton Board of Aldermen.

Contact our Privacy Officer for more information on these services and any possible additional fees.

2. Right to have your PHI amended

You have the right to have us amend medical information about you that we maintain. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and

explain why you would like us to amend the information utilizing our Amendment Request Form. We will not accept any requests that are not submitted on our Amendment Request Forms. Amendment Request Forms are available from our Privacy Officer.

We will generally amend your information within 60 days of your request and we will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct or accurate.

If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures of your PHI that we have made for the previous six years from the date we receive your request. If you would like to receive an accounting, you must request an accounting on our Accounting Request Form. We will not accept any requests that are not submitted on our Accounting Request Forms. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures. We are not required to give you an accounting of your PHI we have disclosed for purposes of treatment, payment or health care operations, or when we share your PHI with our business associates for these purposes, like our billing company. We are also not required to give you an accounting of disclosures for which you have given us written authorization. Any accounting will also not include disclosures made prior to April 14, 2003.

5. Right to request restrictions on uses and disclosures of your PHI

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. Any request to restrict uses and disclosures of your PHI must be made in writing on our Patient Request for Restriction Form. We will not accept any requests that are not submitted on our Patient Request for Restriction Form. Patient Request for Restriction Forms are available from our Privacy Officer.

We are not required to agree to your request to restrict our uses and disclosures of your PHI.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to request an alternative method of contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing on our Alternate Communication Form. We will not accept any requests that are not submitted on our Alternate Communication Form. Alternate Communication Forms are available from our Privacy Officer.

7. 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.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

You have the right to complain to us, or to the Secretary of 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 with the federal government. Should you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may hand-deliver your complaint or mail it to us at the following address:

Jeffrey Tobin, Privacy Officer
Clayton Fire Department
10 N. Bemiston
Clayton, Missouri 63105
(314) 290-8485
jtobin@claytonmo.gov

To file a written complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street--Room 248
Kansas City, MO 64106

To file a complaint by e-mail, send to: OCRComplaint@hhs.gov

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