

disclosed, you should contact the Privacy Officer.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to restrict how we use and disclose your medical information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Hall County Fire Services is not required to agree with any restrictions you request, but any restrictions agreed to by Hall County Fire Services are binding on Hall County Fire Services.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: A copy of this Notice is located on our website and is available electronically through the 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 the Notice. Legal Rights and Complaints: Notice of any changes in Hall County Fire Services Privacy Policy may be shown directly and this Notice and will be updated when any significant changes in our privacy practices occur. Hall County Fire Services reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately. We also reserve the right to make any changes effective for PHI that we have created or received prior to the effective date of the Notice provision that was changed.

You also have the right to complain to us, or to the Secretary of the 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 the Privacy Officer listed at the end of this Notice.

You may obtain a copy of your medical records by calling the Hall County Fire Services Headquarters Office at 770-531-6838.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Bobby Ogletree  
Hall County  
Fire Services  
PO Box 907730  
Gainesville, Ga 30501  
770-531-6838  
hallcountymfire.org

We will revise this Notice if we make material changes to it. You can get a copy of the latest version of this Notice by contacting the Privacy Officer or any department staff member in Business Services.



# Patient Privacy Notice

**Hall County  
Fire Services**

*Effective Date of the Notice: September, 2016*

# Patient Privacy Notice

This notice describes how medical information about you may be used, disclosed and how you can get access to this information.

**Please Review Carefully.**

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## Purpose of this Notice

Hall County Fire Services is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how Hall County Fire Services is permitted to use and disclose PHI about you. Hall County Fire Services is also required to abide by the terms of the version of this Notice currently in effect.

## Uses and Disclosures of PHI

Hall County Fire Services may use PHI for the purposes of treatment, payment, and other health care operations. Examples of our use of your PHI:

**For Treatment:** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

**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 organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization reviews, and collection of outstanding 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 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, and certain marketing activities.

## Use and Disclosure of PHI Without Your Consent

Hall County Fire Services is authorized to use or disclose PHI without your consent, authorization, or written permission in certain situations, including: Emergency Situations; Disclosure to a relative, friend, or individual involved in your care; Disclosure to a public health authority in certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to possible communicable disease as required by law); For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) 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 there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime; 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, in compliance with workers' compensation laws.

Any other use or disclosure of PHI, other than those listed will only be made with your written consent or authorization (an authorization specifically identifies the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your consent or authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that consent or authorization.

## Patient Rights

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

**The right to access, copy, or inspect your PHI:** This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. You may also request the information to be submitted to you electronically. We will normally provide you with access to this information within 30 days of your request. If you wish to inspect and copy your medical information, you should contact Hall County Fire Services.

**The right to amend your PHI:** You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and 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. You can appeal our denial of your request to amend the information. If you wish to amend the medical information that we have about you, you should contact the Privacy Officer listed at the end of this Notice.

**The right to request an accounting of our use and disclosure of your PHI:** You may request an accounting from us of certain disclosures of your medical information that we have made in the last 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 the purposes of treatment, payment, or health care operations. If you wish to request an accounting of the medical information about you that we have used or