



**City of Phoenix**  
FIRE DEPARTMENT  
EMERGENCY TRANSPORTATION SERVICES

## 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.**

City of Phoenix Emergency Transportation Services (ETS), as a covered portion of a hybrid entity, is committed to protecting the privacy of confidential health care information about you. We are required by law to protect your health care information that identifies you or could be used to identify you, known as **Protected Health Information (PHI)**. We are also required to provide you with this Notice, which outlines our legal duties and privacy practices with respect to your PHI. The City of Phoenix ETS is required to abide by the terms of the version of this Notice currently in effect.

### **Uses and Disclosures of Protected Health Information**

Under Federal Law, The City of Phoenix ETS may use or disclose PHI for the purposes of treatment, payment, and health care operations without your written permission. Following are some examples of how we may use or disclose PHI for treatment, payment, or health care operations:

**Treatment:** We may use or disclose your PHI for treatment purposes. This includes disclosures 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 or dispatch center.

**Payment:** We may use or disclose your PHI in order to obtain payment for our services. This includes such things as 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 review, and collection of outstanding accounts.

**Health Care Operations:** Your PHI can be used or disclosed to allow us to conduct health care operations. For example we may use your PHI for quality assurance activities and training programs to ensure that our personnel meet our standards of care. Other health care operations may include providing appointment reminders or contacting you regarding information about treatment alternatives or other health-related benefits and services.

### ***Other Reasons We Are Permitted or Required the Use or Disclosure of PHI Without Your Written Consent:***

The City of Phoenix ETS is permitted to use or disclose PHI without your written authorization, or opportunity to object in certain situations, including:

- **Required by Law.** We may disclose your PHI when required by law.
- **Required by Health and Human Services.** We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with federal privacy laws.
- **Abuse or Neglect.** We may disclose your PHI when authorized by law to report information about abuse or neglect or domestic violence to a public health authority or other governmental agency that is permitted by law to collect or receive such information.
- **Public Health.** We may disclose your PHI 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 adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law.

- **Health Oversight Activities.** We may disclose your PHI for certain 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.
- **Judicial and Administrative Proceedings.** We may disclose your PHI as directed by a court or administrative order, or in some cases in response to a subpoena or other legal process.
- **Law Enforcement.** We may disclose your PHI for certain law enforcement purposes, such as when the information is needed to locate a suspect, stop a crime, or report certain wounds.
- **Specialized Government Functions.** We may disclose your PHI for military, national defense and security and other special government functions.
- **Serious Threat to Health or Safety.** We may disclose your PHI to avert a serious threat to the health and safety of a person or the public at large.
- **Workers' Compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to coroners, medical examiners, or funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law.
- **Organ Donor.** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- **Research.** We may use or disclose your PHI for research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.
- **Persons Involved in Your Care.** We may disclose your PHI to a family member or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or other individual involved in your care if we infer from the circumstances that you would not object. In situations where you are not capable of objecting, we may, in our professional judgment, determine that a disclosure to your family member or other individual involved in your care is in your best interest.
- **Disclosures to City of Phoenix ETS Vendors.** We may disclose your PHI to companies we contract to act on our behalf. In these instances we will protect your PHI through an appropriate privacy agreement with the vendor.

### ***Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:***

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

### **Your Rights**

As a patient, you have a number of rights with respect to the protection of your PHI. We may ask that you submit a written request to exercise your rights. These rights include:

***The right to access copy or inspect your PHI.*** You may ask to inspect or obtain a copy of your confidential information that is included in certain records we maintain. We will normally provide you with access to this information within 30 days of your request (60 days if the information is stored off-

site). We may charge you a reasonable fee to cover duplicating costs. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We will provide a written response if we deny you access and let you know your appeal rights.

***The right to amend your PHI.*** You have the right to request an amendment of your PHI in our records for as long as we maintain this information. 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 in certain circumstances, for instance when we determine the PHI we have is accurate. If another health care provider or person created the information that you want to change, you should ask that person to amend the information.

***The right to request an accounting of certain disclosures of your PHI.*** You may request a list of certain disclosures we have made of your PHI. The list that we provide will not include disclosures made before April 14, 2003, disclosures made earlier than six years before the date of request, disclosures for treatment, payment or health care operations, and certain other disclosures that are excepted by the law. We are required to provide the list within 60 days (with one 30-day extension, if needed). If you request a list more than once during any 12-month period, we may charge a reasonable fee for each accounting statement after the first.

***The right to request that we restrict the uses and disclosures of your PHI.*** You have the right to request that we restrict how we use and disclose your PHI 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. City of Phoenix ETS is not required to agree to any restrictions you request. If we do agree, we will abide by your restriction unless we need to use your PHI to provide emergency treatment.

***The right to request confidential communications.*** You have the right to ask us to communicate your PHI by alternative means or at an alternative location. We will attempt to accommodate all reasonable requests. If we determine the request unreasonable we may continue to use our existing communications methods.

***The right to receive a paper copy of this notice.*** If you would like a paper copy of this notice contact our Customer Service Department listed below. You also may obtain an electronic copy from the following website <http://phoenix.gov/FIRE/>

***Revisions to the Notice:*** We may change the terms of this Notice at any time, and the changes will be effective immediately and may apply to all protected health information that we maintain. If we make a change to this Notice we will post the revised Notice as well as update it on our web site. You can get a copy of the latest version of this Notice by contacting the Customer Service Department identified below.

***Your Legal Rights and Complaints:*** If you believe your privacy rights have been violated, you have the right to complain to us, or to the Secretary of the U.S. Dept of Health and Human Services. You will not be retaliated against in any way for filing a complaint with us or with the Department of Health and Human Services. Should you have any questions, comments or complaints you may direct them to the Privacy Officer, Deputy Chief, EMS.

If you have a question or would like to exercise your rights listed in this notice, please contact:

**Customer Service, Emergency Transportation Services  
520 W. Van Buren St., Phoenix AZ 85003  
or call 602-261-8414**