

## Patient Privacy Notice

**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:** Kittitas Valley Fire & Rescue (KVFR) is required by law to maintain the privacy of certain confidential health care information, known as protected health information or 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 KVFR is permitted to use and disclose PHI about you. KVFR is required to abide by terms of the version of this Notice currently in effect and may use this information after we obtain your consent, and in emergency and other situations without your consent.

### **KVFR may use PHI (protected health information) for the purposes of treatment, payment and other health care operations without your consent. Examples:**

**Treatment** - Includes 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 and to whom we transfer your care and treatment.

**Payment** - Includes any activities we must undertake in order to get reimbursed for the services we provide you.

**Health Care Operations** - Includes quality assurance activities, licensing and training programs to ensure our personnel meet our standards of care and follow established procedures.

### **Use and Disclosure of PHI without your Consent**

KVFR is authorized to use PHI without your consent, authorization, or written permission in certain situations, including:

\* Emergency situations \*To a relative, friend or individual involved in your care \*To a public health authority in certain situations \*For health oversight activities \*For judicial and administrative proceedings as required by a court or administrative order \*For law enforcement activities in limited situations \*For military, national defense and security, and other special government functions \*To avert a serious threat to the health and safety to a person or the public at large \*For workers compensation purposes

Any other use or disclosure of PHI, other than those listed above will only be made with your written consent or an authorization, including but not limited to uses and disclosures for marketing purposes and any sales of PHI. **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**

**To access, copy or inspect your PHI** - You may come to our offices and inspect and copy most of the medical information about you that we maintain. If you wish to do so, you should contact the privacy officer listed at the end of this Notice.

**To restrict access of your PHI to health plan.** If you or any person other than your health plan pays for your treatment in full, you have the right to notify us in writing and restrict our ability to provide your PHI to your health plan.

**To amend your PHI** - You can ask us to amend written medical information that we may have about you although we are permitted by law to deny your request in certain circumstances. If you wish to amend the medical information we have about you, contact the privacy officer listed at the end of this Notice.

**To request an accounting of our use and disclosures of your PHI** - You may request certain disclosures of your medical information but we are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or of uses or disclosures made prior to April 14, 2003.

**To request that we restrict the uses and disclosures of your PHI** - You may restrict how we use and disclose your medical information, but if you request a restriction and that information is needed to provide you with emergency treatment we may use the PHI or disclose the PHI to a health care provider. KVFR is not required to agree to any restrictions you request but any restrictions agreed to by KVFR are binding.

**To receive notice of breach of PHI security.** You have the right to be notified in the event of a security breach that compromises the privacy of your PHI.

**To opt out of fundraising communications.** If you are contacted by KVFR for fundraising purposes, you have the right to opt out of such communications.

**Legal Rights and Complaints** - Notice of any changes in KVFR's privacy policy may be shown directly on the consent form and this Notice will be updated when any significant changes in our privacy practices occur. We reserve the right to change the terms of this Notice at any time and make 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 Federal 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.

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

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