

Health information related to sexually

transmitted diseases: No patient consent is required for disclosures to public health officers in accordance with reporting requirements; disclosures to persons who are at risk for acquisition of a sexually transmitted disease because of their interaction with the patient and the health care provider believes the exposed person was unaware of the risk; and/or for law enforcement officers, firefighters and other treatment providers who request a test based on the treatment provider's exposure to bodily fluids of the patient. Disclosure of health care information without patient consent is mandatory if required by federal, state or local public health authorities to investigate unprofessional conduct of a health care provider. Health care providers are prohibited from using health care information for marketing or fund raising purposes and from selling health care information without patient's consent. Patients have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment for health care and pertains to a health care item or service for which the individual has paid out of pocket in full.

The right to request an accounting.

You may request an accounting from us of certain disclosures of your medical information that we have made in the 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 purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our HIPAA Compliance Officer.

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 medical information. We are not required to agree to any restrictions you request, but any restrictions agreed to by KCFD 20 in writing are binding on us.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.

If we maintain a web site, we will prominently post a copy of this Notice on our web site. 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.

Revisions to the Notice:

KCFD 20 reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer.

Your Legal Rights and Complaints:

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 the US DHHS. Should you have any questions, comments or complaints direct inquiries to our HIPAA Compliance Officer.

HIPAA Compliance Officer Contact Information:

King County Fire District 20
12424 76th Ave S, Seattle, WA 98178

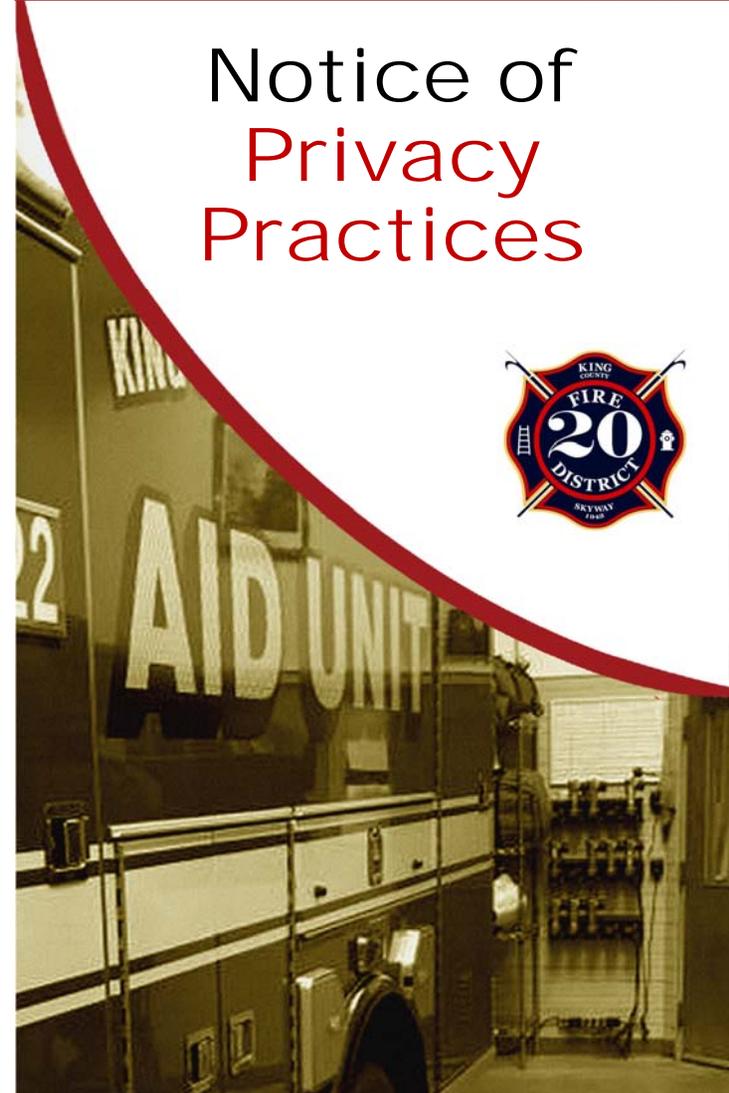
PHONE: 206-772-1430

E-MAIL: admin@kcfcd20.org

www.king20fire.org/document request



Notice of Privacy Practices



Notice of Privacy Practices

KCFD 20 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. We are required to abide by the terms of the version of this Notice currently in effect.

KCFD 20 may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of include: **Treatment.** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

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, as well as other management functions.

Use and Disclosure of PHI Without Your Authorization.

We are permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations of another health care provider who treats you;
- For health care and legal compliance activities;

- To a family member, other relative, 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, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority if required by law (ie: to report abuse, neglect or domestic violence);
- 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;
- A decedent's PHI may be disclosed to family members and others involved in care or payment for care of decedent prior to death, unless doing so would be inconsistent with patient's prior expressed preference which is known to us. Disclosure is limited to information relevant to the family member or other person's involvement in individual's health care or payment for health care.
- For judicial or administrative proceedings as required by court or administrative order, or in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- 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, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate donation and transplantation;

Some of the general rules for disclosure without patient authorization were recodified from RCW 72.02.050 to a new chapter under 72.02 RCW.

Obtaining health information under false pretenses is now a gross misdemeanor.

- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are. Any other use or disclosure of PHI, other than those listed above or as amended by law, 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.

Patient Rights: You have a number of rights with respect to your Protected Health Information:

The right to access, copy or inspect your PHI.

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 5 business days of your request. We may charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, contact our Compliance Officer.

The right to amend your PHI.

You have the right to ask us to amend medical information that we have about you. We will generally amend your information within 60 days of your request and will notify you when completed. 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. If you wish to request that we amend the medical information that we have about you, you should contact our HIPAA Compliance Officer.