Houston Fire Department

IMPORTANT: 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: The City of Houston Fire Department 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 and advises you of our privacy practices, and lets you know how we are permitted to use and disclose PHI about you. Uses and Disclosures of Your PHI We Can Make Without Your Authorization: City of Houston Fire Department may use or disclose your PHI without providing you with an opportunity to object, for the following purposes:

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 healthcare personnel to whom we transfer your care and treatment and includes transfer of PHI via radio or telephone to the hospital or dispatch center 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.

* Payment: This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

* Healthcare 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, fundraising, and certain marketing activities.

Fundraising: We may contact you when we are in the process of raising funds for the City of Houston or to provide you with information about annual subscription program.

In addition, we may use your PHI for certain fundraising activities. For example, we may use PHI that we collect about you, such as your name, home address, phone number or other information, in order to contact you to raise funds for our agency. We may also share this information with another organization that may contact you to raise money on our behalf. If City of Houston Fire Department does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from City of Houston Fire Department. If you do not want to be contacted for our fundraising efforts, you should contact our HIPAA Compliance Officer, in writing, by phone, or by email. Contact information for our HIPAA Compliance Officer is listed at the end of this Notice. We will also remind you of this right to opt out of receiving future fundraising communications every time that we use your PHI to conduct fundraising and contact you to raise funds. The City of Houston Fire Department will not condition the information (such as your hospital or insurance number or other information, in order to contact you for the following purposes:

Other Uses and Disclosures of Your PHI We Can Make Without Authorization: The City of Houston Fire Department is also permitted to use or disclose your PHI without your written authorization in situations including:

* For the treatment activities of another healthcare provider.

* To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).

* 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.

* For healthcare fraud and abuse detection or for activities related to compliance with the law.

* To a family member, other relative, or close personal friend 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, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person’s involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by your ambulance crew.

* To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law).

* For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative proceedings or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare 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, 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 research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

Uses and Disclosures of Your PHI That Require Your Written Consent: Any other use or disclosure of PHI,
Your Rights Regarding Your PHI: As a patient you have a number of rights with respect to your PHI, including:

* Right to access, copy or inspect your PHI: You have the right to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to our HIPAA Compliance Officer. 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 and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our HIPAA Compliance Officer. We normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is reasonable cost-based fee for providing you access to the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to the copy of your PHI.

* Right to request an accounting of uses and disclosures of your PHI: You may request an accounting from us of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that are subject to accounting requirement, you should contact our HIPAA Compliance Officer and make a written request. You have a right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But we are not required to provide you with an accounting of disclosures of your PHI for: a) purposes for treatment, payment, or healthcare operations, b) disclosures that you expressly authorized, c) disclosures made to you, your family or friends, d) disclosures made for law enforcement or certain other governmental purposes.

* Right to request restrictions on uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations, or to restrict this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is reasonable cost-based fee for providing you access to the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to the copy of your PHI.

* Right to request amendment of your PHI: You have the right to request that we amend protected health information that we maintain about you. Requests for amendments to your PHI should be made in writing and you should contact our HIPAA Compliance Officer if you wish to make a request for amendment and fill out an amendment request form. When required by law to do so, we will 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, such as when we believe that the information you have asked us to amend is correct.

* Right to request to receive an accounting of uses and disclosures of your PHI. You may request an accounting from us of disclosures of your medical information. If you wish to request an accounting of disclosures of your PHI that are subject to accounting requirement, you should contact our HIPAA Compliance Officer and make a written request. You have a right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But we are not required to provide you with an accounting of disclosures of your PHI for: a) purposes for treatment, payment, or healthcare operations, b) disclosures that you expressly authorized, c) disclosures made to you, your family or friends, d) disclosures made for law enforcement or certain other governmental purposes.

* Right to request restrictions on uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations, or to restrict this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is reasonable cost-based fee for providing you access to the copy of your PHI. We may also charge you a reasonable cost-based fee for providing you access to the copy of your PHI.

* Right to request confidential communications: You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, we will only comply with your request if it was first requested in writing. If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer and make a request in writing.

Internet, Email and the Right to Obtain Copy of Paper Notice: If we maintain a website, we will prominently post a copy of this Notice on our website and make the Notice 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 this Notice.

* Revisions to the Notice: The City of Houston Fire Department is required to abide by the terms of the version of this Notice currently in effect. However, City of Houston Fire Department reserves the right to change the terms of this Notice at any time, and changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our website, 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 also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that 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 our HIPAA Compliance Officer. Individuals will not be retaliated against for filing a complaint. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Houston Fire Department HIPAA Compliance / Privacy Officer
500 Jefferson, Ste. 1970
Houston, TX 77002
832.394.6865

Effective Date of the Notice: September 11, 2019

The City of Houston Fire Department HIPAA Compliance Officer