

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.

Business Associates: We may disclose health information to third party “business associates” who perform various activities involving your health information (e.g., claims payment or case records management services) for the fire department. The Fire Department will implement written contracts to ensure the business associates will appropriately safeguard the information and to limit the use or disclosure of health information.

For public health activities: We may use and disclose medical information about you for public health activities, including to prevent disease, help with product recalls, report adverse reactions to medications, notify appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes.

For public safety: We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

For health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law.

For judicial and administrative proceedings: We may disclose health information about you in response to a court or administrative order. We may disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met.

To coroners, medical examiners and funeral directors: We may disclose health information to coroners, medical examiners and funeral directors as authorized by law.

For workers’ compensation: We may release health information about you for workers’ compensation or similar programs.

For national security and similar government functions: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

To correctional institutions or law enforcement officials: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose information about you to the institution or official under certain circumstances.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research protocol and determined that adequate safeguards exist to ensure the privacy of your health information.

With your authorization: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Our Responsibilities: We will let you know promptly if a breach occurs that may have compromised the privacy or

security of your information. We will never share your information for marketing purposes, sale of your information without your written permission.

In the case of fundraising efforts, we may contact you, but you can tell us not to contact you again.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe the ways that we may use and disclose your health information:

For treatment: We may use or disclose your health information with other professionals who are treating you. For example, A doctor treating you for an injury asks another doctor about your overall health condition.

For payment: We may use and disclose your health information to obtain payment for services we provide to you or to coordinate your medical benefits. For example, if an insurance company pays for your service, it may be necessary to disclose your health information to that company.

For healthcare operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To persons involved in your care: We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

As required by law: We may disclose your health information when we are required to do so by federal, state or local law.

For organ and tissue donation: 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.

YOUR RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may make your request for access to your medical records in writing by using forms we provide or sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.15 per single sided, letter size, page plus postage if you want the copies mailed to you. Provided usually within 30 days.

How We Share Information: For certain health information, you can tell us your choices about what we share. Such as: Share information with your family, close friends, or others involved in your care; Share information in a disaster relief situation. If you are unable to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Disclosure accounting: You have the right to receive a list of disclosures we or our business associates made of your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for a period of time up to six years, but not including dates before March 1, 2017. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

Request restrictions: You have the right to request that we restrict how we use or disclose your health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your

care or the payment for your care, such as a family member or friend. You also have the right to request that we restrict disclosures of your health information to a health insurer if the health information pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full. We are not required to agree to these additional restrictions.

Confidential communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. We will attempt to comply to all reasonable requests. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Correction: You have the right to request that we correct your health information that you think is incorrect or incomplete. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to correct information that was not created by us, is not part of the information kept by the fire department, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial within 60 days.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may complain to us using the contact information listed here. You will not be penalized for filing a complaint. You also may submit a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights. www.hhs.gov/ocr/privacy/hipaa/complaints/.

Contact Officer: Helen Heywood-Mang

Telephone: (360) 894-2517

E-mail: admin17@fairpoint.net

Address:

Mail: PO Box 783,

Yelm, WA 98597;

Physical: 16306 Bald Hill Rd SE,

Yelm, WA 98597

Thurston County Fire Protection District 17 is required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the fire department office that provides your service. Any changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Effective March 1, 2017