

Monarch Fire Protection District

EMS Division

Notice of Privacy Practices

This Notice is effective on June 1, 2011

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.

Monarch Fire Protection District is committed to maintaining and protecting the privacy of medical information about you and that identifies you, which is known as Protected Health Information or PHI. Your PHI may include information about your past, present or future medical condition, about the medical care we provide to you, or about the payment for medical care we provide to you. WE ARE REQUIRED BY LAW TO PROTECT AND MAINTAIN THE PRIVACY OF MEDICAL INFORMATION (PHI) ABOUT YOU.

We are also required by law to provide you with this Notice, explaining our legal duties and privacy practices with respect to your PHI. In most situations we may use your PHI as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so. We are legally required to follow the terms of the Notice currently in effect. In other words, we are only allowed to use and disclose PHI in the manner we have described in the version of our Notice then in effect.

We reserve the right to change the terms of this Notice at any time. Any changes to this Notice will be effective immediately and will apply to all PHI that we maintain. If we make changes to this Notice, we will:

- Post the new Notice on the public Bulletin Board outside our Administrative Offices at 13725 Olive Blvd., Chesterfield, Missouri 63017.
- Post the new Notice on our website which you can read or download at: www.monarchfpd.org
- Have paper copies of the new Notice available upon request (you may always contact our Privacy Officer identified below to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we are permitted to use and disclose your PHI
- Explain how you can access and copy portions of your PHI
- Discuss how you can request amendments to your PHI
- Discuss how you may request restrictions on our use and disclosure of your PHI
- Describe how you can request, in certain circumstances, to which we have disclosed your PHI
- Explain how you can file a privacy-related complaint about our use or disclosure of your PHI

We respect your privacy, and treat all PHI of our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

If, at any time, you have questions about this Notice or about our privacy practices, policies or procedures, you may contact our Privacy Officer, Cary Spiegel, by telephone at (314) 514-0900 (Extension 314); or by mail or in person at 13725 Olive Blvd., Chesterfield, Missouri 63017.

<p style="text-align: center;">WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN SEVERAL CIRCUMSTANCES</p>
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This section of our Notice explains how we may use and disclose your PHI in order to provide medical care, obtain payment for that medical care, and operate and evaluate the emergency medical services we provide. This section also briefly mentions several other circumstances in which we may use or disclose your PHI. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer, Cary Spiegel, at (314) 514-0900 (Extension 314).

1. Treatment

We may use and disclose your PHI to provide medical treatment to you. This may include communicating with other health care providers regarding your condition, treatment (including doctors who give us orders for our treatment of you), and coordinating and managing your health care with others.

Example: While at home, Jane calls 911 because her husband, John, is having difficulty breathing. Our 911 dispatch center dispatches us, giving us John's name, address and medical condition. When we arrive, we assess John's medical condition and contact Medical Control. We provide Medical Control, via a cell phone or by radio, with John's medical condition and vital signs. Medical Control transmits to us instructions for John's treatment. We remain in contact with Medical Control, updating John's condition and receiving additional instructions for treatment. Upon arrival at the hospital, we provide the hospital's ER personnel with John's name, address, medical condition, vital signs, medical history, and course of treatment during transport. We also give the hospital's ER personnel a copy of our Ambulance Report, which contains all of this same information.

2. Payment

We may use and disclose your PHI to obtain payment for health care services that you receive. This means that we may use your PHI to arrange for payment from insurance companies (either directly or through a third-party billing company). We also may disclose your medical information and other PHI to others to seek payment for health care services (such as insurance companies, collection agencies, and consumer reporting agencies). However, we will only use those portions of your PHI which are necessary to accomplish the intended purpose.

Example: Jill, a nonresident of Monarch Fire Protection District, is involved in an automobile accident on I-64. We treat Jill and transport her to the hospital. The hospital, at our request, provides us with the name and address of Jill's health insurance company. We give this information, together with Jill's name, address, social security number, medical condition, description of services we provided, and a copy of the Ambulance Report to our third-party billing company. Our billing company sends this information to Jill's insurance company seeking payment for us for the health care services we provided to Jill.

3. Health care operations

We may use and disclose your PHI in performing a variety of quality assurance activities and training programs that we call "health care operations." However, we will only use those portions of your PHI which are necessary to accomplish the intended purpose. These "health care operations" activities allow us to, for example, ensure that our personnel meet our standards of care and follow established policies and procedures, process grievances and complaints, and obtain legal and financial services. For example, we may use or disclose your PHI in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane complained that she did not receive appropriate emergency medical services. We review Jane's record together with Medical Control to evaluate the quality of care provided to Jane. We also discuss Jane's care with our attorney. In addition, the quality of care provided to Jane (without identifying Jane) would be discussed with the District's Board of Directors.

Example: Jane received emergency medical services from us. A form requesting an evaluation of our services is sent to Jane. Jane returns the form and the information provided by Jane is evaluated by us and discussed (without identifying Jane) with the District's Board of Directors for review of quality of services.

4. Persons involved in your care

We may disclose PHI about you to a family member, other relative, close personal friend or any other person you designate who is involved in your care, if the information is relevant to your care and if we obtain your verbal agreement to do so, or if we give you the opportunity to object and you do not raise an objection. We may also disclose PHI to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when your spouse has called 911 for you. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor, except in limited circumstances.

We may also use or disclose medical information about you to a relative, family member or another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

In situations where you are not capable of agreeing or objecting (due to your incapacity or medical emergency), we may determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only the PHI relevant to that person's involvement in your care.

Example: Jane accompanies her husband, John, in the ambulance to the hospital. We may inform Jane of John's symptoms, give Jane an update on John's vital signs and explain to Jane the treatment being administered to John.

5. Required by law

We will use and disclose your PHI whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

Example: Jane calls 911 for her husband, John, who is having difficulty breathing. We respond, determine that it is a life-threatening situation, treat John and transport John to the hospital. We fill out an Ambulance Report with John's PHI and send the Report to the Missouri Department of Health. State law requires us to complete and transmit PHI to the Department of Health on a mandated Ambulance Report form for life-threatening responses.

6. National priority uses and disclosures

When permitted by law, we may use or disclose PHI about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose PHI without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law.

- **Threat to health or safety:** We may use or disclose PHI about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose PHI about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries.
- **Abuse, neglect or violence:** We may disclose your PHI to the Department of Social Services if you are a nursing home resident and we reasonably believe that you may be a victim of abuse, neglect or violence.
- **Health oversight activities:** We may disclose your PHI to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose your PHI to a court or pursuant to a subpoena. For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose your PHI to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person, or to locate a suspect.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director for identifying a deceased person, determining cause of death, or carrying out their duties as required by law.
- **Organ Donation:** If you are an organ donor, we may release your PHI to organizations that handle organ procurement or transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- **Workers’ compensation:** We may disclose your PHI in order to comply with workers’ compensation laws.
- **Certain government functions:** We may use or disclose your PHI for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorization

Other than the uses and disclosures described above (##1-6), we will not use or disclose your PHI without the “authorization” – or signed permission – of you or your personal representative. Moreover, we will not receive directly or indirectly any remuneration in exchange for your PHI. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign our Patient Authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign and complete our Patient Authorization form. We will not accept any such requests to disclose your PHI to third parties that are not submitted on our Patient Authorization forms. Patient Authorization forms are available from our Privacy Officer.

You may revoke your authorization at any time, in writing, except to the extent we have already used or disclosed your PHI in reliance on that authorization. Revocation of your authorization must be submitted to us on our Revocation of Patient Authorization forms. We will not accept any requests to revoke an authorization that are not submitted on our Revocation of Patient Authorization forms. Revocation of Patient Authorization forms are available from our Privacy Officer.

YOU HAVE RIGHTS WITH RESPECT TO YOUR PHI

As a patient, you have a number of rights with respect to the protection of your PHI. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, contact our Privacy Officer, Cary Spiegel, at (314) 514-0900 (Extension 314).

1. Right to a copy of our Notice of Privacy Practices

You have a right to have a paper copy of our current Notice of Privacy Practices at any time. You can view and printout a copy of our current Notice from our website at www.monarchfpd.org or contact our Privacy Officer for a paper copy of our Notice. In addition, a copy of the current Notice will always be posted on the public Bulletin Board outside of our Administrative Offices at 13725 Olive Blvd., Chesterfield, Missouri 63017.

2. Right to access, inspect and copy your PHI

You have the right to inspect (which means see or review) and receive a copy of most of the medical information about you that we maintain. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing on our Access Request Form. If your PHI is in electronic form, you have a right to receive your PHI electronically. We will not accept any requests that are not submitted on our Access Request Forms. Access Request Forms are available from our Privacy Officer.

We will normally provide you with access to this information within 30 days of your written request made on our Access Request Forms.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to appeal and have our decision reviewed by another person.

If you would like a copy of your PHI, we will charge you a fee to cover the costs of the copies and postage, if any. The cost for copying is 10¢ per page.

Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to have your PHI amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You must request an amendment on our Amendment Request Form. We will not accept any requests that are not submitted on our Amendment Request Forms. Amendment Request Forms are available from our Privacy Officer.

We will generally amend your information within 60 days of your request and we will notify you when we have amended the information. 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 or accurate.

If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures of your paper PHI that we have made for the previous six (6) years from the date we receive your request and of disclosures of your electronic PHI that we have made for the previous three (3) years from the date we receive your request. If you would like to receive an accounting, you must request an accounting on our Accounting Request Form. We will not accept any requests that are not submitted on our Accounting Request Forms. Accounting Request Forms are available from our Privacy Officer.

The accounting may not include several types of disclosures. For instance, with regard to paper PHI, we are not required to give you an accounting of your PHI we have disclosed for purposes of treatment, payment or health care operations, or when we share your PHI with our business associates for these purposes, like our billing company. We will provide an accounting of such disclosures for electronic PHI for disclosures made after a date certain as specified by the Secretary of the United States Department of Health and Human Services. We are also not required to give you an accounting of disclosures for which you have given us written authorization.

5. Right to request restrictions on uses and disclosures of your PHI

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. Any request to restrict uses and disclosures of your PHI must be made in writing on our Patient Request for Restriction Form. We will not accept any requests that are not submitted on our Patient Request for Restriction Form. Patient Request for Restriction Forms are available from our Privacy Officer.

We are not required to agree to your request to restrict our uses and disclosures of your PHI, except if you paid for a service out-of-pocket and do not wish us to share that PHI with your health insurance company.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to request an alternative method of contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing on our Alternate Communication Form. We will not accept any requests that are not submitted on our Alternate Communication Form. Alternate Communication Forms are available from our Privacy Officer.

<p style="text-align: center;">YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES</p>
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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, or if you do not agree with our policy for PHI breach notification or if you have a complaint about how we handled a notification of a breach of your PHI. You will not be retaliated against in any way for filing a complaint with us or with the federal government. Should you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may hand-deliver your complaint or mail it to us at the following address:

Nicholas Smith, Privacy Officer
Monarch Fire Protection District
13725 Olive Blvd.
Chesterfield, Missouri 63017

To file a written complaint with the federal government, you may send your complaint to the following address:

Office of Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street—Room 248
Kansas City, Missouri 64106

To file a complaint with the federal government by e-mail, send to: OCRComplaint@hhs.gov

To file a complaint with the federal government by facsimile transmission, send to: (816) 426-3686