NOTICE OF PRIVACY PRACTICES

Snohomish County Fire District #5

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.

Your Information. Your Rights. Our Responsibilities.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include the disclosures required by law, subject to applicable exceptions. We will provide one accounting a year for free and may charge a reasonable, cost-based fee for additional requests within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information in the “Contact Us” section of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/ocr/privacy/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, 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.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

If we contact you for fundraising purposes, you may tell us not to contact you again.

How We May Use or Share Your Health Information

We may use or share your health information as permitted or required by law. The following are examples of common uses and disclosures.

Treat you

We can use your health information and share it with other professionals who are treating you. Example: a physician or other healthcare professional treating you asks about your overall health condition.

Run our organization

We can use and share your health information to operate our organization, improve the care we provide, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Help with public health and safety issues

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research as permitted by law.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information with organ procurement organizations as permitted by law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information in response to a court or administrative order, or in response to a subpoena, as permitted by law.

Other uses and disclosures

Other uses and disclosures of your health information not described in this notice will be made only with your written authorization when authorization is required by law. If you give us written authorization, you may revoke it in writing at any time, except to the extent we have already relied on the authorization or taken action based on it.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing, except as permitted or required by law. If you tell us we can, you may change your mind at any time by notifying us in writing.

For more information about your privacy rights, visit www.hhs.gov/ocr/privacy/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all health information we maintain. If we make a material change to our privacy practices, we will revise this notice. The new notice will be available upon request, in our office, and on our website, if applicable.

Contact Us

Our Address is Snohomish County Fire District #5 32905 Cascade View Drive Sultan, WA 98294

To ask questions about this notice, request a copy of your health information, exercise your privacy rights, or file a complaint with Snohomish County Fire District #5, please contact our office Administrative Staff:

Email: admin@snofire5.org Phone: (360) 793-1179 Fax: (360) 799-0563

Complaints to the U.S. Department of Health and Human Services

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may submit a complaint online at www.hhs.gov/ocr/privacy/complaints/ or by mail to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.