



# Hudson Fire Protection District

## **HIPAA Privacy & Security Information**

In 1996 Congress adopted the Health Insurance Portability and Accountability Act (HIPAA). As part of the Act, Congress called for regulations promoting administrative simplification of healthcare transactions as well as regulations ensuring the privacy and security of patient information. We have since adopted regulations to implement these goals. The Final Omnibus Rule modifications took effect in September 2013. The regulations apply to "covered entities" which include health plans, healthcare clearinghouses, and health care providers who transmit health information in electronic form in connection with a transaction covered by HIPAA.

**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. • 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you** • We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization** • We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

**Bill for your services** • We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### **Obtain Written Acknowledgement of Receipt.**

- A. Except in an emergency treatment situation, the agency shall make a good faith effort to obtain a written acknowledgment of receipt of the Notice.
- B. If acknowledgment is not obtained, document why and efforts made to obtain it.

### **PATIENT ACCESS TO HEALTH INFORMATION POLICY:**

An individual has the right to access, inspect, and/or copy his/her protected health information (PHI) in the designated record set, for as long as the PHI is maintained in compliance with the agency's records retention policy. Exceptions to this general rule are provided herein. PHI is individually identifiable health information maintained in or transmitted by electronic media or transmitted or maintained in another form or medium. Designated Record Set includes, at a



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minimum, the medical and billing records about individuals maintained by or for the agency or any other records used in whole or in part to make decisions about individuals.

**Documentation:** The agency must document the identity of the designated record sets; the identity of the staff responsible for receiving and processing requests for access to PHI; and any communications requesting access, denial of access, and results of any review by an outside professional. Such documentation shall be retained for at least six years from the date it was created or from the date it was last in effect, whichever is later.

**Notice of Privacy Practices:** We may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.