

# NOTICE OF YOUR RIGHTS TO MEDICAL SERVICES

- When required by law, to a public health authority as empowered to prevent or control disease, injury or disability, in certain situations (such as births, deaths, diseases if required by law, adverse health events, information regarding product defects or problems, biological product defects, exposure to possible communicable diseases), public health monitoring, investigations or interventions, including to a foreign government agency, to FDA officials for purposes of FDA regulation (regarding, for example, adverse reactions or product problems, to track regulated products, and to enable recalls and repairs) if expressly authorized by law. In many of these cases, if disclosure is made, immediate notification of the individual is made afterward, depending on the situation.
- Cases of abuse, neglect, or domestic violence if required, with consent, or if authorized by statute and believed to be necessary to prevent harm, or where the patient is incapacitated, upon protective assurances by the receiving agency, to the degree provided by law.
- To a person who may have been exposed to a communicable disease if authorized by law to make such communication.
- For some government investigations, inspections, disciplinary proceedings, as required by court or administrative order, subpoenas, legal processes, or law enforcement activities such as warrants, or locating suspects.
- Judicial or administrative proceedings, but with only the information required by order, and for discovery responses, only with assurances of confidentiality and attempts to obtain your consent.
- For law enforcement purposes if required by law (such as reporting gunshot wounds); for warrants, subpoenas, or administrative proceedings regarding legitimate law enforcement inquiries if narrow in scope and only if data without your identification on it would not suffice; to identify missing persons, suspects, material witnesses, or fugitives; or information about victims or suspected victims of crimes. We may also notify law enforcement if we believe that a deceased person was the victim of a crime or if we believe that medical information indicates a crime occurred on our premises. If we believe a crime has been committed as we respond to a medical emergency situation, or to assist in the apprehension of someone if the person may have caused serious harm or has escaped

from a correctional institute, we may sometimes be permitted to release limited information.

- Under limited circumstances, at the request of the United States military forces after publication in the Federal Register or for lawful intelligence and counter-intelligence purposes and to protect the President, other federal officials, and other dignitaries such as foreign heads of state.
- For military, national defense and security, and special government functions.
- To avert a serious threat to the health and safety of a person or the public.
- For workers' compensation purposes in compliance with workers' compensation laws.
- To coroners, medical examiners and funeral directors for identifying a deceased person, determining the cause of death, or carrying on their duties.
- To facilitate organ donation and transplantation for organ donors to the extent provided by law.
- For research projects, subject to strict oversight and approvals and when there is a minimal risk to your medical information and where adequate safeguards are in place.
- To work partners, called business associates, to use on our behalf, if we have obtained assurances they will treat your medical information confidentially.
- For use or disclosure where it does not personally identify you or otherwise reveal who you are.

**4. What if the Notice is Revised?** TFD is required to follow the terms of the Notice currently in effect. TFD reserves the right to change the terms of this Notice at any time, the changes will be made effective immediately, and will apply to all protected medical information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can also get a copy of the latest version of this Notice by contacting the Privacy Officer identified at the end of this Notice.

**5. What Do I Need to Know about State Medical Privacy Law?**

- We are required by state law to disclose health information to the Department of Labor and Industries or a self-insured employer for workers' compensation or crime victim's claims.

- We may disclose health information to an employer without an authorization from the patient if that information is about a workplace injury or illness, a workplace medical surveillance, or a return-to-work examination.
- Because these disclosures are required by law, you will not be able to object disclosure or request restrictions on disclosure. 45 CFR Sections 164.512, 164.522 (a)(1)(v).
- If you ever sign an authorization allowing disclosure of your medical information, you should understand that authorization is not a waiver of rights under any state statute, the rules of evidence, or common law.
- Before service on us of a discovery request or compulsory legal process for your medical information, an attorney must give you and us advance notice of at least 14 days before service of his or her the legal documents. He or she must tell us what information is sought and the date by which a protective order must be obtained to stop the disclosure. Only after the identified date can the attorney serve the legal process. If we must produce the information, it does not constitute a waiver of any privilege, objection, or defense existing under any law, or rule of evidence or of procedure.
- The personal representative of a deceased patient may exercise all the deceased patient's rights. If there is no personal representative, the person who may exercise the deceased person's rights is the person who would have been authorized to exercise health care decisions for the deceased patient.
- If you have requested access to your medical records and access has been denied, under state law, you have the right to select a health care provider to examine and copy the record. It is your responsibility to compensate the health care provider.

**6. Who do I contact if I have a question?**

Privacy Officer  
Tacoma Fire Department  
901 Fawcett Avenue  
Tacoma, Washington 98402-5699  
(253) 591-5737

The effective date of this Notice is April 14, 2003. The current Notice is available on the City of Tacoma's website at [cityoftacoma.org](http://cityoftacoma.org). Paper copies will always be available as well.

**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.**

After reviewing it, if you have any questions, please contact our Privacy Officer by calling the TFD Receptionist at (253) 591-5737.

When Tacoma Fire Department (TFD) firefighters and paramedics are called to the scenes of medical emergencies, they sometimes treat patients. TFD always attempts to respect the medical privacy rights of all patients through careful and confidential handling of confidential medical information. We are committed to continuing to do so.

Now, there are federal regulations that will ensure confidentiality for the medical care information of patients who are transported by ambulance and that will make clear certain rights concerning that information. If you are one of these ambulance-transported patients, this notice is for you.

**1. Why Are You Giving Me this Notice?** We are giving you this notice because we want to be sure you understand your rights as required by the new federal privacy rules. These laws require us to maintain the privacy of certain confidential medical information and to provide this notice of our legal duties and medical privacy practices regarding your medical information. We are required to let you know how we can use and disclose medical information.

**2. What Are My Privacy Rights to Medical Information You Possess?**

- **The right to receive this Notice**
- **The right to access, inspect and copy your medical information.** You may write to or come to Tacoma Fire Department headquarters, 901 Fawcett Avenue, Tacoma, Washington, 98402, and make a written request in writing to inspect and copy most of the medical information about you that we maintain. To arrange to make such an inspection, please contact the Privacy Officer who can be reached by dialing (253) 591-5737. We will normally provide you with access to this information within 15 days of your request. If you want copies of your information, we will require a small charge, usually for copying and postage. We have forms for you to use to request access to your information. If for any reason we deny you access to the records, you have the right to appeal. We will then tell you in writing the reason for the denial and how to appeal.
- **The right to request that you receive communications of protected medical information from us by alternative means**

**or at alternative locations.** If the request is reasonable, we will honor it. We will not ask you why you are making the request.

- **The right to amend your medical information.** You may ask us to amend any written information that we have about you by contacting the Privacy Officer, at (253) 591-5737. We will generally make the amendments within 10 days of your request and will notify you when the information has been amended. There are only a few reasons we might deny making the amendment requested, such as if we believe the original information was correct.
- **The right to request an accounting of disclosures of your medical information.** When you have not given advance authorization for us to use or disclose your information, you may ask for an accounting of certain disclosures of your medical information made by TFD in the six years prior to the date of your request. This accounting will not include disclosure for purposes of the treatment or health care operations that we will also describe in this Notice, or when we share information with business partners which must have the information or which will come in contact with it unavoidably, because we are permitted to disclose this information to them with certain safeguards.
- **The right to request that we restrict uses and disclosures of your medical information.** You may request that we restrict how we use and disclose your medical information for treatment, payment or health care operations. This request will be carefully reviewed. We will notify you when a decision has been made about your request.
- **The right to complain to us or to the Secretary of the Department of Health and Human Services if you believe your medical privacy rights have been violated.** To complain to TFD, please contact the Privacy Officer at the address and phone number listed at the end of this Notice. TFD shall not retaliate against you in any way for contacting the Department of Health and Human Services or us to initiate a complaint. One address you can use to contact the Department of Health and Human Services is: 200 Independence Avenue, S.W. Washington, D.C. 20201. Telephone: 202-619-0257, Toll Free: 1-877-696-6775
- **The right to revoke a written authorization allowing disclosure of personal medical information.** You cannot revoke use or disclosure that already occurred, but rather you can request that no future disclosure be allowed.

- **The right to receive a paper copy of this Notice upon request, even if you have also requested an electronic copy.**
- **You may have other Medical Services rights that apply to other types of health care providers.**

**3. When Can TFD Use Or Disclose My Medical Information?** In many cases, TFD must obtain your written authorization before disclosing or using your medical information. When you give us your written authorization, it will state the specific information we seek to use or disclose, and when and how we seek to disclose it. **You may revoke your authorization at any time, in writing, by contacting the Privacy Officer, (253) 591-5737, except to the extent that we have already used or disclosed medical information in reliance on the authorization.**

(TFD cannot obtain reimbursement for health care services by transmitting your medical information without your authorization. We cannot bill insurance companies, or third party billing companies, and cannot use the information to manage claims, for medical necessity determinations, for utilization reviews, collecting outstanding accounts, and other activities. Nor can we disclose information to other providers who treated you so they may seek reimbursement for the services they provided. For example, we might wish to send certain information to Medicare officials in order for them to pay us for your care. However, it is almost always in your best interest to allow us to seek payment from insurance companies and medical plans so that you do not have to pay the bills yourselves.)

In addition, TFD sometimes needs to use your confidential medical information, but only as permitted by law and described in this Notice, without your permission. Even in these cases, TFD will take great care with your confidential medical information.

The lists that follow tell you the kinds of uses TFD can make of your confidential medical information **without** obtaining a written authorization. In these cases, TFD still only discloses the minimum necessary for such uses, most of which are about the purposes of treatment, health care operation, disclosures required by law, and emergency purposes:

**Treatment**

- When TFD obtains verbal and written information about you, we can use it to treat your medical condition.
- TFD can disclose your medical information to other health care personnel to whom we transfer your care and we can give them our records about your health condition, so long

as the entities have or had a relationship with you. For example, we might need to tell the doctor at the hospital what your vital sign readings have been if they are reaching dangerous levels.

- TFD can send information by radio or telephone to health care providers or those assisting in dispatching appropriate aid.
- If you verbally agree or do not object when given the chance, TFD can disclose the information to family members, relatives, close personal friends, health care providers, or others involved in your care unless you have instructed us in writing not to make the disclosures. Sometimes we must infer from the circumstances that you would not object. Sometimes, if you are not capable of providing consent for disclosure (incapacitated or not present, for example), we may, in our professional judgment, determine that a disclosure to a family member, relative or friend is in your best interest. (Disclosing, of course, only medical information relevant to that person's involvement in your care).

**Health Care Operations**

- TFD can use the information for quality assurance activities, licensing, and training programs, to obtain legal and financial assistance, business planning, processing grievances and complaints, and creating data reports that do not give your name.
- TFD can disclose the information in cases of fraud or other illegal behavior. For example, information might be disclosed if a patient billed his or her insurance carrier directly for serious injuries and we had only billed the carrier for minor injuries.

**Other uses**

TFD must disclose the information:

- To you as described in this Notice
- To the Secretary of Health and Human Services

TFD also may disclose information:

- For disaster relief purposes if you have been given an opportunity to agree or object, or if you are unable to respond.
- If you have been given the opportunity to agree or object in advance.