

**City of West Allis Fire Department  
Notice of Privacy Practices  
April 14, 2003**

**Notice**

**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.**

**Purpose of this Notice:**

The West Allis Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the West Allis Fire Department is permitted to use and disclose PHI about you.

The West Allis Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information 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.

**Uses and Disclosures of PHI Without Your Authorization**

The West Allis Fire Department may use your protected health information for the following purposes:

1. For Treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.
2. For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide you, including such things as organizing your PHI and submitting bills to insurance companies through a third party billing company, management of billed claims for services rendered, medical necessity determinations and review, utilization review, and collection of outstanding accounts. We may also disclose to another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).
3. For Health Care Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes. We may also disclose to another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

4. As Required or Permitted by Law. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or respond to a court order;
5. For Public Health Activities. We may be required in certain situations to report your medical information in reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
6. For Health Oversight Activities. In response to a written request by a federal or state governmental agency defined by the federal Privacy Rule, we may disclose your health information for audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system. The private pay patient may deny access to their health information by annually submitting to the West Allis Fire Department a signed, written request on a form provided by the West Allis Fire Department;
7. For Judicial and Administrative Proceedings. We may disclose your PHI as required by a court order, or in response to a subpoena the West Allis Fire Department is a party to the legal action;
8. For Military, National Defense, Security and Other Special Government Functions. If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law;
9. For Workers' Compensation. We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs provide benefits for work-related injuries or illness;
10. For Activities Related to Death. We may disclose your PHI to coroners and medical examiners for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law. We may also disclose your PHI to law enforcement officials for an investigation if we suspect that a death resulted from crime;
11. For Organ, Eye or Tissue Donation. 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 to facilitate organ donation and transplantation;
12. For Research. Under certain circumstances, and only after a special approval process, we may disclose your health information to help conduct research. Health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law. Such research might try to find out whether a certain treatment is effective in curing an illness;
13. To Those Involved With Your Care or Payment of Your Care. If a family member, other relative, or close personal friend or other individual are helping care for you or are helping you pay your medical bills, we may release important health information about you to those people if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information 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 personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may in our professional judgment, determine that a disclosure to your family member, relative, or friend is in

your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;

14. De-identified Health Information. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**NOTE:** Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

### **Your Health Information Rights**

As a patient, you have a number of rights with respect to the protection of your health information, including:

1. The Right to Access, Copy or Inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Privacy Officer listed at the end of this notice.
2. The Right to Request to Amend Your Health Information. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and 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. If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Officer listed at the end of this Notice.
3. The Right to Receive a Record of Disclosures of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, national security, law enforcement/corrections, certain health oversight activities, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the Privacy Officer listed at the end of this Notice.

4. The Right to Request Restrictions on certain Uses and Disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. The West Allis Fire Department is not required to agree to any restrictions you request, but any restrictions agreed to by the West Allis Fire Department are binding on the West Allis Fire Department.
5. The Right to Obtain a Copy of This Notice. In addition to providing you with a paper copy of our Notice of Privacy Practices at the time of your ambulance call, The West Allis Fire Department will post a copy of this Notice on our web site at [www.westalliswi.gov/fire](http://www.westalliswi.gov/fire). You may at any time request a paper copy of this Notice by contacting the Privacy Officer listed at the end of this Notice.
6. The Right to Complain. If you believe your privacy rights have been violated, you may file a complaint with us, or to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to the Privacy Officer listed at the end of this Notice.

#### **Revisions to the Notice**

The West Allis Fire Department reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health 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 get a copy of the latest version of this Notice by contacting the Privacy Officer identified below. Again, if you have any questions or concerns regarding your privacy rights or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Privacy Officer  
West Allis Fire Department  
7332 W. National Avenue  
West Allis, Wisconsin 53214  
(414) 302-8900

Effective Date of the Notice: 04/14/2003  
Reviewed & Updated 12/22/2017