

**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.**

(Effective: April 14, 2003)

Purpose: The City of Kenai (City) is required to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide a notice of legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and how the City is permitted to use and disclose PHI. The City is required to abide by the terms of the version of this Notice currently in effect. In most situations we may use information described herein 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: The City may use PHI for treatment, payment, and health care operations, in most cases without written permission. Examples:

Treatment. Includes such things as verbal and written information we obtain about you and use pertaining to your medical condition and treatment provided by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It includes information we give 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, and providing the hospital with a copy of the written record we create in providing treatment and transport.

Payment. Includes any activities we must undertake to get reimbursed for services we provided, including organizing your PHI and submitting bills to insurance companies (directly or through a third party billing

company), management of billed claims for service, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

Health care operations. Includes quality assurance activities, licensing, and training to ensure 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.

Use/Disclosure of PHI Without Your Authorization. The City can use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- City use in treating you or obtaining payment for services or in other health care operations;
- Treatment activities of another health care provider;
- To another health care provider or entity for their payment activities (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported) for their health care operations activities as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- Health care fraud and abuse detection or activities related to compliance with the law;
- To a family member, relative, or close personal friend or individual involved in your care if we obtain your verbal agreement or if we give you an opportunity to object to such disclosure and you do not object. We may also disclose PHI to your family, relatives, or friends if we infer from circumstances that you would not object. For example, we may assume you agree to disclosure of your PHI to your spouse when your spouse has called the ambulance for you. When you are not capable of objecting

(because you are not present, incapacitated or in a medical emergency), we may, in our professional judgment, determine that disclosure to your family member, relative, or friend is in your best interest. If so, we will disclose only PHI 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 an update on your vital signs and treatment being administered by our ambulance crew;

- To a public health authority in certain situations (like reporting a birth, death or disease as required by law, as part of a public health investigation, to report child/ adult abuse or neglect or domestic violence, to report adverse events like product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- Health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions by the government (or their contractors) by law to oversee the health care system;
- Judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process;
- Limited law enforcement activities, such as when there is a warrant for the request, or the information is needed to locate a suspect or stop a crime;
- Military, national defense and security and other special government functions;
- To avert a serious threat to health and safety of a person or public at large;
- Workers' compensation, in compliance with workers' compensation laws;
- To coroners, medical examiners, funeral directors to identify the deceased, determine cause of death, or to carry on duties as authorized by law;

- If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, to facilitate organ donation and transplantation;
- Research projects, subject to strict oversight and approvals. PHI will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose PHI in a way that does not personally identify you or reveal who you are.

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

Patient Rights: Your rights with respect to protection of your PHI include:

Right to access, copy, inspect your PHI. You may come to our offices and inspect and copy most PHI about you that we maintain. We will normally provide you access within 30 days of your request. We may charge a reasonable fee to copy any PHI you have the right to access. In limited circumstances, we may deny access to PHI, and you may appeal certain denials. We have forms to request access to PHI and we will provide a written response if we deny access and will include your appeal rights. If you wish to inspect and copy your PHI, you should contact the privacy officer listed at the end of this Notice.

Right to amend your PHI. You have the right to ask us to amend written PHI we may have about you. We will generally amend your PHI within 60 days of the request and will notify you when information is amended. We are permitted by law to deny requests to

amend PHI in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request we amend your PHI, you should contact the privacy officer listed at the end of this Notice.

Right to request an accounting of our use and disclosure of your PHI. You may request an accounting of certain PHI disclosures that we have made in the six years prior to the date of your request. We are not required to give accounting of information we used or disclosed for treatment, payment or health care operations, or when we share your PHI with our business associates, like our billing office or medical facility from/to which we have transported you. We are not required to give an accounting of uses of PHI that you have already given us written authorization. If you wish to request an accounting of your PHI that we used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

Right to request we restrict uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose PHI that we have for treatment, payment or health care operations, or restrict information provided to family, friends and others involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, we may use or disclose the PHI to a health care provider to provide you with emergency treatment. The City is not required to agree to any restrictions requested, but restrictions agreed to by the City are binding on the City.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on it and make the Notice available electronically. If you allow us, we will forward you this Notice by electronic mail instead of paper. You may always request a paper copy of the Notice.

Revisions to the Notice: The City reserves the right to change terms of this Notice at any time. Changes will be effective immediately and will apply to all PHI we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You have the right to complain to us, or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint. Should you have questions, comments or complaints you may direct all inquiries to the privacy officer noted below. Individuals will not be retaliated against for filing a complaint.

If you have questions or wish to file a complaint or exercise any rights listed in this Notice, please contact:

**Assistant Fire Chief Michael Tilly, City of Kenai Privacy Officer
105 South Willow Street
Kenai, Alaska 99611
907-283-7666**