



## Cedar Mountain Fire

### Notice of Privacy Practices

**IMPORTANT: 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.**

Cedar Mountain Fire is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your Protected Health Information ("PHI"). We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

#### HOW WE MAY USE OR DISCLOSE YOUR PHI

**Treatment:** We can use your PHI for 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). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport. We may also

share your PHI with other healthcare providers for their treatment activities.

**Payment:** We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

**Healthcare Operations:** We may use or disclose your PHI for things such as 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/or creating reports that do not individually identify you. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare 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.

#### OTHER USES AND DISCLOSURES OF YOUR PHI WE CAN MAKE WITHOUT YOUR AUTHORIZATION

Cedar Mountain Fire is also permitted to use or disclose your PHI without your written authorization in the following situations:

- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, 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;
- For health oversight activities including audits or other actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or to stop a crime;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;

#### USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You may revoke this authorization at any time by contacting us. Specifically, we must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing purposes; or (c) PHI when engaging in a sale of your PHI.

#### **YOUR RIGHTS REGARDING YOUR PHI**

- The right to request that we restrict how we use and disclose your PHI for treatment, payment or health care operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our Privacy Officer and make a request in writing.
- The right to inspect and copy your PHI, except in limited circumstances. Any such request should be made in writing to our Privacy Officer. We will respond to your request within 30 days. The law gives us the right to deny your request in certain instances; in which case, we will notify you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. A

reasonable fee may be charged for making copies.

- The right to request that we amend your PHI to the extent you think it is inaccurate or incomplete. Any such request should be made in writing to our Privacy Officer and should include the reasons you think your information is inaccurate or incomplete. We will respond to your request within 60 days. We are not required to change your information, but if we do not agree to change your information, we will notify you of the reasons for our decision and will explain your right to submit a written statement of disagreement, to file a complaint, or to request that your requested change be included in future disclosures of your PHI. If we agree to a change, we will ask you who else you would like us to notify of the change.
- The right to receive an accounting of any disclosures of your PHI made within the six years immediately preceding your request. Cedar Mountain Fire will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of those disclosures of your PHI that are subject to the accounting requirement, you should contact our Privacy Officer and make a request in writing. Please note, we are not required to provide an accounting of disclosures made before April 14, 2003. If you request more than one accounting within a 12-month period, we may charge you a reasonable fee for each additional accounting.

#### **INTERNET AND THE RIGHT TO OBTAIN PAPER COPY OF NOTICE**

A copy of this notice is available on our web site at [www.cmfpd.com](http://www.cmfpd.com). You may always request a paper copy of our Notice.

#### **REVISIONS TO THE NOTICE**

Cedar Mountain Fire is required to abide by the terms of the version of this Notice currently in effect, however, Cedar Mountain Fire reserves the right to change the terms of this Notice at any time. The changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site,

#### **YOUR LEGAL RIGHTS AND COMPLAINTS**

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Privacy Officer  
Cedar Mountain Service District  
3620 North Mammoth Creek Road  
Duck Creek Village, Utah 84762

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