

SANTA BARBARA COUNTY FIRE DEPARTMENT'S NOTICE OF PRIVACY PRACTICES

October 2, 2013

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.

If you have any questions about this notice, please contact: Division Chief, Administrative Support Services, 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563.

Santa Barbara County Fire Department is committed to protecting medical information about you. This Notice tells you about the ways in which the Santa Barbara County Fire Department (referred to as "we" or "SBCFD") may use and disclose medical information about you.

WHO WILL FOLLOW THIS NOTICE

This notice describes the SBCFD's practices and that of:

- Any health care professional authorized to enter information into your medical chart;
- Any member of a volunteer group we allow to help you while you are receiving SBCFD care;
- All employees, staff and other SBCFD personnel;

All these entities and individuals follow the terms of this notice. In addition, they may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from the SBCFD. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by SBCFD.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept confidential (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other SBCFD personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know what medications, if any, were administered by SBCFD, to help guard against possible adverse drug interactions. In addition, SBCFD may share medical information about you in order to coordinate the different things you need, such as lab work and x-rays. We also may disclose medical information about you to people outside the SBCFD who may be involved in your medical treatment, such as skilled nursing facilities, home health agencies and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive from SBCFD may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the services you received from SBCFD so your health plan will pay us or reimburse you for the services. We may also provide basic information about you and your health plan, insurance company, or other source of payment to practitioners outside of the SBCFD who are involved in your care, to assist them in obtaining payment for services they provide to you.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to help run the SBCFD and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and

services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many SBCFD patients to decide what additional services the SBCFD should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other SBCFD personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

TREATMENT ALTERNATIVES

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED PRODUCTS AND SERVICES

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

FUNDRAISING ACTIVITIES

We may use medical information about you, or disclose such information to a foundation related to the SBCFD, to contact you in an effort to raise money for the SBCFD and its operations. We will not release any information about your treatment but only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at the SBCFD. You have the right to opt out of fundraising activities by telling us not to contact you.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

FOR RESEARCH

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the SBCFD.

AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure however would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose medical information about you for public health activities. These activities may include, without limitation, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children; elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

We may disclose medical information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official;

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, certain escapees and certain missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About death we believe may be the result of criminal conduct;
- About criminal conduct at the SBCFD; and
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity description or location of the person who committed the crime.

CORONERS AND MEDICAL EXAMINERS

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the SBCFD to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary 1) for the institution to provide you

with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose medical information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.

OTHER SPECIAL CATEGORIES OF INFORMATION

Special legal requirements may apply to the use or disclosure of certain categories of information e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Fiscal Manager, Santa Barbara County Fire Department at 4410 Cathedral Oaks Road, Santa Barbara CA 93110; phone (805) 681-5500; fax (805) 681-5563. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by SBCFD will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the SBCFD.

To request an amendment, your request must be made in writing and submitted to Division Chief, Administrative Support Services at 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the SBCFD;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, with some exceptions pursuant to the law.

To request an accounting of disclosures, you must submit your request in writing Fiscal Manager, Santa Barbara County Fire Department at 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563. Your request for an accounting of disclosures of treatment, payment and healthcare operations, must state a time period, which may include a period of up to three years prior to the date the accounting is requested, and if requested will include disclosures by business associates, or a list of all business associates with their contact information. Your request for all other disclosures must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a type of therapy you had.

We are not required to agree to your request unless it is for a restriction on disclosures to health plans for services you paid in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Division Chief, Administrative Support Services Chief at 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563.

In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing Division Chief, Administrative Support Services Chief at 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the SBCFD. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, at any time you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SBCFD or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the SBCFD, contact Division Chief, Administrative Support Services Chief at 4410 Cathedral Oaks Road, Santa Barbara, CA 93110; phone (805)681-5500; fax (805) 681-5563. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Unless we obtain your written permission, we will never use or disclose your medical information for:

- Marketing purposes;
- Sale of your information; or
- Most uses and disclosures of psychotherapy notes

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.