



# CITY OF SOUTHLAKE

Department of Public Safety  
Fire Services Division



## SOUTHLAKE FIRE SERVICES – EMS DIVISION NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The City of Southlake (the “City”) is dedicated to maintaining the privacy of your Private Health Information (PHI). In conducting business, the City creates records regarding you and the treatment and services provided to you. The City is required by law to maintain the confidentiality of health information that identifies you. The City is also required by law to provide you with this Notice of the legal duties and privacy practices that the City maintains concerning your PHI. This Notice of Privacy Practices describes how the City may use and disclose your PHI to carry out treatment, payment, or other health care operations and for other purposes permitted or required by law. The terms of this Notice apply to all records created or retained by the City. The City must abide by the terms of the Notice currently in effect. The City reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment of this Notice will be effective for all of your records that the City maintains. Upon request, the City will provide any revised Notice to you at any time.

### **THE CITY MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:**

- 1. Treatment.** The City may use and disclose your PHI to other health care providers involved in your treatment. For example, the City may provide information to doctors, nurses or others who are involved in your treatment. Information may also be shared with hospitals, pharmacies and laboratories for the coordination of treatment.
- 2. Payment.** The City may use and disclose your PHI in order to bill and collect payment for the services and items received. For example, the City may contact your health insurer to certify that you are eligible for benefits, and the City may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. The City may also use your PHI to bill you directly for services or may disclose your PHI to obtain payment from a third party.
- 3. Health Care Operations.** The City may use and disclose your PHI for certain operational, administrative, and quality assurance activities. For example, the City may use your PHI to evaluate the quality of treatment you received. The City may also use your PHI to provide you information about health-related benefits or services that may interest you.
- 4. Release of Information to Family or Friends.** Under circumstances allowed by law, the City may release your PHI to a friend or family member that is involved in your care, or who helps pay for your care. This may include disclosure of your PHI to an organization assisting in disaster relief efforts such as the American Red Cross, so that your family may be notified of your condition.
- 5. Disclosures Required by Law.** The City will use and disclose your PHI when required by federal, state or local law.
- 6. Disclosures Regarding Victims of Abuse, Neglect or Domestic Violence.** If the City believes you are a victim of abuse, neglect or domestic violence, the City may disclose your PHI to a governmental authority including a social service or protective service agency authorized to receive such reports.

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600 State Street, Southlake, TX 76092, (817) 748-8106



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7. **Public Health.** As required by law, the City may disclose your PHI to public health or legal authorities that are charged with preventing or controlling disease, injury, or disability. PHI may be disclosed for the purpose of, but not limited to:
  - Maintaining vital records, such as births and deaths, and reports of disease or injury;
  - Reporting child abuse or neglect;
  - Notifying a person of a possible exposure;
  - Reporting reactions to drugs or problems with products or devices; or
  - Notifying your employer, under limited circumstances related primarily to workplace injury or illness.
8. **Health Oversight Activities.** The City may disclose your PHI to a health oversight agency for activities authorized by law such as investigations, inspections, audits, surveys, licensure, and disciplinary actions.
9. **Judicial and Administrative Proceedings.** The City may disclose PHI in the course of any judicial or administrative proceeding in response to a court or administrative order. The City may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if the City receives satisfactory assurances from the party seeking the information that you have been given notice of the request or efforts have been made to secure a protective order.
10. **Law Enforcement.** The City may release your PHI for a law enforcement purpose to a law enforcement official:
  - Regarding a crime victim if the victim agrees or, if the City was unable to obtain the person's agreement because of incapacity or emergency, if certain conditions are met;
  - Concerning a death the City believes resulted from criminal conduct;
  - In response to a warrant, summons, court order, subpoena, or similar legal process;
  - To identify/locate a suspect, material witness, fugitive, or missing person;
  - As required by laws that require the reporting of certain wounds or injuries; or
  - Regarding the commission and nature of a crime, the location of such crime and the identity, description, and location of the perpetrator of such crime.
11. **Coroners, Medical Examiners, Funeral Directors.** The City may release your PHI to coroners, medical examiners or funeral directors for the purpose of identification, determination of cause of death or to perform their duties as authorized by law.
12. **Serious Threats to Health and Safety.** The City may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public.
13. **Military and Veterans.** The City may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.
14. **National Security.** The City may disclose your PHI to federal officials for intelligence and national security activities authorized by law. The City may also disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state.
15. **Workers Compensation.** The City may disclose your PHI as authorized by or to the extent necessary to comply with laws relating to workers compensation and similar programs.

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## YOUR PHI RIGHTS:

- 1. Confidential Communications.** You have the right to request that the City communicate with you about your health and related issues in a particular manner or at a certain location. Such a request must be made in writing and must specify the requested method of contact, or the location at which you wish to be contacted.
- 2. Requesting Restrictions.** You have the right to request additional restrictions on the use or disclosure of your PHI by sending a written request to the City. The City is not required to agree to those restrictions. The City cannot agree to restrictions on disclosures that are legally required, or which are necessary to administer the City. In a clear and concise fashion, you must submit a request regarding:
  - The information you wish restricted;
  - Whether you are requesting to limit the City use, disclosure, or both; and
  - To whom you want the limits to apply.
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI within 30 days of request regardless of:
  - payment source;
  - whether the individual has a balance due;
  - whether entity created information contained within the billing or medical record.The City may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
- 4. Amendment.** You may ask the City to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for the duration that the information is kept by or for the City of Southlake. You must make a written request to the City. You must submit a reason that supports your request for amendment. Your request may be denied if you ask the City to amend information that is, in the City's opinion:
  - Accurate and complete,
  - Not part of PHI kept by or for the City of Southlake,
  - Not part of the PHI that you are permitted to inspect or copy; or
  - Not created by the City, unless the individual or entity that created the information is not available to amend the information.
  - You will be notified if the request cannot be granted.
- 5. Accounting of Disclosures.** As provided by law, all patients have a right to request an accounting of disclosures, a list of certain non-routine disclosures the City has made of your PHI for non-treatment or operational purposes. Use of your PHI as part of the routine patient care in the City is not required to be documented. For example, the doctor sharing information with the paramedic; or the billing department using information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit a written request to the City. All requests must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.
- 6. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of this Notice of Privacy upon request. To obtain a copy of this Notice, contact the City.

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7. **Right to File a Complaint.** If you believe that your privacy rights have been violated, you may file a complaint with the City. You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights, 1301 Young Street – Suite 1169, Dallas, TX 75202, telephone: 214-767-4056, TDD: 214-767-8940, Internet: <http://www.hhs.gov/ocr/privacy/howtofile.htm>. There will be no retaliation for filing a complaint.
8. **Other Uses and Disclosures.** Any other uses and disclosures of your PHI not addressed in this Notice or otherwise required by law will only be made with your written authorization. You may revoke your authorization at any time.
9. **Privacy Contact.** Address any questions about this Notice or how to exercise your privacy rights to: Ryan Arthur EMS Lieutenant/Privacy Officer, Southlake Fire Services, 600 State Street, Southlake, Texas 76092, (817) 748-8328.
10. **Effective Date.** This Notice is effective 07-13-2007.

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