

## **NEW YORK CITY FIRE DEPARTMENT**

### **INTRODUCTION TO NOTICE OF PRIVACY PRACTICES**

The New York City Fire Department is the municipal provider of pre-hospital emergency medical treatment and transport in New York City. As a health care provider, the Fire Department is required by law to maintain the privacy of health care information, known as protected health information (PHI), pertaining to individual patients, and to provide to patients a notice setting forth how the Fire Department may use this information and to whom it may be disclosed.

The Fire Department is committed to respecting the privacy of all persons whom we treat and transport as part of the emergency medical service system. We have always treated our patient records as confidential health care information.

The Fire Department's comprehensive Notice of Privacy Practices ("Notice") is set forth below. The Notice below supplements the information contained in the Fire Department's Ambulance Call Report patient information disclosure form that is given to the patient by the Fire Department ambulance crew.

The Notice sets forth the Fire Department's legal duties and privacy practices concerning the patient's PHI, including how the Fire Department is permitted to use and disclose the patient's PHI, how the patient can access and copy that information, how the patient can request an amendment to that information, and how the patient may request restrictions on the Fire Department's use and disclosure of his or her PHI.

The Fire Department is required to abide by the terms and conditions of the version of the Notice currently in effect. In most situations, we can use the PHI as set forth in the Notice without specific permission from the patient, but there are some situations where the Fire Department can only use the PHI after we obtain the patient's written authorization. The Notice sets forth those situations.

After reviewing the Notice, if the patient has any questions or concerns about PHI and how it may be used and disclosed, the patient may contact the Fire Department's Privacy Officer as indicated at the end of the Notice.

(4/14/03)

## **NEW YORK CITY FIRE DEPARTMENT**

### **NOTICE OF PRIVACY PRACTICES (Effective April 14, 2003)**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

#### **Purpose of this Notice**

The New York City Fire Department, as an ambulance provider, is required by law to maintain the privacy of your health care information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to PHI including how we may use this information and to whom it may be disclosed. If you were treated by a Fire Department ambulance crew after April 14, 2003 you were asked to acknowledge receipt of the comprehensive summary of the Fire Department's Notice printed on the ambulance call report and to consent to the release of this information for the purposes set forth in the Notice, but we may nonetheless use and disclose your PHI for the purposes authorized by law. The Fire Department is required to abide by the terms and conditions of the Notice currently in effect. For the most part, we may use PHI without your permission provided that the use is authorized by law. In some situations, the information may not be used or disclosed without your written authorization.

#### **Routine Use and Disclosure of PHI**

The Fire Department may use and disclose your PHI for the purposes of treatment, payment and other health care operations, in most cases without your specific written permission. Specifically, PHI may be used and disclosed for the following purposes:

For Treatment: PHI that we obtain in the course of treating and/or transporting you may be used and disclosed for treatment purposes, including providing a copy of your Ambulance Call Report (patient care record) to the hospital to which you are transported. For example, information that we receive from you, whether verbally or in written form, pertaining to your medical condition may be communicated to the dispatcher assigning units to the incident, to the physician and other medical personnel in On Line Medical Control, to the physicians and other personnel at the hospital to which you are transported, or to another ambulance crew that is participating in your care. In

addition, we may also disclose your PHI to a relative, friend or other individual involved in your care.

For Payment: PHI may be used or disclosed in order for the Fire Department to obtain payment for the pre-hospital medical treatment and transport provided to you. This includes sharing your PHI with insurers, third party billing companies and personnel responsible for responding to billing inquiries or claims management; medical necessity determinations and reviews for billing purposes; utilization review; and collection of outstanding accounts.

For Health Care Operations: Health care operations includes a variety of functions including quality assurance activities, licensing and training programs to monitor the quality of patient care and ensure that our ambulance personnel meet our standards of care, and to respond to complaints about the ambulance service provided to you. We may also use and disclose your PHI in connection with legal claims or proceedings; to comply with a subpoena or other compulsory legal process; for business planning purposes, for military, national defense, security, and public health activities and for certain law enforcement purposes. We may also use and disclose your PHI for certain marketing and fundraising activities.

#### **Use and Disclosure of PHI Without Patient's Authorization**

The New York City Fire Department is permitted to use or disclose PHI without your written authorization or opportunity to object in certain situations, including:

- For the Fire Department's use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider, involved in your treatment;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as the hospital to which you are transported or your insurer);
- To another health care provider or entity (such as the hospital to which you are transported) for their health care operations provided that you have had a relationship with that provider or entity and the PHI pertains to that relationship;
- For quality assurance and quality improvement activities, in order to monitor and improve patient care, consistent with New York State law;
- For health care fraud and abuse detection or activities related to compliance with the law;
- To a family member, other relative or close personal friend or other individual involved in your care, if we obtain your permission or you do not object, or if we infer from the circumstances that you would not object to such disclosure. For example, sharing information with your spouse after s/he has requested the ambulance;
- 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

abuse, neglect or domestic violence, product defects, or as part of a process to notify an individual about exposure to a communicable disease as required by law;

- For 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 healthcare system;
- For judicial and administrative proceedings as required by a court or administrative order, in response to a subpoena or other legal process, or to attorneys representing the Fire Department in connection with such matters;
- For law enforcement activities in situations such as when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of the public at large;
- To prison officials or law enforcement officers for patients who have been detained by a law enforcement officer or who are inmates of a correctional facility;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying out their duties as authorized by law;
- For organ donors to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, where there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law; and
- Where the health care information that we disclose does not personally identify you.

### **Use and Disclosure of PHI With Patient's Authorization**

Any other use or disclosure of PHI other than those set forth above, will only be made after you have given your authorization, in writing, to do so. 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 such information. In such cases, you may revoke your authorization at any time (such revocation must be in writing) except to the extent that we have already used or disclosed medical information in reliance on your authorization.

### **Individual Patient Rights**

As a patient, you have certain rights with respect to your protected health information.

**The right to access, copy or inspect your PHI.** This means that you may obtain a copy of your Ambulance Call Report for a reasonable fee (\$1.50). We may ask you to submit your request to obtain a copy of this information in writing, and to submit a notarized authorization for such release of information from the patient. We may also charge you a

reasonable fee for the cost of reproducing and mailing the copies to you. In certain situations, we may deny your request to inspect or copy the requested information. If we deny your request, we will notify you in writing and may provide you with an opportunity to have the denial reviewed. All requests for Fire Department Ambulance Call Reports should be mailed to FDNY Public Records Unit, 9 MetroTech Center, 1<sup>st</sup> Floor, Brooklyn, NY 11201-3857, and must include a check for \$1.50 and a stamped self-addressed envelope. Any other request regarding access to Ambulance Call Reports should be directed to the Privacy Officer, as indicated at the end of the Notice.

**The right to amend your PHI.** If you believe that the medical information concerning you is incorrect (for example, the medical information contained in the ambulance call report) you have the right to ask us to amend that information. We may require that your request is in writing and that it explains why the information should be changed. If we make the requested change, we will notify you. If your request is denied, you will be notified in writing of the reason for the denial. For example, we are permitted by law to deny your request if we believe that the information that we have is correct. You have the right to then submit a statement of disagreement. You have the further right to ask that your original request, our denial and your statement of disagreement be included in any future disclosures of your information. If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Officer, as indicated at the end of this Notice.

**The right to request an accounting of our use and disclosure of your PHI.** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations or those authorized by you, as well as for certain other activities that occurred, up to six years prior to the date of your request. We are not required to give you an accounting of information that we have disclosed to our business associates. However, you will not be able to obtain a list of disclosures that occurred prior to April 14, 2003, the effective date of this Notice. If you wish to request an accounting of the medical information about you to which you are entitled, please contact the Privacy Officer, as indicated at the end of this Notice.

**The right to request that we restrict the uses and disclosures of your PHI.** You have the right to request that we restrict the use and disclosure of your medical information in connection with treatment, payment and health care operations. You also have the right to request that we restrict disclosures to persons involved in your health care (such as family or friends) or payment for your health care. We may require that you submit your request in writing. We will review your request but we are not required to comply with it. If you request a restriction and the information that you asked us to restrict is needed to provide you with emergency treatment, that we may use or disclose the information to a health care provider in order to provide you with emergency treatment.

## **Complaints, Questions and Requests for Copies of this Notice**

This Notice of Privacy Practices will be posted on the Fire Department's web site and we will make this Notice available through the web site. However, you are also entitled to receive this notice in written form, upon request. You may request more detailed information about your rights and privacy protections or learn how to exercise those individual rights as described in this Notice. If you wish to do so, please contact the Privacy Officer, as indicated below.

The Fire Department reserves the right to change the terms of this Notice at any time, and without notice to you. We may have our changes take effect immediately and apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted on our web site. You can obtain a copy of the most recent version of this Notice from the web site or by contacting the Privacy Officer, as indicated below.

If you believe that the Fire Department has violated your privacy rights you have the right to complain to us, or to the United States Department of Health and Human Services. The Fire Department will not retaliate against you in any way should you make such complaint by complaining to the Privacy Officer or the government. Should you have any questions, comments or complaints please direct all inquiries to the Privacy Officer designated at the end of this Notice.

Please direct any complaints, questions or comments to the Fire Department's Privacy Officer, as indicated below.

### **Fire Department Privacy Officer**

If you have any questions or you would like to exercise any of the privacy rights set forth in this Notice, or file a complaint, please contact:

Privacy Officer  
Compliance Unit  
New York City Fire Department  
9 MetroTech Center, 8<sup>th</sup> Floor  
Brooklyn, New York 11201-3857