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.

Purpose of this Notice: Reading Fire Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI). This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Reading Fire Department is permitted to use and disclose PHI about you.

Reading Fire Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice 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 disclosure of PHI: Reading Fire Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of use of your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us. We may use or disclose your PHI to provide you with treatment or services (including doctors and nurses who give orders to allow us to provide this treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfers of PHI via radio or telephone to the hospital or dispensary center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes and activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing you PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and fulfill necessary legal and regulatory requirements, 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 and Disclosure of PHI Without Your Authorization: Reading Fire Department is permitted to use PHI without your written authorization, or opportunity to object in certain situations including:

> For treatment: our use is 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;
> To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
> To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receives the treatment in your behalf and the PHI is maintained to those relationships;
> For health care fraud and abuse detection or for 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 verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the presence of that individual at your place of business or a healthcare setting the individual is a member of your family or a relative or a close personal friend and you do not object to disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform someone in whose company you work who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
> 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 or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a potentially communicable disease as required by law);
> For health oversight activities including government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care 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 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 a person or the public at large;
> For workers' compensation purposes, and in compliance with applicable state 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;
> If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
> For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information to be disclosed, as well as the relationship we seek to disclose the information to) You may revoke your authorization at any time, in writing, except to the extent that we may have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our office and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information you request. We will provide a copy of your records in standard electronic format if you request it and we are able to provide it to you in a useable format and if we can do so without compromising the privacy of others.

The right to inspect and receive a paper copy of your PHI. You may request an accounting of our uses and disclosures of your PHI. You may request an accounting of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We will not charge a fee for requests that we restrict the uses and disclosure of your PHI. You have the right to request that we de-identify your PHI.

To request access to your PHI, contact the privacy officer at the Reading Fire Department.

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 our web site and make the Notice accessible electronically through the web site. If you would like to view the notice by electronic mail instead of on paper and you may always contact the privacy officer at the Reading Fire Department.

Revisions to the Notice: Reading Fire Department reserves the right to change the terms of this Notice at any time, and changes will be effective immediately and will apply to all protected health information that 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. If you would like a copy of this Notice on request and will notify us when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

Your Legal Rights and Complaints: You are always free to contact us, or the Secretary of the US 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 with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

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

Kevin D. Kaiser, Fire Chief
Privacy Officer
100 Market Street
Reading, Ohio 45215
(513) 733-5537

Effective Date of the Notice: April 14, 2003