GRANT COUNTY FIRE PROTECTION DISTRICT NO. 3

PRIVACY NOTICE

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

PLEASE READ CAREFULLY

GRANT COUNTY FIRE PROTECTION DISTRICT NO. 3 ("District") respects your privacy. This privacy notice is required by the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires the District to maintain the privacy of your Health Information and to provide you with notice of the District's legal duties and privacy policies with respect to your Health Information. Your Health Information is also protected by Washington State's Health Information Act, chapter 70.02 Revised Code of Washington. We are required by law to abide by the terms of this Privacy Notice.

Our Pledge Regarding Your Health Information.

We understand that medical information about you and your health is personal. We are committed to protecting Health Information about you. We create a record of the care and services you receive from the District. We need this information to provide you with quality care and to comply with certain legal requirements. This notice applies only to the records of your Health Information generated by us. Your doctor, the hospital or other health care providers may have different policies or notices regarding the use and disclosure of your Health Information.

Your Health Information

We collect Health Information from you through treatment, payment and related health care operations. We may also obtain Health Information from other health care providers, health plans, or through other means. Health Information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by the District. The law specifically protects Health Information that contains data, such as your name, address, social security number, and other information, that could be used to identify you as the individual patient who is associated with that Health Information.

Uses or Disclosures of Your Health Information

Generally, we may not use or disclose your Health Information without your authorization. Once your authorization has been obtained, we must use or disclose your Health Information in accordance with the specific terms of that authorization. The following are the circumstances under which we are permitted by law to use or disclose your Health Information.

Without Your Authorization

We may use or disclose your Health Information without your authorization in order to provide you with the medical services and treatment you require or request, and to conduct other related health care operations permitted or required by law. Also, we are permitted to disclose your Health Information within and among our workforce in order to accomplish these same purposes. However, even with your authorization, we are still required to limit such uses or disclosures to the minimal amount of Health Information that is reasonably required to provide those services or complete those activities.

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Uses and Disclosures for Treatment: Your Health Information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing your condition, and providing treatment. *EXAMPLE: Test results and medical procedures used in providing your care may be disclosed to health professionals who provide additional treatment or who may be consulted while you are being treated.*

Uses and Disclosures for Payment: Your Health Information may be used to seek payment from you, your health plan, your insurance carrier, or from credit card companies that you may use to pay for services when authorized by law. *EXAMPLE: For the District to obtain payment we may provide third parties with information showing the date(s) of service, the services provided, and the medical condition treated.*

Uses and Disclosures for Health Care Operations: Your Health Information may be used as necessary to support the day-to-day activities and management of the District. *EXAMPLE: Information on services you received may be used to support budgeting, financial reporting and activities related to evaluating and promoting quality care.*

Uses and Disclosures Required by Law. We may use or disclose your Health Information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *EXAMPLE: (a) public health activities including, preventing or controlling disease or other injury.*

All Other Uses and Disclosures Require Your Written Authorization:

Disclosure of your Health Information or its use for any purpose other than those listed above requires your written authorization. If you change your mind after authorizing a use or disclosure of your Health Information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before receipt of the written revocation.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have certain rights with respect to your Health Information. The rights include:

Restrictions on Uses and Disclosures. You have the right to request restrictions on the use and disclosure of your Health Information. You must deliver this request in writing to the District. While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your Health Information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Confidential Communication Requests. You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at home or by mail. We will accommodate all reasonable requests provided that the request specifically provides how or where you wish to be contacted.

Right to Inspect and Copy Health Information. You have the right to inspect your Health Information. Requests to inspect or copy must be submitted to the District in writing. If you request copies we may charge fees in accordance with Chapter 70.02 RCW. The District reserves the right to deny access to and copies of

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Health Information as permitted or required by law. You have the right to have the District or an alternate health care provider review a denial of access to your Health Information.

Right to Amend. You have the right to ask us to change your Health Information. Requests must be in writing. If we deny your request you have the right to write a statement of disagreement that will be stored in your medical record and included with any release of your records

Right to Accounting of Disclosures. You have the right to request a list of disclosures of your Health Information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months.

Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this notice.

CHANGES TO THIS NOTICE

As permitted by law, we have the right to amend or modify our privacy policies and practices. The changes in the policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for the revisions, we will provide you with a revised notice the next time we provide you services. The revised policies and practices will be applied to the Health Information that we maintain.

Complaints

If you would like to submit a comment or complaint about the District's privacy practices you can do so by sending a letter outlining your concerns to the District's Privacy Officer at the address specified below. If you believe that your privacy rights have been violated, you should call the matter to the District's attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The District's contact person for questions, requests or complaints related to this notice is:

Grant County Fire Protection District No. 3

Attn: Privacy Officer

1201 Central Ave Quincy WA 98848
Address

509 787 2713
Phone Number

Fax Number

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ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received a copy of the Grant County Fire Protection District No. 3 Notice of Privacy Practices.

_____ Dated:_____

Patient Signature

_____Patient unable to sign (True Medical or Traumatic Emergency).

_____Patient un-willing/refusing to sign for unknown reasons.

_____Patient does not understand the Notice of Privacy Practices.

_____Copy of Notice of Privacy Practices left with: (circle one).

Patient's Belongings/Family Member/Spouse/Patient.

Directions to staff: Attach to Medical Incident Report.