

Spring Valley Township Volunteer Fire Department
Notice of Privacy Practices

Purpose:

The purpose of this form is to notify patients about their privacy rights and how their protected health information can be used.

Definition:

Protected health information (PHI) includes name, address, date of birth, social security number, telephone number, photographs, employer, past health conditions, medications, treatment received, and other personal information.

Policy:

It is a policy of the Spring Valley Township Volunteer Fire Department and its members that all patient information, oral, written, or electronic, obtained in the course of professional services is treated with the highest regard to confidentiality.

Spring Valley Township Volunteer Fire Department and its members are required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you the patient, with this notice.

Procedure:

The Spring Valley Township Volunteer Fire Department is permitted to use PHI *without* your written permission for the following:

Treatment: This includes such things as verbal and written information that we obtain about you and pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch centers as well as providing the hospital with a copy of the patient care report we create in the course of providing you with treatment and transport.

Health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes.

Other: This includes health care fraud and abuse detection or for activities related to compliance with the law; 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 possible communicable disease as required by law; For judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or other legal process; For law enforcement activities 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 workers' compensation purposes, and in compliance with workers' compensation laws: To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying out their duties as authorized by the law; To facilitate organ procurement or organ, eye or tissue transplantation, if you are an organ donor; To a family member, other relative, or close 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 a disclosure and you do not raise an objection; In situations where you are not capable of objection due to your incapacity or medical

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emergency, we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest; For military, national defense and security and other special government functions; For health oversight activities including audits or government investigation, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or other contractors) by law to oversee the health care system.

Disclosure of PHI for reasons other than those listed above requires a written authorization signed by the patient or legal representative and accompanied by a copy of the patient drivers license or photo ID.

Spring Valley Township Volunteer Fire Department reserves the right to change the terms of this notice at any time, and the changes will be effective immediately and apply to all PHI that we maintain. To receive a copy of the latest version, contact the Privacy Officer as listed below.

For additional information, questions, or problems please contact
Privacy Officer, Spring Valley Township Volunteer Fire Department, 2547 US 42 South, Spring Valley,
Ohio 45370, or phone (937) 862-5011.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or to the U.S. Department of Health and Human Services.

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Patient Rights and Responsibilities

Important: 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:

The purpose of this form is to define and advise patients of their rights and responsibilities upon receiving care with the Spring Valley Township Volunteer Fire Department.

Statement:

Spring Valley Township Volunteer Fire Department is committed to meeting the health care needs of patients and their families. As a part of this commitment, information regarding patient rights is readily available to all patients. Patients will receive a copy of this "Patient Rights and Responsibilities" form, or notification of the location of an electronic copy of the "Patient Rights and Responsibilities" form, with each episode that pre-hospital care is rendered.

Patient Rights:

The rights of patient/parent or legal guardian include:

1. Impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, religion, disability, national origin, or ability to pay for care.
2. Considerate, respectful care at all times and under all circumstances, with recognition of personal values, cultural and spiritual beliefs, that do not interfere with the well being of others or the planned course of medical therapy.
3. Personal privacy and confidentiality of information within the limits of the law.
4. Reasonable safety as far as the circumstances and environment are concerned and accessing protective services.
5. Knowing the identity and professional status of individuals providing services and rendering their care.
6. Obtaining from the Emergency Medical Technicians responsible for coordinating their care, complete and current information concerning diagnosis (to the degree known), treatment plan of care. This information should be communicated in terms the patient can reasonably be expected to understand.
7. Reasonable informed participation in discussions involving their health care. This should be based on a clear, concise explanation of the patient's condition and proposed medical procedures. Where medically significant alternatives for care and treatment exist, the patient shall be so informed.
8. Refusal of treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
9. Freedom from the use of restraints, except when medically indicated.
10. Being informed of pre-hospital rules and regulations.
11. Requesting, in writing, amendment of health information that is incorrect or incomplete. Spring Valley Township Volunteer Fire Department is not required to amend health information that is accurate and complete.
12. Requesting, in writing, an account of certain use and disclosure of your PHI.

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Patient Responsibilities:

The patient/parent or legal guardian has responsibilities including:

1. Provide, to the best of their knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications, allergies, and other matters relating to their health, and the existence of any advance medical directives.
2. Following the treatment plan indicated by the Emergency Medical Technicians responsible for care. This may include following instructions of the health care professional as they carry out the coordinated plan of care, implement the responsible physician's orders, and enforce the applicable pre-hospital rules and regulations. The patient is responsible for any follow up care necessary.
3. Being responsible for actions if refusing treatment or failing to follow pre-hospital instructions.
4. Fulfilling the financial obligations of care as promptly as possible, if applicable.
5. Following pre-hospital rules and regulations.
6. Being considerate of the rights of pre-hospital fire and EMS personnel.

Spring Valley Township Volunteer Fire Department realizes that there may be situations in which a patient/parent/legal guardian questions decisions and actions regarding care. The mechanism for dealing with these concerns should be to address them directly with the pre-hospital department personnel. In cases of continued disagreement or ethical concerns, the patient, physician, or pre-hospital department personnel should contact the Spring Valley Township Volunteer Fire Department at (937) 862-5011.