

**LaGrange Fire District  
Notice of Privacy Practices**

**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.**

The LaGrange Fire District is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy and security of your protected health information (“PHI”). We are also required by law to provide you with this Notice of Privacy Practices (“Notice”) explaining our legal duties and privacy practices with respect to your PHI. We will not use or disclose your PHI other than as described in this Notice unless you authorize us to in writing.

**Uses and Disclosures for Treatment, Payment or Healthcare Operations**

The LaGrange Fire District may use or disclose certain of your PHI *without* your authorization, for the following purposes:

***Treatment***

We can use your PHI for treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). We may also share your PHI with other individuals involved in your care. For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport. We may also share your PHI with other healthcare providers for their treatment activities.

***Payment***

We may use and disclose your PHI for any activities we must undertake in order to get reimbursed for the services that we provide to you. This includes such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third-party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

***Healthcare Operations***

We may use or disclose your PHI for things such as 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, fundraising, and certain marketing activities. We may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.

***Reminders for Scheduled Transports and Information on Other Services***

We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

**Other Uses and Disclosure of Your PHI We Can Make Without Authorization**

Below are additional scenarios in which the LaGrange Fire District may use or disclose certain of your PHI *without* your written authorization:

- ❖ For healthcare fraud and abuse detection or for activities related to compliance with law;
- ❖ To a family member, other relative, or close personal friend or other individual involved in your care, or payment for that care, and to whom you have either agreed that the LaGrange Fire District can disclose your PHI, or with respect to whom you have been given an opportunity to object to such disclosure and have not done so;
- ❖ 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, neglect or domestic violence, to report adverse events such as product defects or adverse reactions to medications, to prevent or reduce a serious threat to a person’s health or safety, or to notify a person

about exposure to a possible communicable disease, as required by law;

- ❖ For health oversight activities including audits or other actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- ❖ For certain research;
- ❖ For special government functions such as military, national security, and presidential protective services;
- ❖ 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 to stop a crime;
- ❖ 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 workers’ compensation 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 and as necessary to facilitate organ donation and transplantation.

**Uses and Disclosures of Your PHI That Require Your Written Authorization**

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. For instance, we will, subject to certain exemptions, obtain your written authorization before using or disclosing your: (a) psychotherapy notes; (b) PHI for marketing purposes; or (c) PHI in connection with a sale of that information. You may revoke this authorization at any time by contacting us.

**Your Rights Regarding Your PHI**

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

***Right to access, copy or inspect your PHI***

You have the right to inspect and obtain a paper or electronic copy of the PHI that we collect and maintain about you in a “Designated Record Set”. You also have the right to request that we transmit your PHI to a

third party. You may request access to your PHI, or to transmit your PHI to a third party, by submitting the access request form available at LaGrange Fire District Headquarters to our HIPAA Compliance Officer, using the contact information below. We will provide a copy or summary of your PHI, usually within 30 days. If access is denied, you or your personal representative will be provided a written denial setting forth the basis for the denial, a description of how you may exercise your review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

***Right to request an amendment of your PHI***

You have the right to ask us to amend certain PHI that we maintain about you. If access is denied, you or your personal representative will be provided a written denial setting forth the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, which will be included with future disclosures of the applicable PHI. Requests for amendments to your PHI should be made in writing to our HIPAA Compliance Officer, using the contact information below. If we deny your request, we will notify you in writing within 60 days.

***Right to request an accounting of certain disclosures of your PHI***

You may request an accounting of certain disclosures of your PHI. The LaGrange Fire District will provide an accounting of those disclosures that we are required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact our HIPAA Compliance Officer using the contact information below, and make a request in writing.

***Right to request restrictions on uses and disclosures of your PHI***

You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our HIPAA Compliance Officer using the contact information below, and make a request in writing.

***Right to notice of a breach of unsecured PHI***

If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file, or by other means permitted or required by law.

***Right to request confidential communications***

You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that we communicate PHI to a specific location or in a specific format, you should contact our HIPAA Compliance Officer, using the contact information below, and make a request in writing.

**Internet, Email and the Right to Obtain Copy of Paper Notice**

If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will provide our Notice of Privacy Practices to you electronically instead of on paper. You may always request a paper copy of our Notice.

**Revisions to the Notice**

The LaGrange Fire District is required to abide by the terms of the version of this Notice currently in effect. However, the LaGrange Fire District reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our HIPAA Compliance Officer, using the contact information below.

**Your Legal Rights and Complaints**

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services Office of Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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

LaGrange Fire District  
HIPAA Compliance Officer  
504 Freedom Plains Rd  
Poughkeepsie, NY 12603  
(845) 471-4693

**Effective Date of the Notice:** 04/25/2023