



San Diego Fire-Rescue

## Notice of Privacy Practices

Effective Date: October 1, 2023

**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.**

### Our Pledge Regarding Your Protected Health Information (“PHI”)

We, the City of San Diego Fire Rescue Department, understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time we provide you with treatment services, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by the City or the City's agents, contractors, or personnel. Other hospitals or your primary care provider may have different policies regarding your PHI.

### Our Responsibilities

We are required by the Health Insurance Portability and Accountability Act (“HIPAA”) and California law to maintain the privacy of your PHI. We must provide you with this Notice of Privacy Practices (“Notice”) and follow the terms described below. We will notify you in the event of a breach of your PHI and will not disclose your PHI other than as described below without your written permission.

### Revisions to this Notice

We reserve the right to change the terms of our Notice any time, and the changes will be effective immediately and will apply to all PHI that we maintain about you. Any changes to the Notice will be posted and available at our facilities and on our website:

<https://www.sandiego.gov/fire/services/victimresources>.

### Uses and Disclosures of your PHI

#### I. Uses and Disclosures for:

##### ○ **Treatment**

- We may use or disclose your PHI with other physicians, nurses, and other healthcare personnel who are involved in your care.
- We may disclose your PHI when transferring you to a physician, nurse, and other health care facility involved in your care.

##### ○ **Payment**

- We may use and disclose your PHI to your insurance carrier for payment for the treatment provided to you.
- We may use your PHI to create bills submitted to your insurance company or our business associates who perform billing and claims processing or other services for us.

- **Health Care Operations**
  - We may use or disclose your PHI for our operations related to health care to evaluate those involved with your care.
  - We may use your PHI to evaluate the performance of those involved with your care or to evaluate the quality of care you received from us.
  - We may use and disclose your PHI to another health care provider, health insurance plan, or health care clearinghouse for operations related to health care for a limited purpose, such as a quality improvement activity or for training purposes.

## II. **Certain Uses and Disclosures not Requiring Authorization**

- **Comply with Law**
  - We will use and disclose your PHI when required by Federal or State laws, including with the Department of Health and Human Services if they want to see that we're complying with federal privacy law.
- **For Public Health Activities**
  - We can use and disclose your PHI as necessary to notify a person who may have been exposed to a disease in compliance with applicable law.
  - We can use and disclose your PHI to report adverse reactions to drug or medical devices.
  - We can use and disclose PHI as necessary to comply with federal and state laws that govern workplace safety.
- **Reports About Victims**
  - We will disclose your PHI in abuse, neglect, or domestic violence reports only if required or authorized by law to do so, or if you otherwise agree.
- **Lawsuits and Disputes**
  - We can use or disclose your PHI in response to a court or administrative order.
  - We can use or disclose your PHI in response to a subpoena but only if you have been notified or if a protective order is provided.
- **Law Enforcement**
  - We can use and disclose your PHI with law enforcement officials as follows:
    - In response to a court order issued by a court in the county in which the records are located, grand-jury subpoena, court-ordered warrant, administrative request, or similar process.
    - To identify or locate a suspect, fugitive, witness, or missing person.
    - In response to a law enforcement official's request for information about a victim or suspected victim of a crime.
    - To alert law enforcement about a death allegedly due to criminal conduct.
    - In emergency circumstances, to report a crime, its location or victims, identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners or Funeral Directors**
  - Your PHI can be disclosed to coroners, medical examiners, or funeral directors to identify a deceased person, determine the cause of death, or perform other functions authorized by law.
- **Organ Procurement Organizations**
  - Your PHI can be disclosed to expedite organ donation and transplant.
- **Prevent a Serious Threat to Health or Safety**
  - Your PHI can be used or disclosed to an agency or individual who can help prevent a serious threat to the health and safety of yourself, another person or to the public.
- **Essential Government Functions**

- Your PHI can be used or disclosed to federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President of foreign heads of state, or conduct special investigations authorized by law.
- **Workers' Compensation**
  - Your PHI can be used or disclosed as authorized, and to comply with, Workers' Compensation laws or similar programs providing benefits for work-related injuries or illness.
- **If you are an Inmate of a Correctional Institution, or under the Custody of a Law Enforcement Official.**
  - We can use and disclose your PHI to provide you with health care.
- **Research**
  - We may use or share your PHI for health research that does not require your authorization, such as when an Institutional Review Board (IRB) has determined there is a minimal risk to you, and your express consent is not required.

### III. Uses and Disclosures Requiring Authorization

- We must get written authorization from you before using or disclosing the following:
  - Psychotherapy notes, other than for the purpose of conducting our own payment treatment, payment, or other health care related purpose.
  - Any marketing or sale involving your PHI.
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.
- Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will only be made with your written authorization.
  - A written authorization for use or disclosure of your PHI can be revoked by you, in writing, at any time. However, we will be unable to retract any actions already completed with your authorization.
  - We are authorized to use or disclose your PHI after you have revoked your authorization for actions already completed in reliance on your initial authorization.
  - We are required to maintain records of the uses and disclosures made when the authorization was in effect.

### IV. Your Rights Regarding Your PHI

- **Right to Access or Inspect a copy of your PHI**
  - You have the right to review and obtain a copy of your PHI that we use to make decisions about your care.
  - We will provide a paper or electronic copy or a summary of your PHI, usually within 30 days of your request.
  - We may charge a reasonable, cost-based fee for this service.
- **Right to Request an Amendment of your PHI**
  - You have the right to request an amendment of your PHI if you believe it to be incomplete or incorrect.
  - We may say 'no' to your request, but we'll tell you why in writing within 60 days.
- **Right to obtain an Accounting of Disclosures of your PHI**
  - You have the right to ask us to provide you with a list (accounting) of disclosures of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why.
  - This accounting of disclosure list includes all disclosures except for those related to your treatment, payment, and health care operations.

- We will provide one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to get a copy of this Privacy Notice**
  - You can ask us anytime for a paper or electronic copy of this Notice.
  - We will promptly provide you with a copy.
- **Right to Choose Someone to Act for You**
  - If you have given someone medical power of attorney or if someone is your legal guardian, or personal representative, that person can exercise your rights and make choices about your PHI. We will make sure that person has the authority and can act for you before we take any action.
- **Right to Confidential Communications**
  - You can ask us to contact you in a specific way, such as by way of a P.O. Box, instead of your home address, or by e-mail, instead of regular mail.
- **Right to Restrict PHI**
  - You have the right to ask us to restrict the use and disclosure of your PHI for treatment, payment, and health care operations.
  - We are not required to agree to your request, and we may say 'no' if it would affect your care.
- **Right to Revoke your Authorization**
  - You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.
- **Right to file a Complaint**
  - You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, 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.

You can contact us if you have any questions about this Notice or if you wish to file a complaint or exercise any rights listed in this Notice. Requests must be submitted in writing or by email to:

**San Diego Fire-Rescue Privacy Officer**  
**600 B Street Suite 1300**  
**San Diego, CA 92101**  
**(323) 690-4471**  
**Email: [ParamedicRecords@sandiego.gov](mailto:ParamedicRecords@sandiego.gov)**