

**NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION**

**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.**

*If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact Justin Krause at (631)475-2010 ext 210.*

Holtsville Fire District (“HFD”) is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. HFD is required to abide by the terms of this Notice of Privacy Practices (this “Notice”). A current copy of the Notice is posted at HFD’s corporate offices. The effective date of this Notice of Privacy Practices is set forth on the first page of this Notice in the upper right-hand corner. Additionally, you may obtain a copy of the current Notice by calling HFD and requesting that one be sent to you in the mail or by asking for one when you are in the office.

Your “protected health information” consists of all individually identifiable information which is created or received by HFD and which relates to your past, present or future physical or mental health or condition, the provision of health care to you or the past, present or future payment for health care provided to you.

Changes To This Notice: HFD reserves the right to change the terms of this Notice at any time. Any revised Notice will apply to all protected health information that HFD maintains.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH YOUR  
CONSENT OR AUTHORIZATION IS NOT REQUIRED**

1. Treatment: HFD will use and disclose your protected health information to provide, coordinate or manage your health care and related services by HFD and other health care providers, including consulting with other health care providers about your health care or referring you to another health care provider for treatment.

2. Payment: HFD will use and disclose your protected health information, as needed, to obtain payment for the health care HFD provides to you. For example, after providing pre-hospital emergency medical care, HFD may disclose to your insurance carrier the treatment you have received.

3. Health Care Operations: HFD may use or disclose your protected health information in order to support the business activities of HFD. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide treatment under the supervision of one of HFD's physicians, business planning and development and business management and general administrative activities.

4. Treatment Alternatives: HFD may use or disclose your protected health information to inform you about treatment alternatives.

5. Health Related Benefits and Services: HFD may use and disclose your protected health information to inform you about health-related benefits and services that may be of interest to you.

6. Fundraising Activities: HFD may use or disclose your protected health information to raise funds for HFD. If you do not wish to be contacted for fundraising purposes, please contact the Privacy Officer at (631)475-2010 ext 210.

7. Others Involved in Your Health Care and Disaster Relief. Unless you object, HFD may disclose to a family member, other relative, close personal friend or any other person identified by you protected health information related to that person's involvement in your health care or payment related to your health care. HFD may also use or disclose to a person responsible for your care your protected health information that relates to your location, general condition or death. If the opportunity for you to agree or object to any such disclosure cannot be provided due to emergency circumstances, HFD will make these disclosures if they are in your best interests. Additionally, HFD may disclose protected health information relating to your location, general condition or death to any public or private entity authorized to assist in disaster relief efforts.

If you are a minor, you should be aware of the following policies of HFD, in accordance with New York State law.

- If the minor patient is over 12 years of age, HFD may notify the minor of any requests for the minors PHI, and if the minor objects to disclosure, may deny the request (See Public Health Law §18).

If you are HIV +, you should be aware of the following policies of HFD, in accordance with New York State law.

- With regard to HIV related information, HFD shall not relate any information, except to an authorized agency in connection with foster care or adoption of a child, regarding the HIV related information (Public Health Law § 2782).

In the case of any patient:

- HFD may deny access to all or part of the information and may grant access to a prepared summary of the information if, after consideration of all the attendant facts and circumstances, HFD determines that disclosure would have a detrimental effect on HFD's professional relationship with an infant, or on the care and treatment of the infant, or on the infant's relationship with his or her parents (see Public Health Law § 18);
- HFD may not be forced, by subpoena or otherwise, to relate confidential information related to HIV to any person, except to an employee or agent of the division of parole or an employee or agent of the division of probation and correctional alternatives or any local probation department or an employee or agent of the commission of correction. (Public Health Law § 2782).
- HFD does not have to treat the personal representative of the patient as the patient if HFD reasonably believes that treating the personal representative as such could endanger the patient; or
- HFD does not have to treat a personal representative of the patient as the patient if HFD, in the exercise of its professional judgment, decides that it is not in the best interest of the patient to treat such person as the personal representative.

8. Public Health: HFD may disclose your protected health information to a public health authority authorized to collect such information for the purpose of:

- a. preventing or controlling disease, injury or disability;
- b. reporting disease or injury;
- c. reporting vital events such as births or deaths;
- d. conducting public health surveillance, public health investigations and public health interventions;
- e. at the direction of a public health authority, to an official of a foreign government agency acting in collaboration with a public health authority; or
- f. reporting child abuse or neglect.

9. Food and Drug Administration: HFD may disclose your protected health information to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for the purpose of activities related to the quality, safety or effectiveness of FDA regulated products.

10. Communicable Diseases. HFD may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

11. Employer. HFD may disclose your protected health information to your employer if, at the request of your employer, HFD is: (1) conducting an evaluation relating to medical surveillance relating to your workplace, or (2) evaluating whether you have a work-related illness or injury. HFD will notify you before your protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to your employer by providing you with written notice at the time HFD renders health care to you.

12. Abuse, Neglect or Domestic Violence. HFD may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect or domestic violence if HFD reasonably believes that you are a victim of abuse, neglect or domestic violence. Any such disclosure will be made (1) to the extent it is required by law, (2) to the extent that the disclosure is authorized by statute or regulation and HFD believes the disclosure is necessary to prevent serious harm to you or other potential victims, or (3) if you agree to the disclosure.

13. Health Oversight Activities. HFD may disclose your protected health information to a health oversight agency for any oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or compliance with applicable civil rights laws.

14. Judicial and Administrative Proceedings. HFD may, upon certain conditions, disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.

15. Law Enforcement Purposes. HFD may disclose your protected health information for law enforcement purposes to a law enforcement official:

- a. In compliance with a court order, a court-ordered warrant, a subpoena or summons issued by a judicial officer or an administrative request;
- b. In response to a request for information for the purposes of identifying or locating a suspect, fugitive, material witness or missing person;
- c. In response to a request about an individual that is suspected to be a victim of a crime, if, under limited circumstances, HFD is not able to obtain your consent;
- d. If the information relates to a death HFD believes may have resulted from criminal conduct;
- e. If the information constitutes evidence of criminal conduct that occurred on the premises of HFD; and

- f. In certain emergency circumstances, to alert law enforcement of the commission and nature of a crime, the location and victims of the crime and the identity, or description and location of the perpetrator of the crime.

16. Coroners, Medical Examiners and Funeral Directors. HFD may disclose your protected health information to a coroner or medical examiner for the purpose of identifying you, determining a cause of death or other duties authorized by law. HFD may disclose your protected health information to a funeral director, consistent with all applicable laws, in order to allow the funeral director to carry out his or her duties.

17. Organ and Tissue Donation. HFD may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating organ, eye and tissue donation and transplantation.

18. Medical Research. HFD may disclose your protected health information for research purposes, provided that an institutional review board authorized by law or a privacy board waives the authorization requirement and provided that the researcher makes certain representations regarding the use and protection of the protected health information to be disclosed.

19. Serious Threat to Health or Safety. HFD may disclose your protected health information, in a manner which is consistent with applicable laws, if the disclosure is necessary to prevent or lessen a serious threat to health or safety or the information is necessary to apprehend an individual.

20. Military and Veterans Activities. HFD may, if you are a member of the United States or foreign Armed Forces, disclose your protected health information for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

21. National Security and Protection of the President and Others. HFD may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law. Additionally, HFD may disclose your protected health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, or other people authorized by law and to conduct investigations authorized by law.

22. Inmates. HFD may disclose your protected health information to a correctional institution or a law enforcement official having lawful custody of you if the correctional institution or law enforcement official represents that the information is necessary to (1) provide health care to you; (2) the health and safety of other inmates; (3) the health and safety of the officers and employees of the correctional institution or the people responsible for transporting the inmates; (4)

law enforcement on the premises of the correctional institution; or (5) the administration and maintenance of the safety, security and good order at the correctional institution.

23. Workers' Compensation. HFD may disclose your protected health information as authorized by, and in compliance with, laws relating to workers' compensation and other similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

#### OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Any use or disclosure of your protected health information that is not listed above will be made only with your written authorization. You have the right to revoke your authorization at any time, except to the extent that HFD has already used or disclosed your protected health information in reliance on the authorization.

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Restriction of Use and Disclosure. You have the right to request that HFD restrict the protected health information HFD uses and discloses in carrying out treatment, payment and health care operations. You also have the right to request that HFD restrict the protected health information HFD discloses to a family member, other relative or any other person identified by you, which is relevant to such person's involvement in your treatment or payment for your treatment. HFD IS NOT OBLIGATED TO AGREE TO ANY RESTRICTION THAT YOU REQUEST. If HFD agrees to a restriction, however, HFD may only disclose your protected health information in accordance with that restriction, unless the information is needed to provide emergency health care to you.

If you wish to request a restriction on the use and disclosure of your protected health information, please send a written request to the Privacy Officer which specifically sets forth (1) whether you are restricting the use or the disclosure of your protected health information, (2) what protected health information you wish to restrict, and (3) to whom you wish the restrictions to apply (i.e., your spouse). HFD will not ask why you are requesting the restriction. The Privacy Officer will review your request and notify you whether or not HFD will agree to your requested restriction.

2. Confidential Communications. You have the right to request that you receive communications of your protected health information from HFD in alternative means or at alternative locations. HFD will accommodate all reasonable requests.

To request that HFD make communications of your protected health information by alternative means or at alternative locations, please send a written request to the Privacy Officer setting forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. HFD will not ask why you are making

such a request. When appropriate, HFD may condition the provision of a reasonable accommodation upon receiving information relating to how payment, if any, will be handled.

3. Access to Protected Health Information. You have the right to inspect and obtain a copy of your protected health information that HFD maintains in a designated record set, for so long as that protected health information is maintained in a designated record set. A “designated record set” is a group of records maintained by or for HFD which includes billing records and records used in whole or in part to make decisions about you. You do not have the right to inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or information that HFD is otherwise prohibited by law from disclosing.

If you wish to inspect or obtain a copy of your protected health information, please send a written request to the Privacy Officer. If you request a copy of your protected health information, HFD may charge a fee for the cost of copying and mailing the information, being seventy-five cents per page (See, Public Health Law §§ 17 & 18)

HFD may, for certain limited reasons, deny your request to inspect or obtain a copy of your protected health information. If HFD denies your request, you may be entitled to a review of that denial. If you are entitled to a review and you wish to have HFD’s decision reviewed, please contact the Privacy Officer. The Privacy Officer will designate a licensed health care professional to review your request. This reviewing health care professional will not have participated in the original decision to deny your request. HFD will comply with the decision of the reviewing health care professional.

4. Amending Protected Health Information. You have the right to request that HFD amend your protected health information in a designated record set for so long as that information exists in a designated record set. To request that an amendment be made to your protected health information, please send a written request to the Privacy Officer. Your written request must provide a reason that supports the requested amendment.

HFD may deny your request if it does not contain a reason that supports the requested amendment. Additionally, HFD may deny your request to have your protected health information amended if HFD determines that (1) the information was not created by HFD, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of a designated record set; (3) the information is not available for your inspection; or (4) the information is accurate and complete.

5. Accounting of Disclosures of Your Protected Health Information. You have the right to request a listing of certain disclosures of your protected health information made by HFD during the period of up to six (6) years prior to the date on which you make your request. Any accounting you request will not include (1) disclosures made to carry out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to an authorization given by you; (4) disclosures made to other people involved in your care or made for

notification purposes; (5) disclosures made for national security or intelligence purposes; (6) disclosures made to correctional institutions or law enforcement officials; or (7) disclosures made prior to April 14, 2003. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations set forth in applicable statutes and regulations.

To request an accounting of the disclosures of your protected health information made by HFD, please send a written request to the Privacy Officer. Your written request must set forth the format in which you want the accounting (i.e., hard copy, electronically) and the period for which you wish to receive an accounting. HFD will provide one free accounting during each twelve (12) month period. If you request additional accountings during the same twelve (12) month period, you will be charged for all costs HFD incurs in preparing and providing that accounting. HFD will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request in order to reduce or avoid the fee.

6. Obtaining a Copy of this Notice. You have the right to request and receive a paper copy of this Notice of Privacy Practices from HFD at any time.

#### COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with HFD or with the Secretary of Health and Human Services. To file a complaint with HFD, please contact Justin Krause at (631)475-2010 ext 210. All complaints must be submitted in writing. HFD WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.



