

## LOUISVILLE FIRE PROTECTION DISTRICT PRIVACY PRACTICES

Louisville Fire Protection District (LFPD) is required by federal law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI) and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This information is collected at the time we provide services to you or in the process of completing medical and legal documentation as a result of those services.

### USES AND DISCLOSURES OF PHI

Louisville Fire may use PHI for the purposes of treatment, payment and health care operations, in some cases without your written permission. Examples of the use of your PHI include the following:

**FOR TREATMENT:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment and may transfer your PHI via radio or telephone to the hospital or dispatch center.

**FOR PAYMENT:** This includes any activities we must undertake to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

**FOR 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, as well as other management functions.

### OTHER DISCLOSURES:

There are some instances that require disclosure of your PHI. These occur on a case by case basis and do not reflect practice for each patient. Each disclosure will be documented appropriately and is available to you if requested. We will not share your information for marketing purposes and we will not sell your information.

- ✓ To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal and/or written agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest;
- ✓ To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- ✓ For health oversight activities including audited or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contactors) by law to oversee the health care system;
- ✓ 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 purposes or with a law enforcement official;
- ✓ For military, national defense and security and other special government functions;
- ✓ 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.
- ✓ For research projects, but this will be subject to strict oversight and approvals.
- ✓ If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- ✓ We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are. Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

We may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose

those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

## **PATIENT RIGHTS**

### **THE RIGHT TO ACCESS, COPY OR INSPECT YOUR PHI**

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, please contact our administration office at 895 W. Via Appia.

### **THE RIGHT TO AMEND YOUR PHI**

You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, i.e. when we believe the information you have asked us to amend is incorrect. If we deny your request, we will provide you with a written explanation. We will not falsify or change factual statements regarding your condition or medical situation. If you wish to request that we amend the medical information that we have about you, please contact our administration office.

### **THE RIGHT TO REQUEST RECORDS OF HOW WE HAVE SHARED YOUR INFORMATION**

You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request a record of those who we did share information with, please contact our administration office.

### **THE RIGHT TO REQUEST THAT WE RESTRICT THE USES OF DISCLOSURE OF YOUR PHI.**

You have the right to request that we restrict how we use and disclose your medical information. Louisville Fire is not required to agree to any restrictions you request, but any restrictions agreed to by LFPD in writing are binding on LFPD.

### **OTHER RIGHTS**

You may choose someone to act for you. Please provide documentation that they may act on your behalf. You may file a complaint if you believe your privacy rights have been violated. You can file a complaint with the U.S. Department of Health and Human Services Office for 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/)

### **REVISIONS TO THE NOTICE**

Louisville Fire reserves the right to change the terms of this notice at any time. Changes will be effective immediately and will apply to all protected health information that we maintain.

### **YOUR LEGAL RIGHTS AND COMPLAINTS**



**Español**

You have the right to complain to us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint with us or to the government. Should you have any questions, comments, or complaints, you may direct inquiries to the contact below.

**CONTACT:** Louisville Fire Protection District, 895 W. Via Appia, Louisville, 80027, 303-666-6595. Effective date: Feb. 16, 2026.

