



Office of the Fire Department

**THIS NOTICE REQUIRES
NO ACTION ON YOUR PART**

**THIS IS AN INFORMATION
BULLETIN**

Elected Officials:

*Drew Boyles,
Mayor*

*Chris Pimentel,
Mayor Pro Tem*

*Carol Pirsztuk,
Council Member*

*Scot Nicol,
Council Member*

*Lance Giroux,
Council Member*

*Tracy Weaver,
City Clerk*

*Matthew Robinson,
City Treasurer*

Appointed Officials:

*Joe Lillio,
City Manager*

*Mark D. Hensley,
City Attorney*

Department Directors:

*Barbara Voss,
Deputy City Manager*

*Joseph Lillio,
Finance*

*Deena Lee,
Fire Chief*

*Rebecca Redyk,
Human Resources*

*Charles Mallory,
Information Systems*

*Vacant
Community Services*

*Michael Allen,
Development Services*

*Jaime Bermudez,
Police Chief*

*Elias Sassoon,
Public Works*

The El Segundo Fire Department recently responded to an emergency call requesting medical assistance for you. We are sending this informational notice as part of a federal privacy requirement. The federal government published regulations that create a national standard to protect individuals' medical records and other personal health information. These privacy regulations, part of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), are known as the "Privacy Rule" and went into effect

April 14, 2003. As part of these new requirements, we are required to send you the enclosed "Notice of Privacy Practices" that describes our responsibilities and your rights under these new regulations.

We have included answers to many of the questions you may have on the back of this letter. If you are interested in this regulation, information is available on the Department of Health & Human Services website: <http://www.hhs.gov/ocr/hipaa/>.

Sincerely,

El Segundo Fire Department
HIPAA Privacy Officer
314 Main Street
El Segundo, CA 90245
310-524-2395

Frequently Asked Questions

Q: Why are you sending this to me?

A: We are required by law to send this notice to you. It describes our responsibilities and your rights under federal regulations.

Q: Is there any way I can stop you from sending these to me?

A: We are required to send you this notice. You will be receiving similar notices from any other health care providers you may have; health plans which include both public and private care payers; and health care clearinghouses, which include billing companies.

Q: What should I do with this notice?

A: This communication does not require you to do anything. You may want to keep this notice with your medical or health records for future reference.

Q: How will the ways you handle my information change as a result of the law?

A: We will need to track how we use and disclose your information if not part of our payment or health care operations. We will also provide you with a greater ability to inspect and copy your records, amend your records, and have an accounting of whom we have disclosed information to.

Q: How often will I get this notice?

A: You will receive this "Notice of Privacy Practices" whenever an Emergency Medical Services report is generated by the El Segundo Fire Department.

Q: How can I get additional information about HIPAA and the new Privacy Rule regulations?

A: Information is available on the U.S. Department of Health and Human Services website at: <http://www.hhs.gov/ocr/hipaa/>.

Q: Whom should I contact if I think you are handling my information inappropriately?

A: You may complain to us if you think we have violated your privacy rights. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services

*You may receive multiple privacy notices from us.

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NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of the El Segundo Fire Department.

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.

This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your health information to carry out payment and health care operations, and for other purposes that are permitted or required by law. It also sets out our legal obligations concerning your protected health information. Additionally, this Notice describes your rights to access and control your protected health information.

Effective Date: April 14, 2003

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information. We are obligated to give you this Notice of our legal duties and privacy practices regarding health information about you. And we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effected for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe ways that we may use and disclose health information that identifies you (“Health Information”). Some of the categories include examples, but every type of use or disclosure of Health Information in a category is not listed. Except for the purposes described below, we will use and disclose Health Information only with your written permission. If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission at any time by sending your notice, in writing, to El Segundo Fire Department, Privacy Officer, 314 Main Street, El Segundo, CA 90245.

- **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services.
- **For Payment.** We may use and disclose Health Information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about your treatment so that they will pay for such treatment.

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- **For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

SPECIAL CIRCUMSTANCES

- **Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Organ and Tissue Donation.** 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 or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report reactions to medications or problems with products; notify people of recalls of products they may be using; and notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **National Security, Protective Services.** We may release Health Information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Avert a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, we may use and disclose Health Information when necessary to

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prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

YOUR RIGHTS

You have the following rights regarding Health Information we maintain about you:

- ***Right to Inspect and Copy.*** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. To inspect and copy this Health Information, you must make your request in writing. We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.
- ***Right to Amend.*** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing and should include the reason the amendment is necessary.
- ***Right to an Accounting of Disclosures.*** You have the right to request an accounting of certain disclosures of Health Information we made that are for reasons other than payment or health care operations. You may request an accounting by submitting your request in writing. Your request may be for disclosures made up to six (6) years before the date of your request, but in no event, for disclosures made before April 14, 2003.
- ***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. To request a restriction, you must make your request in writing. *We are not required to agree to any restriction that you may request.* If we agree, we will comply with your request unless we need to use the information to provide emergency treatment to you.
- ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing and your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To fulfill any of the above requests, send the description of your request to:

El Segundo Fire Department, Attention: Privacy Officer,

314 Main Street El Segundo, CA 90245

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. You may file a complaint with us by writing to El Segundo Fire Department, Attention: Privacy Officer, 314 Main Street, El Segundo, CA 90245.

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

You will not be penalized for filing a complaint with the Secretary or with us.

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