

**Privacy Officers' Contact Information**

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Company, Inc.**  
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**Effective Date of Notice:**  
**June 14, 2021**

CFD reserves the right to change the terms of this notice at any time. The changes will be effective immediately and will apply to all Protected Health Information that we maintain. Any material changes to the notice will be promptly posted in our Fire Station. You may get a copy of the latest version of this notice by contacting our Privacy Officers.

**Cridersville  
Volunteer Fire  
Company, Inc.**

***Mission Statement***

*The object of the organization shall be the preservation and protection of life and property from and during such Fires and Emergencies as may occur in the vicinity of Cridersville, Ohio, and to lend assistance to neighboring towns and communities when requested under contract or mutual aid agreements.*

**[cvillefd@bright.net](mailto:cvillefd@bright.net)**



**CRIDERSVILLE  
VOLUNTEER FIRE  
COMPANY, INC.**

**Protected Health Information  
Policies and Procedures**

In compliance with the **HIPAA** law, this notice describes how the Cridersville Volunteer Fire Company, Inc. (CFD) may use or disclose your Protected Health Information (PHI) and how you can get access to this information. Please review this notice carefully.

## **Uses and Disclosure of PHI**

The CFD may use PHI for the purpose of treatment and health care operations, in most cases without your written permission.

Examples of our use of your PHI:

### **FOR TREATMENT**

This disclosure and use 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, cell, or telephone to the hospital or dispatch center.

### **FOR HEALTH CARE OPERATIONS**

We may use PHI for 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 certain other management functions.

## **Use and Disclosure of PHI Without Your Authorization**

CFD is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by more stringent state law including:

- For the treatment or health care operations activities of another health care provider who treats you
- For health care and legal compliance activities
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a 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 interests
- 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 audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by

law to oversee the health care system

- For judicial and administrative proceedings as required by 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 responding to a warrant
- 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
- 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

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.

## **Patient Rights**

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

### **The right to access, copy, or inspect your PHI**

You may inspect and copy most of the medical information about you that we maintain. We normally provide you with access to this information within 30 days of your request. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI, and we will provide you a written response if we deny you access and let you know your appeal rights. You may also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact either Privacy Officer.

### **The right 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, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend medical information that we have about you, you should contact one of the Privacy Officers.

### **The right to request an accounting**

You may request an accounting from us of certain disclosures of your medical information that we may 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 purpose of treatment or health care operations (including any billing done on your behalf) or when we share your health information with our business associates, like a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you may have already given us written authorization. If you wish to request an accounting, contact either Privacy Officer

### **The right to request that we restrict the use and disclosure of your PHI**

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

### **Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice Upon Request**

If you request, we will forward this notice by electronic mail. Paper copies of this notice are available at the CFD Fire House

### **Your Legal Rights and Complaints**

You have the right to complain to us, or to the Secretary of the United States Department of Human Services if you believe your privacy rights have been violated. For QUESTIONS, COMMENTS, or COMPLAINTS please contact either Privacy Officer.