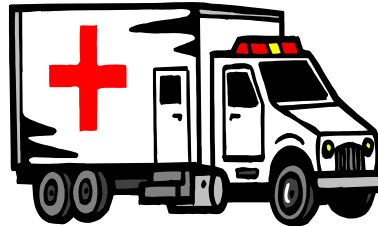
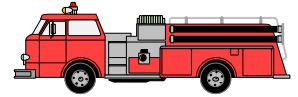




George C. Andrews
Chief of Fire Department

Town of Raynham
FIRE DEPARTMENT

37 Orchard Street, Raynham, MA 02767



Tel# (508) 824-2713
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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY
ACT OF 1996
NOTICE OF
PRIVACY
PRACTICES**

This notice describes how certain confidential health care information, known as Protected Health Information or PHI, about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

The Town of Raynham Fire Department Ambulance Service complies with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) regarding the security and confidentiality of confidential patient medical information. The following is your rights regarding the privacy of your healthcare information.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

We understand the medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive with the Raynham Fire Department. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Raynham Fire Department, whether made by the Raynham Fire Department or the associated facility you are carried to or from. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you.

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- * make sure that medical information that identifies you is kept private.
- * give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- * follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

FOR TREATMENT: We may use medical information about you to provide you with medical treatment and services. 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, nurses, technicians, medical students or other hospital personnel 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: We may use and disclose medical information about you so that treatment and services you receive from the Raynham Fire Department may be billed to and payment may be collected from you, an insurance company or a third party. This includes activities we must undertake in order to get reimbursed for the services we provide to you, such as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for ambulance 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 certain other management functions.

We may also combine medical information about many ambulance patients to decide what additional services the Raynham Fire Department should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other ambulance personnel for review and learning purposes. We may also combine medical information we have with medical information from other ambulance services to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT OF YOUR CARE: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH: For research projects, but this will be subject to strict oversight and approvals.

AS REQUIRED BY LAW: We will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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 donation and transplantation.

WORKER'S COMPENSATION: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, 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 & DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 medical information if asked to do so by a law enforcement official - in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the ambulance service; and 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.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: This may be necessary for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized federal officials for military, national defense and security and other special government functions.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be 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; (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY: 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. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. To request access to your PHI you must make your request in writing to the Privacy Officer 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, you should contact our Privacy Officer.

RIGHT TO REQUEST AN ACCOUNTING: You may request an accounting from us of certain disclosure 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 an accounting, contact our Privacy Officer.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request that we restrict how we use and disclose your medical information that we have about you. Raynham Fire Department is not required to agree to any restrictions you request, but any restrictions agreed to by Raynham Fire Department in writing are binding on Raynham Fire Department. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer.

INTERNET, ELECTRONIC MAIL, AND 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 agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, **www.town.raynham.ma.us** under the Fire Department section.

REVISIONS TO THIS NOTICE: Raynham Fire Department reserves the right to change the terms of this Notice at any time, and 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 facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

YOUR LEGAL RIGHTS AND COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the Raynham Fire Department or with the Secretary of the Department of Health and Human Services. To file a complaint with the Raynham Fire Department, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint with us or to the government.

PRIVACY OFFICER CONTACT INFORMATION

Name: Cindy Pillsbury
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Effective date of the Notice: APRIL 14, 2003