

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION, PLEASE REVIEW IT CAREFULLY.**

**Purpose of this notice:**

- A) To provide you with a notice of our legal duties and privacy practices with respect to your PHI.
- B) Notice describes your legal rights and advises you of our privacy practices.
- C) Lets you know how our department is permitted to use and disclose PHI about you.

**Uses and Disclosures of PHI:** We may use PHI for the purpose of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- 1. For Treatment
- 2. For Payment
- 3. Health Care Operations

**Use and Disclosure of PHI without your authorization:** We are permitted to use PHI without your permission, or opportunity to object in certain situations, including,

- a) In treating you and obtaining payment.
- b) For treatment of another health care provider.
- c) To another health care provider for payment activities.

- d) Activities related to compliance of the law, such as fraud and abuse detection.
- e) To a family member or relative involved in your health care.
- f) To a public health authority for reporting a death, birth, domestic violence or exposure to a communicable disease as required by law.
- g) Health oversight activities including audits to oversee the health care system.
- h) For judicial and administrative proceedings as required by law.
- i) For law enforcement activities.
- j) For military, national defense and security functions.
- k) To avert a serious health threat.
- l) For Workers' Compensation purposes.
- m) To coroners and medical examiners.
- n) To organizations that handle organ procurement, if you are a donor.
- o) With strict oversight, for research projects.
- p) We may 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.**

**Patient Rights:** As a patient, you have a number of rights with respect to the protection of your PHI, including:

- 1) Right to access, copy or inspect your PHI.
- 2) Right to amend your PHI.
- 3) Right to request an accounting of use and disclosure of your PHI.
- 4) Right to request that we restrict the uses and disclosures of your PHI.
- 5) Right to be notified of revisions to our Privacy Notice. Via – web site.
- 6) Right to voice complaints and obtain procedure to file complaints.

A full copy of our Privacy Notice is available to you through the Township web site at:

**[www.violet.oh.us](http://www.violet.oh.us)**

If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

If you have any questions, or if you wish to file a complaint or exercise any rights listed in this notice, please contact:

**Violet Township Fire Department**  
**8700 Refugee Road NW**  
**Pickerington, Ohio 43147**  
**Telephone – 614.837.4123**



**Notice effective date – March 4, 2010**

**VIOLET TOWNSHIP**  
**FIRE DEPARTMENT**  
**Notice of Privacy Practices**

The Violet Township Fire Department maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required to protect your information and provide you with this Notice of Privacy.

This notice outlines our responsibilities and privacy practices with respect to your PHI and also informs you how we are permitted to use and disclose PHI about you, how you can access and copy that information, how to request an amendment of the information and how you may restrict the use and disclosure of your PHI.

The Violet Township Fire Department is also required to abide by the terms of the Notice currently in effect. We may use the information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, as required to do so by law.

We respect your privacy, and treat all information about our patients with care under strict policies of confidentiality that all of our staff is committed to follow at all times.

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**PLEASE READ THE NOTICE, IF YOU HAVE ANY  
QUESTIONS ABOUT IT, PLEASE CONTACT  
OUR OFFICE AT 614.837.4123**