

City of NORFOLK

701 Koenigstein Ave
Norfolk, Nebraska
68701

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT COVER SHEET

**Please have the patient or personal representative (on behalf of the patient) complete this cover sheet
And file it in the patient's record along with protected health information**

I, _____ (print patient name), hereby acknowledge that I have received a paper copy of the Notice of Privacy Practices, with an effective date of April 14th, 2003. I understand that this Notice may be amended at a later date and any amended Notice will be posted at the City's web site at <http://ci.norfolk.ne.us>. I acknowledge and agree that if I have questions or concerns regarding amendments to the Notice of Privacy Practices given to me this day I will:

- Review the City's web site for any amendments to the Notice; or
- Request a paper copy of the amended Notice from the City of Norfolk.

Patient's Signature or Signature of
Personal Representative/Legal Guardian/
Parent of Minor

Date

City of Norfolk Staff Signature

Date

Note: If the patient will not or cannot sign City of Norfolk staff signs and dates the area below to indicate a good faith effort that failed to obtain written acknowledgment and file in the patient's record.

City of Norfolk Staff Signature

Date

CITY OF NORFOLK, 701 Koenigstein Avenue, Norfolk, Nebraska 68701

Effective Date: April 14, 2003

“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.”

What is a Notice of Privacy Practices?

This Notice is an explanation of the privacy practices adopted by the City of Norfolk accordance with the Health Insurance Portability and Accountability Act of 1996. It explains how we will treat any of your health information in our possession and your rights with regard to that information.

How does it benefit you?

The City of Norfolk is required to maintain the privacy of your personal health information and must give you this notice that describes our legal duties and privacy practices with regard to personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, with few exceptions, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. Some specific exceptions include finalized adoption and termination of parental rights, which require specific Court order for release in most cases. We must follow the privacy practices described in this notice.

Reservation of Right to Change Notice.

We reserve the right to change this notice of privacy practices and the privacy practices described. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

Uses and Disclosures: Written authorization not required.

Without a written authorization form signed by you, the City of Norfolk can use your health information for the following purposes:

1. **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.
2. **Payment.** This includes any activities we must undertake in order 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 example, in order for Medicaid/Medicare to pay for your health care treatment, the City of Norfolk receives your health information from direct treatment providers and transmits that information to the Department for Medicaid/Medicare Services.
3. **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 certain other management functions.
4. **To those involved with your care or payment of your care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, the City of Norfolk may release important information about you to those people. The information released to these people may include your location, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. You have the right to agree or disagree verbally or in writing to such a release, unless there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.
5. **As required or permitted by law.** Sometimes the City of Norfolk must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to disclose health information in a judicial or administrative proceeding, or to respond to a court order.
6. **For health oversight activities.** City of Norfolk may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
7. **For public health activities.** City of Norfolk may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include, but is not limited to, using your medical record to report certain diseases, injuries, birth or death information, or information related to child abuse or neglect.
8. **For research.** Under certain circumstances, and only after strict oversight, the City of Norfolk may use and disclose your health information for research. Such research might try to find out whether a certain treatment is effective in curing an illness.
9. **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, City of Norfolk may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
10. **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, City of Norfolk may release your health information to the proper authorities so they may carry out their duties under the law.
11. **For workers' compensation.** City of Norfolk may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

12. ***For activities related to death.*** City of Norfolk may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
13. ***For organ, eye or tissue donation.*** City of Norfolk may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes if you have chosen to be an organ donor as evidenced by written documentation.

Uses and Disclosures: Written Authorization Required.

Except for the situations listed above, City of Norfolk must obtain your specific written authorization for any other release of your health information.

Withdrawal of Written Authorization.

**If you sign an authorization form, you may withdraw your authorization at any time, subject to the limitations in 45 C.F.R. Part 164.508(b)(5), as long as your withdrawal is in writing. If you wish to withdraw your authorization, please sign and date the withdrawal, then submit your written withdrawal to the City of Norfolk, HIPAA Compliance Officer at the following address:
City of Norfolk, Attn: HIPAA Compliance Officer, 701 Koenigstein Ave., Norfolk, NE 68701**

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Fire Chief's Office, HIPAA Compliance Officer. Specifically, you have the right to:

1. ***Inspect and copy your health information.*** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes, finalized adoption, termination of parental rights or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. ***Request to correct your health information.*** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. ***Request restrictions on certain uses and disclosures.*** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restrictions. If you request a restriction and we agree to it, such restriction will remain in effect until (a) you request a termination of the restriction in writing, (b) you orally agree to the termination and that oral agreement is documented, or (c) we inform you that we are terminating the restriction (Only protected health information received after the date of this notification is not subject to the restriction.).
4. ***As applicable, receive confidential communication of health information.*** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
5. ***Receive a record of disclosures of your health information.*** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30 day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list incidental disclosures, disclosures made pursuant to an authorization, disclosures made to you, or disclosures made for purposes of treatment, payment, health care operations, directories, national security, law enforcement/corrections, and certain health oversight activities.
6. ***Obtain a paper copy of this notice.*** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. ***Complain.*** If you believe your privacy rights have been violated, you may file a complaint with us and with the Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the Fire Chief's Office, HIPAA Compliance Officer, who will provide you with the necessary assistance and paperwork.

Questions or Concerns.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the HIPAA Compliance Officer at (402) 844-2050. You may send any written correspondence to the:

City of Norfolk, Attn: HIPAA Compliance Officer, 701 Koenigstein Ave., Norfolk, NE 68701