

Brighton Area Fire Authority

Notice of Privacy Practices

Brighton Area Fire Authority is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your protected health information ("PHI") We are also required by law to provide you with this Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW CAREFULLY.**

Our Pledge Regarding Medical Information

We understand that your medical information is personal. We are committed to protecting it. This Notice applies to all of the health records generated by Brighton Area Fire Authority in the course of responding to and caring for you during a medical emergency or transport. We are required by law to:

- Maintain the privacy of your health information
 - Provide you with this Notice of our legal duties and privacy practices
 - Abide by the terms of the Notice currently in effect
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Uses and Disclosures for Treatment, Payment, and Healthcare Operations

Brighton Area Fire Authority may use or disclose your PHI without your authorization for the following purposes:

For Treatment

We may use your health information to provide medical treatment or services. For example, we may share information with hospitals, doctors, nurses, or other health care professionals involved in your care.

For Payment

We may use and disclose your health information to bill and collect payment from you, your insurance company, or a third-party billing company for the services we provide to you.

For Health Care Operations

We may use your information for quality assurance, reviewing our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your PHI to another healthcare provider (such as the hospital to which you were transported) for the operations activities of the entity receiving the information that has or has had a relationship with you and the PHI pertains to that relationship.

Other Uses and Disclosure of Your PHI We Can Make Without Authorization

For Public Health and Safety

We may disclose your health information to:

- Prevent or control disease, injury, or disability
- Report abuse, neglect, or domestic violence
- Notify appropriate government authorities of certain events (e.g., deaths, communicable diseases)

Health Oversight Activities

We may disclose your health information to agencies authorized to perform health oversight activities. These activities may include audits, investigations, inspections and licensure. These activities are necessary to monitor government benefit programs such as Medicaid and Medicare and compliance with Civil rights laws.

For Legal Proceedings

We may disclose information in response to a court or administrative order, subpoena, or other lawful process.

For Law Enforcement

We may disclose information if asked to do so by a law enforcement official in certain circumstances (e.g., to locate a suspect or report a crime).

To Medical Examiners, Coroners, and Funeral Directors

To identify a deceased person or determine the cause of death.

To a Family Member, Close Friend and Other Caregivers

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 instances where we are unable to obtain your agreement but reasonably infer that you do not object to the disclosure and believe the disclosure is in your best interests.

For Workers' Compensation

To comply with laws relating to workers' compensation or similar programs.

Organ Donor

We may release health information to organizations that handle organ procurement or as necessary to facilitate organ donation and transplantation.

As Required By Law

We will disclose your information when required to do so by federal, state, or local law.

Use and Disclosure of PHI With Your Authorization:

Other uses or disclosures of your PHI not described above will only be made with your written authorization.

Your Rights Regarding Your Medical Information

Right to access, copy, or inspect your PHI

You have the right to inspect and obtain a paper or electronic copy of your Private Health Information. You also have the right to request that we transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to the Fire Chief.

Right to Request an Amendment of your PHI

If you believe the medical information we have is incorrect or incomplete, you may request a correction. Requests for amendments should be made in writing to the Fire Chief.

Right to Request Restrictions on Uses and Disclosures of your PHI

You may ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree, but we will try to accommodate reasonable requests.

Request to Request Confidential Communications

You may ask that we contact you in a specific way or send mail to a different address. If you wish to make this request contact the Fire Chief and make the request in writing.

Right to Request an Accounting of Certain Disclosures

You may request an accounting of certain disclosures of your PHI. Brighton Area Fire Authority will provide an accounting of those disclosures that we are required to account for under HIPAA. (Information shared for purposes other than treatment, payment, or operations)

Right to be Notified of a Breach

You have the right to be notified in the event that Brighton Area Fire Authority discovers a breach of unsecured PHI.

Internet, Email and the Right to Obtain a Copy of Paper Notice

If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will provide our Notice of Privacy Practices to you electronically instead of paper. You may always request a paper copy of our Notice.

Revisions to the Notice

Brighton Area Fire Authority reserves the right to change this Notice at any time. The latest version of this Notice will apply to all medical information we maintain and will be available on our website. You may get a paper copy of the latest version of this Notice by contacting the Fire Chief.

Your Legal Rights and Complaints

You also have the right to complain to us, or to the U.S. Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you have any questions, file a complaint or exercise any rights listed in this Notice, please contact:

Fire Chief Michael O'Brian
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810.229.6640
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Effective Date of this Notice: May 16, 2025