

**Dayton Fire Department
Notice of Privacy Practices**

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.

Dayton Fire Department is required by law to maintain the privacy of certain health care information, known as Protected Health Information, or PHI, and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

Your Rights

When it comes to your health information, you have certain rights. **You have the right to:**

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. (We may charge a reasonable, cost-based fee to do so.)

Correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information if you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you - If someone has authority to act as your personal representative, such as someone who has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has such authority and can act for you before we take any action.

File a complaint if you feel your rights are violated - You can complain if you feel we have violated your rights by contacting our Health Insurance Portability and Accountability Act (HIPAA) Compliance Officer using the information at the end of this notice.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or involved in payment for your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your information unless you give us written permission for any of the following:

- Marketing purposes
- Sale of your information
- Sharing mental health-related notes, in most circumstances

If we have substance use disorder patient records, we will follow the 42 CFR part 2 regarding their confidentiality.

Our Uses and Disclosures of Your PHI

Dayton Fire Department may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

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.

Payment. This includes any activities we must undertake to get reimbursed for the services that we provide to you, including such things as submitting bills to insurance companies, performing medical necessity determinations and collecting outstanding accounts.

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.

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

Dayton Fire Department is also permitted or required to use or disclose your PHI in other ways - usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent, or without a court order and a subpoena.

We can share PHI for the following reasons:

- To help with public health and safety issues, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- To do health research
- If state or federal laws require it
- To respond to organ and tissue donation requests
- To work with a medical examiner or funeral director
- To address workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal actions

We are Required:

- By law to maintain the privacy and security of your PHI
- To let you know promptly if a breach may have compromised the privacy or security of your PHI
- To follow the duties and privacy practices in this notice and give you a copy of it when you request it
- Not to use or share your PHI other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Dayton Fire Department HIPAA Compliance Officer Contact Information:

**HIPAA Compliance Officer
Dayton Fire Department
300 N Main St
Dayton, Ohio 45402
(937) 333-4500**

Effective Date of Notice: March 18, 2026