

**Goodyear Fire Department**  
Fire Administration  
14455 W. Van Buren Street, Suite E102  
Phone: 623-932-2300  
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## **HIPAA Notice of Privacy Practices (NPP)**

**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.**

This Notice of Privacy Practices (NPP) describes how we may use and disclose your “Protected Health Information” (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **1. Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health Information**

Your PHI may be used and disclosed by your ambulance attendants, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the ambulance operation, and any other use required by law.

**Treatment:** We can use your PHI for treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). For example, we may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record we create in the course of providing you with treatment and transport.

**Payment:** We may use and disclose your PHI to get reimbursed for the services that we provide to you. This includes such things as submitting bills to insurance companies (either directly or through a third-party billing company), managing billed claims and collecting outstanding accounts. We may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of the ambulance services. These activities include, but are not limited to, quality assessment activities, employee review activities, training of ambulance attendants, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that train with our employees.

We may use or disclose your protected health information in the following situations without your authorization. These situations include as required by law, public health issues as required by law, communicable disease health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, Coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers’ compensation, inmates.

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization,** at any time, in writing, except to the extent that an ambulance attendant or another of our employees have taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that

any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this NPP.

However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we do not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact our Privacy Officer and make a request in writing.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively i.e., electronically.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw your consent as provided in this notice.

**Complaints:**

You may submit a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by notifying our privacy contact of your complaint. **We will not and do not retaliate against people for filing a complaint.**

**If you have any questions or if you wish to file a complaint or exercise any rights listed in this NPP, please contact our Privacy Officer.**

HIPAA Compliance Officer  
Goodyear Fire Department  
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Goodyear, AZ 85338  
623-932-2300  
[gyfire@goodyearaz.gov](mailto:gyfire@goodyearaz.gov)

This notice was published and becomes effective on or before **March 10, 2023**.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is an acknowledgement that you have received this Notice of our Privacy Practices.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_