

CITY OF PHILADELPHIA  
MANAGING DIRECTOR'S OFFICE



DEPARTMENT OF PUBLIC HEALTH  
FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES UNIT

## NOTICE OF PRIVACY PRACTICES

### ACKNOWLEDGEMENT OF RECEIPT

I agree that I have been given a copy of the City of Philadelphia's Notice of Privacy Policies.

\_\_\_\_\_  
Print Client's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Legal guardian or personal representative

\_\_\_\_\_  
Relationship

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**Staff Only**

Please have this page signed by the patient, remove the acknowledgement and file it in the patient's medical file.

Notice offered/acknowledgement refused \_\_\_\_\_  
Staff Initials

Reason for refusal if known \_\_\_\_\_

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## 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.**

The mission of the City of Philadelphia Departments of Public Health and Fire Emergency Medical Services is to protect the public by providing efficient and effective health and emergency medical services. Your health information is private. Keeping the privacy of your health information is important to us. This notice describes how we may use your personal health information, what your rights are, and what our responsibilities are.

In this document City means the Department of Public Health and Fire Department Emergency Medical Services only.

### **REASONS THAT YOUR PROTECTED HEALTH INFORMATION MAY USED AND DISCLOSED**

- **For Treatment.** The City is allowed to use and disclose your protected health information in order to treat you. For example, doctors, nurses, medical technicians and other staff may discuss your case with other health care providers in order to treat you.
- **For Payment.** The City is allowed to use and disclose your protected health information in order to get payment for your treatment. For example, the City may disclose the type of treatment provided to you in order to get payment from an insurance company. Your information may also be shared with other government programs such as Medicaid and Medicare to coordinate benefits.
- **For Health Care Operations.** The City is allowed to use and disclose your protected health information in order to continue its health care operations. For example, your information may be used or disclosed by a nurse to social worker for case management purposes and care coordination with other providers of service who may be involved in your case. Your information may be used to review and evaluate our performance in providing services.
- **Appointment Reminders.** The City may use your protected health information to contact you to remind you about your appointments, to give you information on treatment alternatives and to provide you with information on other health related benefits and services.
- **Business Associates.** There are some services provided by the City through contracts with businesses. Examples include health care providers and consultants. When these services are agreed upon, we may share your health information with these businesses so that they can perform the job we have asked them to do. To protect your health information we require the business associates to keep your information private.

- **Research.** Any anyone that would like to use personal health information to conduct research studies must approval of the institutional review board unless restricted by other federal and state laws. Only after approval the City may disclose information.
- **The County Administrator.** The City is permitted to share your personal health information with the County Administrator, who is responsible for overseeing mental health services and must receive information regarding the City's mental health operations as required in certain circumstances as permitted by law.
- **Commitment proceedings.** During the course of an involuntary commitment proceeding, the judge may direct that the court, or a mental health review officer, as allowed under the Mental Health Procedures Act, have access to your personal health information for purposes of conducting the hearing. If you are the subject of an involuntary commitment proceeding, information will be shared with attorneys assigned to represent you.
- **Food and Drug Administration (FDA).** The City may disclose health information to the FDA about problems with food, supplements, product and product defects, or post marketing surveillance information to so that the FDA may call for product recalls, repairs, or replacements.
- **Workers compensation.** The City may disclose health information as authorized by law to comply with laws relating to workers compensation or other similar programs established by law.
- **Public health.** As required by law, the City may disclose your health information without your consent to public health or legal authorities whose job is preventing or controlling disease, injury, or disability.
- **Correctional institutions.** Should you be an inmate of a correctional institution, the City may share your health information with the health care professionals at the institution so you can continue your health treatment.
- **Victims of Abuse.** The City may disclose the protected health information of anyone we reasonably believe that that is a victim of abuse, neglect, or domestic violence to the appropriate authorities when authorized by law.
- **Health oversight activities.** The City may disclose your protected information to a health oversight agency when necessary for the oversight of the health care system, government benefit programs, and to determine compliance with civil rights laws.
- **Judicial and Administrative proceedings.** The City may disclose protected health information in response to a court order, subpoena or other lawful request.
- **Law Enforcement.** In certain circumstances the City may disclose protected health information to law enforcement officials.
- **Decedents.** Your health information may be used and disclosed to coroners, medical examiners, and funeral directors if it is needed to carry out their duties.

- **Military.** The City may use and disclose protected health information to the appropriate authorities for military and veterans activities.
- **Reports.** Federal law allows your health information to be given to an appropriate health oversight agency, public health authority or attorney, provided that a employee or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially hurting individuals, workers or the public.
- **Required by Law.** The City may use or disclose your protected health information for purposes required by law.

**When the situation is not an emergency and you have not objected, the City may disclose your protected health information**

- to a relative or someone who you have agreed is involved in your care or health care payment;
- to notify or assist in notifying a family member or personal representative, of your location and general condition;
- to legally authorized disaster relief agencies to coordinate with such agencies.

**Authorizations.** Other uses and disclosures of your personal health information will be made only with your authorization. You have a right to change your mind at any time in writing before we have shared your information.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

- You have the right to
  - receive private communications of protected health information;
  - look at and copy your protected health information;
  - amend your protected health information;
  - know in certain circumstances who has your protected health information;
  - receive a paper copy of this notice upon request;
  - ask that your protected health information not be shared in certain circumstances. The City is not legally required to agree to your request.

**THE CITY'S DUTIES**

- The City is required by federal and/or state law to
  - keep your protected health information private;
  - notify you of its legal duties and privacy practices involving protected health information; and
  - follow the terms of the notice currently in effect (this notice).
  - The City reserves the right to make changes to this notice and to apply the changes to all protected health information that the City currently has now or in the future. You will be notified of changes to this notice.

## **QUESTIONS & COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the City by contacting the City's Privacy Officer and with the Secretary of Health and Human Services. It is safe to file a complaint. No one may hold it against you.

City Privacy Officer  
City of Philadelphia  
Managing Director's Office  
1401 J.F.K. Blvd, 14<sup>th</sup> Fl  
Philadelphia, PA 19102  
Ph: (215) 686-3484

Secretary of Health and Human Services  
Region III, Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441. Hotline (800) 368-1019.  
FAX (215) 861-4431. TDD (215) 861-4440.  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

For copies of this notice or questions about the City's privacy policy as it relates to protected health information, please contact the City's Privacy Officer as indicated above. A copy of this notice can be found on the Internet at [www.phila.gov](http://www.phila.gov)