



Timbrook Public Safety Center
 231 East Piccadilly Street, Ste. 330
 Winchester, VA 22601

Telephone: (540) 662-2298
 FAX: (540) 542-1318
 Website: www.winchesterva.gov

RIDE-A-LONG PROGRAM

AUTHORIZATION FORM

I, _____ on behalf of myself, my heirs, successors and assigns do hereby release the City of Winchester and the _____ Fire/Rescue Company **and the agents, officers and employees of each** of all responsibility relating to any and all injuries and accidents which I may be involved in while being on Fire and Rescue Company or City property and/or while being engaged in an authorized ride along program of the Winchester Fire & Rescue Department from _____ to _____, 20____.

I - Personal Information (All Individuals)

Name (Printed or Typed) _____		Date of Birth _____	Telephone # _____
Address _____	City _____	State _____	Zip _____
Driver License # _____	Signature _____		Date _____
Emergency Contact (Name) _____		Emergency Contact Telephone # _____	

II - Professional Information

Current Fire & Rescue Affiliation _____	Fire Company/Department _____
Company Telephone # _____	Fire Chief _____ Name
Course Enrolled _____	Location _____
Instructor _____	Name



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**WINCHESTER FIRE & RESCUE
Ride-A-Long HIPAA ACKNOWLEDGMENT:**

Under the Health Insurance Portability and Accountability Act of 1996, as amended "HIPAA", the patient has certain rights with respect to protected health information "PHI" held by the Winchester Fire & Rescue Department. Health and Human Services require that these rights be written in a HIPAA policies and procedure Manual.

All personnel participating in the ride-a-long program of the WFRD shall receive and read the Department's Notice of Privacy Practices pertaining to HIPAA. These guidelines will assist in familiarizing all ride-a-long personnel regarding HIPAA policy. All personnel are required to understand these policies to establish a safe guard for use of the patient PHI information.

I _____ have received my copy of the HIPAA Compliant Notice of Privacy Practices Brochure.

1. It is my responsibility to read and understand the HIPAA Notice of Privacy Practices.
2. It is my responsibility to maintain patient confidentiality as required by state, federal and local laws.
3. It is my responsibility to abide by this Notice of Privacy Practices, failure to do so will result in suspension of ride-a-long privileges.

I understand and acknowledge that the WFRD has the right, without prior notice, to modify, or amend any guidelines or requirements imposed by The Health and Human Services.

Signature: _____ Dated: _____



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.

I. Purpose of this Notice:

Winchester Fire and Rescue Department (WFRD) is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect the privacy of healthcare information obtained when treating you and to provide you with a notice of privacy practices concerning the use of such information shortly following the time of service. Accordingly, this notice describes how and when our agency can use and disclose your healthcare information along with describing your legal rights pertaining to the use and disclosure of such information. This notice also provides contact information for question and for obtaining further assistance if you need more help. If you were provided this notice by emergency personnel who responded to assist you, a signature form requesting your acknowledgement of receiving this notice should be included with this pamphlet. Please sign and return the acknowledgement form to an ambulance crew member indicating you received this information. Our agency is required to abide by the terms of this notice as long as it is in effect. WFRD reserves the right to change the terms of this notice and apply such changes to all protected health information that we maintain. A copy of our current (or revised) privacy policy is available at our business office or on our website.

II. General Use of Healthcare Information:

Protected Health Information or PHI is medical information obtained by emergency personnel during patient assessment and treatment or similar information provided to us. This notice describes your legal rights, advises you of our privacy practices, and lets you know how WFRD is permitted to use and disclose PHI about you. Such information includes verbal, written or electronically recorded data that can be individually identified by name, social security number or other means of personal identification.

III. Uses and Disclosures of PHI:

WFRD is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are situations where we may use it only after we obtain your written authorization, if we are required to do so. WFRD may use PHI for the purpose of treatment, payment, and health care operations, in most cases without your written permission. Following are examples of our use of your PHI.

a) For treatment:

This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and 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). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer for your PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

b) For payment:

This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, making medical necessity determinations and reviews, utilization review, and collecting outstanding accounts.

c) For 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, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

d) Use and Disclosure of PHI without Your Authorization:

WFRD is permitted to use PHI without your written authorization, or opportunity to object, in certain situations,

and unless prohibited by a more stringent state law, including:

- For WFRD use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care 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. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by your ambulance crew;
- To a public health authority in certain situations such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial

actions undertaken by the government (or their contractors) by law to oversee the health care system;

- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena, discovery request, or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, subject to strict oversight and approvals. Health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it.) You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

IV. Patient Rights:

As a patient, you have a number of rights with respect to your PHI, including:

a) The right to access, copy, or inspect your PHI: This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this

information within 30 days of your request. We may also charge you a reasonable fee for the copies of the medical information that you have requested. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. To assure your records are discussed and disclosed only to the proper person (you or your legally authorized representative), we normally require you to appear in person at our office to access or discuss your medical information. However, we will honor reasonable requests by you to receive communications about your medical information by alternative means or at alternative locations. If you wish to inspect and copy your medical information, you should contact our Privacy Officer, whose address and phone number is listed at the end of this Notice.

b) The right to amend your PHI:

You have the right to ask us to amend written medical information that we may have about you if you think it is inaccurate or incomplete. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, such as we believe the information you have asked us to amend is correct and complete. If you wish to request that we amend the medical information that we have about you, you should contact our Privacy Officer listed at the end of this Notice.

c) The right to request accountability for the use and disclosure of your PHI:

You may request the accountability of your PHI for purposes other than treatment, payment, healthcare operations or reasons previously authorized by you. In certain circumstances we can deny your request but generally you will be notified of such disclosures.

d) The right to request that we restrict the uses and disclosures of your PHI:

You have the right to request that we restrict how we use and disclose the medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health

care provider to provide you with emergency treatment. WFRD is not required to agree to any restrictions you request, but any restrictions agreed to by WFRD in writing are binding on WFRD.

e) Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request:

If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

f) Revisions to the Notice:

WFRD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer listed at the end of this Notice.

g) Your Legal Rights and Complaints:

You also have the right to complain to us and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. Should you have any questions, comments, or complaints you may direct all inquiries to our Privacy Officer listed at the end of this Notice.

Privacy Officer Contact Information

Privacy Officer
Winchester Fire and Rescue
P.O. Box 2998
Winchester, Virginia 22604
540-662-2298

Effective Date of the Notice:

July 1, 2006

