

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE LA PINE RURAL FIRE PROTECTION DISTRICT. IT ALSO TELLS YOU HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

The federal HIPPA law says we must keep private facts about your health. It also says we must give you notice. Here are the rules that we must follow to keep private the facts about your health. Any material changes to this notice will be promptly posted in our facilities and on our web site.

**Effective Date: November 1, 2014**

La Pine Rural Fire Protection District

51590 Huntington Road  
La Pine, Oregon 97739

PO Box 10  
La Pine, Oregon 97739

Phone: 541-536-2935  
Fax: 541-536-2627  
Website: [lapinefire.org](http://lapinefire.org)

**LA PINE FIRE DISTRICT**



**HIPPA PRIVACY NOTICE**

*PRIDE SERVICE  
DEDICATION*

## YOUR INFORMATION & RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get a copy of your health and claim records:

- You can ask to see or get a copy of your health and claims records
- We will provide a copy or summary of health records, usually within 30 days of request. We may charge a reasonable printing fee.
- Photo Identification is required at time of request.

### Ask us to correct health and claims records:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete through a written request.
- We may say “no” to your request, but will 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 or office phone) or send mail to different address.
- We will consider all reasonable requests.

### Get a list of those with whom we've shared information :

- You can ask for a list of the individuals and times we have shared your health information through a written request.
- We will not include disclosures for treatment, billing and operations.

### Choose someone to act for you:

- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information with proper identification.
- We will verify the person has the authority and can act for you before we take any action.

### Right to notice of a breach of unsecured protected health information:

- If a breach is discovered we will notify you by first class mail dispatched to the most recent address we have on file for you.

### File Complaint if you feel your rights are violated:

- You may complain if you feel we have violated your rights by contacting us directly, or
- You can file a complaint with our office or through the U.S. Department of Health Services Office of Civil Rights, 200 Independence Avenue S.W. Washington D.C. 20201, calling 1-877-696-6775.
- We will not retaliate against any individual filing complaints
- All questions and correspondence should be directed to La Pine Fire District HIPPA Compliance Officer.

For certain health information, you can tell us your choices about what we share. All requests must be submitted in writing and provide what facts you do not want shared, and who you do not want us to share those facts with.

- There may be times we cannot agree to the request.

How do we typically use or share your health information?

- Help manage your health care treatment by sharing with professionals that are treating you .
- Run our organization
- Seek payment for health services

Without prior consent, La Pine Fire may also share the following private health information, as provided by law:

- Help with public health and safety issues
- Do Research
- Comply with State and Federal laws; respond to court, administrative, and orders for subpoena.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers compensation law enforcement, and other government requests.

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