



10420 N. Jordanelle Blvd. Heber City, UT 84032
435-940-9636

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. Wasatch Fire District may use or disclose your PHI (Protected Health Information) without your authorization in some of the following instances.

Uses and Disclosures for Treatment, Payment, and Healthcare Options- your PHI may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. We may use and disclose your PHI to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. Your PHI may also be used as necessary to support the day-to-day activities and management of Wasatch Fire District such as quality assurance activities and licensing.

Public Health Reporting- Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to report abuse, and to facilitate law-enforcement investigations. Your PHI can be disclosed to comply with government-mandated reporting, and it may be disclosed to public health agencies (reporting a birth, death or disease) as required by law.

Other uses and Disclosures- Disclosures of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Your rights regarding your PHI:

- The right to access, copy and inspect your PHI
- The right to request restrictions on the use and disclosure of your PHI.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to request an amendment or submit corrections to your protected health information.
- The right to receive an accounting of disclosures of your PHI.
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. Wasatch Fire District is required to abide by the terms listed in this version of the notice that is currently in effect.

You may obtain a form to request access to your records by contacting the Wasatch Fire District at 435-940-9636. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. If you would like to submit a comment or complaint about our privacy practices or if you believe that your privacy rights have been violated, you can do so by contacting the Wasatch Fire District. You will not be penalized or otherwise retaliated against for filing a complaint. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing.