



NOTICE OF PRIVACY PRACTICES

CONTACT INFORMATION

City of Los Angeles Fire Department Ambulance Services
200 North Main Street, Room 1620
Los Angeles, CA 90012
Phone: (888) 772-3203

Privacy Officer, Risk Management Section
Los Angeles Fire Department
201 N. Figueroa Street, Rm. 1250
Los Angeles, CA 90012
Phone: (213) 482-6933 Fax: (213) 202-3417

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE OF PRIVACY PRACTICE ("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.

YOUR 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 an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- You can ask us to provide the information in the form and format you request (for example, paper or an electronic format), if it is readily producible that way. If it is not readily producible in the requested form and format, we will work with you to agree on a readable alternative.
- You can also ask us to send a copy of your records directly to another person or entity you choose (for example, another provider), if your request is in writing, signed by you, and clearly identifies where to send the records.
- We will act on your request no later than 30 days after we receive it. If we need more time, we may take one additional 30-day extension, but we will tell you in writing why and when you will receive a response.
- We may charge a reasonable, cost-based fee for copies (and for mailing, if you request mailing). This fee will not include costs for searching for or retrieving your information.
- Under certain limited circumstances permitted by law, the Fire Department may deny access to some or all of the requested information. If we deny your request, we will give you a written explanation and, when applicable, information about how you can request review of the denial.

Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We will act on your request within 60 days of receiving it. If we need more time, we may take one additional 30-day extension, but we will tell you in writing why and when you will receive a response.
- We may deny your request in certain circumstances. If we deny your request, we will tell you why in writing and explain your options, which may include submitting a written statement of disagreement.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will accommodate all reasonable requests. We may ask you to provide information about how payment will be handled, if applicable.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may deny it.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information about that service or item with your health plan for the purpose of payment or health care operations. We will agree to your request unless a law requires us to share that information.

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

- You can ask for an accounting of certain disclosures of your health information made in the six years prior to the date you ask (or for a shorter time period if you request one).
- The accounting will not include disclosures for treatment, payment, and health care operations, and certain other disclosures (such as disclosures you asked us to make, disclosures made pursuant to your written authorization, and other disclosures not required to be included under the law).
- We will act on your request within 60 days. If we need more time, we may take one additional 30-day extension, but we will tell you in writing why and when you will receive a response.
- We will provide one accounting in a 12-month period at no charge. We may charge a reasonable, cost-based fee for additional accountings within the same 12-month period, and we will inform you of the fee in advance so you may withdraw or modify your request.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- This notice is also available electronically through the Fire Department website at www.lafd.org.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, or if someone is otherwise authorized by law to act for you as your personal representative, that person may exercise your rights and make choices about your health information.
- We will ask for documentation (as appropriate) before we take action to confirm the person's authority to act for you.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information listed in this Notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR), including through the OCR Complaint Portal, or by mail. In most cases, complaints should be filed within

within 180 days of when you knew that the act or omission occurred; OCR may extend this time limit for good cause.

- HHS Headquarters mailing address: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions to the extent allowed by law.

In these situations, you have both the right and choice to tell us to:

- Share information with your family members, relatives, close friends, or others you identify who are involved in your care or in payment for your care (but only the information directly relevant to their involvement).
- Share information with a public or private entity authorized to assist in disaster relief efforts, so it can help coordinate notifying your family or others about your location, general condition, or death.
- Assist in notifying a family member, personal representative, or another person you identify who is involved in your care of your location, general condition, or death when permitted by law and consistent with our verification procedures. To protect privacy and safety, we may decline to confirm your location or transport destination in response to unsolicited inquiries if we cannot verify the caller's identity or authority or your preference.

If you are not able to tell us your preference (for example, if you are unconscious), we may, in the exercise of professional judgment, share limited information that is directly relevant to a person's involvement in your care or payment for your care, or assist in notifying a person responsible for your care, as permitted by law. However, to protect privacy and safety, we generally do not confirm whether a person received services or disclose a transport destination in response to unsolicited inquiries unless you have identified the person and we can reasonably verify the caller's identity and authority (for example, as your personal representative). When appropriate, we may instead take contact information and, if feasible, help facilitate communication through the patient or the receiving facility.

Other uses and disclosures (Authorization)

Other uses and disclosures not described in this notice will be made only with your written authorization, and you may revoke your authorization at any time in writing, except to the extent we have already acted based on your authorization.

Pursuant to an authorization, the LAFD may not further disclose your medical information, except in accordance with a new authorization or as required by law (Cal. Civil Code §56.13). You may revoke your authorization at any time, except to the extent that the Fire Department has already used and disclosed your information pursuant to the authorization.

In these cases, we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

- Most sharing of psychotherapy notes

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you. Additionally, the Los Angeles Fire Department is in an "Organized Health Care Arrangement" ("OHCA") with the Los Angeles County Health Agency ("Health Agency") and, as such, may share your health information with "Health Agency" in order to facilitate the continuity of your care.

Example: Fire Department personnel may share your health information with other health care personnel who receive the transfer of your care and treatment, including providing health information via radio or telephone to the hospital or dispatch center.

Run our organization

We can use and share your health information for our health care operations, including for quality assurance activities, licensing, training programs to ensure our personnel meet standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes. We can also use and share your health information to improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services, such as providing information by radio or telephone to health care personnel who will take over your care and treatment upon transfer, and to conduct training programs in which students, trainees or LAFD members under supervision practice and improve their skills as health care providers.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

SUD Treatment Information (42 C.F.R. Part 2).

We may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights,

restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: April 10, 2003

Revised: February 16, 2026