



FIRE DEPARTMENT

April 14, 2003

We are committed to preserving the privacy of certain confidential health care information, known as **Protected Health Information or PHI**. The law requires us to protect the privacy of your medical information and to abide by the terms of this Notice.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

As our patient, you have important rights relating to inspecting and copying your medical information, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

The Burbank Fire Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission or opportunity to object, and unless prohibited by state law.

The Burbank Fire Department reserves the right to change the terms of the Notice of Privacy Practices (NPP) at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the NPP will be promptly posted in our facilities and posted on our website.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. You have the right to receive a copy of our most current NPP. If you have not yet reserved a copy of our current NPP, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the NPP or your medical information, please contact our Privacy Officer.

**Privacy Officer
Burbank Fire Department
311 E. Orange Grove Avenue
Burbank, CA 91502
(818) 238 - 3473**

You may review the Burbank Fire Department's "Notice Of Privacy Practices" for additional information about the uses and disclosures of information. Please verify that you have received a copy of this Notice by acknowledging below:

Patient Signature: _____

Date: _____

Print Name: _____

Acknowledgement not obtained due to: _____

Initial: _____