

Henderson Fire Department Notice of Privacy Practices

IMPORTANT: 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.

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 get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll 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, office, or mobile phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **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 we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **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.
- **Choose someone to act for you**
 - If you have given someone authority to act as your personal representative, such as through a health care power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make take reasonable steps to verify the person has that authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
 - You can complain if you feel we have violated your rights by contacting the City’s HIPAA Privacy Officer at Henderson City Hall, 240 Water Street, MSC 136, Henderson, NV 89015, (702) 267-HIPA (4472).
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail, fax, email, or via the OCR Complaint Portal. For more information, you can visit their website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> (webpage location as of 2/24/2026).
 - 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.

- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care or payment for your care
 - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we 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 when we are in the process of raising funds to support community safety, or to provide you with information about our ambulance subscription service, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

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. This includes oral and written information we obtain about you and use concerning 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 of 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 while providing you with treatment and transport.

Example: A paramedic treating you for an injury speaks with a doctor at the hospital where you're transported to coordinate your care.

➤ **Run our organization**

We can use and share your health information to run our organization, to perform quality assurance activities, and in connection with licensing and training programs conducted under the oversight of the Southern Nevada Health District to ensure that our personnel meet the applicable standards of care and are following established policies and procedures. We can also use it when 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.

Example: We use health information about you to manage your treatment and services.

➤ **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 the services we provided you.

We are allowed or required to share your information in other ways but have to meet many conditions in the law before we can share your information for these purposes:

➤ **Help with public health and safety issues**

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

- Preventing disease and, when authorized by law, notifying people that they may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- Reporting adverse reactions to medications and helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Providing other reports to a public health authority, including in relation to birth, death, disease, injury, and disability
- 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 for health care fraud and abuse detection or compliance with the law, for health oversight activities such as 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 system, and 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.

➤ **Non-Identifiable Information**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

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 in this notice 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 further information about matters covered under this notice, please contact the HFD Privacy Liaison at (702) 267-2222. General information is also available at: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> (webpage location as of 2/24/2026).

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 at in our administrative office at City Hall and on the City's website.

Effective date of this Notice: March 4, 2026

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