

# Notice of Privacy Practices (NPP)

**Marshall Fire Department – Emergency Medical Services**

**Effective Date:** 9/1/2025

**HIPAA Compliance Officer:** Travis Gibson

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.

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## Our Duties

We are a **HIPAA-covered health care provider**. We create and maintain records about your care. We are required by federal and Texas law to: Maintain the privacy and security of your protected health information (PHI); Give you this Notice and follow it; Notify you following a breach of unsecured PHI; Notify you of your right to file a complaint.

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## How We May Use and Disclose Your PHI without Your Written Authorization

We may use or disclose your PHI for the following purposes, subject to limitations under federal and Texas law:

### Treatment, Payment, and Health Care Operations (“TPO”)

- **Treatment** – To provide, coordinate, or manage your EMS care (e.g., sharing information with hospitals, receiving facilities, medical control, other responders, or subsequent care providers).
- **Payment** – To bill and collect payment for services (e.g., submitting claims to Medicare/Medicaid/insurers, obtaining prior authorization, determining eligibility or coverage).
- **Health Care Operations** – For activities that support our operations (e.g., quality assurance and improvement, training of EMS personnel, accreditation, licensing, audits, and customer service).

### Other Uses/Disclosures Permitted or Required by Law

- **Public Health and Safety** – To public health authorities for reporting, surveillance, and to prevent or control disease, injury, or disability.
- **Health Oversight** – To oversight agencies for audits, investigations, inspections, or licensure.

- **Required by Law** – When a law requires us to share information (e.g., reporting certain wounds, abuse/neglect as permitted, threats to public safety, or compliance with court orders or subpoenas with required safeguards).
- **Law Enforcement** – To law enforcement for specific purposes (e.g., locating a suspect, crime victims under certain circumstances, emergencies on scene, reporting a crime on our premises or in transit) as allowed by law.
- **Judicial/Administrative Proceedings** – In response to a court or administrative order, or certain subpoenas with required assurances.
- **Serious Threat** – To reduce or prevent a serious and imminent threat to health or safety.
- **Coroners, Medical Examiners, Funeral Directors** – For identification, cause of death, or other duties.
- **Organ and Tissue Donation** – To organ procurement organizations.
- **Research** – For approved research with privacy safeguards or your consent when required.
- **Workers' Compensation** – As authorized by workers' compensation laws.
- **Specialized Government Functions** – For certain military, national security, or correctional institution purposes, when applicable.
- **Incidental Disclosures** – Limited disclosures that occur as a byproduct of permitted uses (with safeguards in place).

### EMS- and Incident-Specific Situations

- **Emergency/Disaster Relief & Family Notification** – With limited information to organizations like the Red Cross or to family, household members, or others involved in your care, when necessary to notify them of your location, condition, or death.
- **On-Scene Disclosures** – To other responders or facilities involved in your incident for coordination and continuity of care.

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## Uses and Disclosures Requiring Your Authorization

We will **not** use or disclose your PHI for the following without your written authorization (and you may revoke an authorization in writing at any time): - **Most uses and disclosures of psychotherapy notes** (we rarely maintain these in EMS); - **Marketing** communications not permitted by law; - **Sale of PHI**; - **Any electronic disclosure of PHI** not otherwise permitted or required by federal or Texas law. Texas law generally requires a **specific authorization** for such electronic disclosures. A standard Texas authorization form is available, and we will provide one upon request.

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## Your Rights Regarding Your PHI

You have the following rights, subject to exceptions and procedures. To exercise these rights, contact our Privacy Officer listed above.

- **Right to Inspect and Get a Copy** – You may see or obtain a paper or electronic copy of your EMS record and billing record. We will provide a copy or summary, usually within **15 business days** per Texas timelines, and may charge a reasonable fee.
- **Right to Request a Restriction** – You may ask us not to use or disclose your PHI for TPO. We are not required to agree, **except** we must agree to restrict disclosure to a health plan for payment or operations if the disclosure is for an item or service **paid in full out-of-pocket** by you or your representative and the disclosure is not otherwise required by law.
- **Right to Confidential Communications** – You may request that we contact you in a specific way (e.g., different phone or mailing address). We will accommodate reasonable requests.
- **Right to Amend** – You may request an amendment to your record if you think it is incorrect or incomplete. We may deny the request in certain cases, but we will tell you why in writing.
- **Right to an Accounting of Disclosures** – You may request a list (accounting) of certain disclosures of your PHI made in the past six years, excluding those for TPO and certain other disclosures.
- **Right to a Paper or Electronic Copy of this Notice** – You may obtain a copy of this Notice at any time. The current Notice is also posted at our offices and on our website, if we maintain one.
- **Right to Choose a Personal Representative** – You may designate someone to act for you (e.g., medical power of attorney). We may verify the authority of personal representatives and may limit access when permitted by law to protect you.
- **Right to Be Notified of a Breach** – You will be notified if a breach of your unsecured PHI occurs that may have compromised the privacy or security of your information.

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## Texas-Specific Notices

- **Electronic Disclosure Notice** – Your PHI **may be subject to electronic disclosure** by us or our business associates for treatment, payment, health care operations, or other purposes permitted or required by law. For electronic disclosures **not** permitted or required by law, we will obtain your **written authorization** before the disclosure.
  - **State-Authorized Forms** – Texas has adopted a **standard Authorization to Disclose Protected Health Information**. We may use this form or another legally compliant form when your authorization is required. Copies are available upon request.
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## Our Responsibilities and Changes to This Notice

- We are required to follow the terms of the Notice currently in effect.
  - We may change our privacy practices and this Notice. Changes will apply to information we already have and to new information. When we make a material change, we will update this Notice, post the new Notice at our office, provide copies upon request, and post it on our website if we maintain one. The Notice will include a new **Effective Date**.
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## Complaints and Questions

If you believe your privacy rights have been violated or you have questions, contact our Compliance Officer.

You may also file a complaint with: - **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)** – Instructions are available at [hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/) or by calling 1-800-368-1019. We will not retaliate against you for filing a complaint. - **Texas Office of the Attorney General** – For concerns under Texas privacy laws, visit [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov) or call (800) 621-0508.

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## How to Reach Us

**Compliance Officer:** Travis Gibson

**Mailing Address:** 601 S Grove St; Marshall, TX 75670

**Phone:** 903-935-4580

**Email:** [gibson.trvis@marshalltexas.net](mailto:gibson.trvis@marshalltexas.net)