

**Katy Fire Department**  
1417 Avenue D  
Katy, Texas 77493  
Phone: (281) 391-3500 • Fax: (281) 391-6515



The City of Katy Fire Department is compiling a database of special medical or physical needs of our citizens. This database will enable our Police officers, Firefighters and Paramedics to address these concerns in the event of a major disaster or emergency. Please help us to provide the best care for you and your family by completing the information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Please mark all that apply to individuals living at the above address:

- Wheelchair bound
- Medical devices needing electricity (i.e. Oxygen, cpap, nebulizers, respirators)
- Medication needing refrigeration
- Hospice
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you would like to be included in this database, please complete this form and return it to the Katy Fire Department, 1417 Avenue D, Katy Tx 77493 or Fax it to (281) 391-6515

**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.**

As an essential part of our commitment to you, Katy Fire Department maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the following Notice of Privacy Practices.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT RICK PAYNE, PRIVACY OFFICER AT (281) 391-3500.

Patient rights:

- The right access, copy or inspect your PHI with proper verification
- The right to amend your PHI
- The right to request an accounting of our use and disclosure of your PHI
- The right to request that we restrict the uses and disclosures of your PHI

Revisions to this Notice: Katy Fire Department reserves the right to change the terms of this notice at any time, and the change will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facility. You can get a copy of the latest version of this Notice by contacting the Privacy Officer above.

Your legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have questions, comments or complaints you may direct all inquiries to the Privacy Officer listed above.

Name \_\_\_\_\_

Date \_\_\_\_\_