

WEST METRO FIRE PROTECTION DISTRICT'S NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003.

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.

The West Metro Fire Protection District (District) respects your privacy and will protect your health information responsibly and professionally as required by Federal and State law. The District is required to maintain the privacy of your health information and to provide you with this notice. Also, the District is required to abide by the terms of the notice that is currently in effect

This notice applies to all patients treated by the District, regardless of whether the patient is transported by the District's ambulances. It describes how the District may collect, use, and disclose your health information.

This notice describes your rights concerning "**protected health information**" ("**PHI**") about you. PHI is information about you, including health and demographic information created and received by the District that can reasonably be used to identify you. PHI includes information that relates to your past, present, and future physical or medical condition, the provision of health care, and payment for that care.

Uses and Disclosures of PHI

Below are some examples of ways that the District may use or disclose information about you without your consent or authorization. Not every use or disclosure is listed. However, all of the ways the District is permitted to use and disclose information will fall within one of these three categories.

- **For Treatment:** The District may use or disclose PHI about you to facilitate medical treatment or services by providers, including ambulance personnel, doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the District may use or disclose medical information to hospital personnel or doctors when the ambulance personnel transfer you to the hospital for care.
- **For Payment:** The District may use or disclose PHI about you for billing purposes and to facilitate payment for the treatment and services you received from health care providers. For example, the District may disclose information about your medical history to your health care **plan/provider** to determine whether the plan will cover a particular treatment or may share medical information with another entity to assist with the determination or subrogation of health claims.
- **For Health Care Operations:** The District may use or disclose PHI about you in order to operate the District's business. For example, the District may use or disclose medical information for conducting quality assessment and improvement activities; conducting or arranging for medical review; performing legal or auditing services; participating in fraud and abuse detection programs; performing business planning/management activities (such as cost management).

During the course of the District's business, there may be additional instances in which your PHI may be used. These instances are described below:

- **Health Oversight Activities:** The District may decide your PHI to a government agency authorized to oversee the health care system or government programs, or its contractors (i.e. state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activities.
- **Legal Proceedings:** The District may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.
- **Law Enforcement:** The District may disclose your PHI to law enforcement official under certain limited circumstances; for example, in response to a warrant or subpoena, or for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information concerning victims of crimes.
- **For Public Health Activities:** The District may disclose your PHI to a government agency that oversee the health care system or government program for activities such as preventing or controlling disease or activities related to the quality, safety, or effectiveness of an FDA regulated product or activity, or to report child abuse or neglect .
- **Required by Law:** The District *may* disclose your PHI when required by law to do so.
- **Workers' Compensation:** The District may disclose your PHI when required by workers' compensation laws.
- **Victims of Abuse, Neglect, or Domestic Violence:** The District may disclose your PHI to appropriate authorities if there is a reasonable belief that you are a possible victim of abuse, neglect, domestic violence, or other crimes, as required or authorized by law.
- **Coroners, Funeral Directors, and Organ Donation:** In certain instances, the District may disclose your PHI to coroners or funeral directors, and in connection with organ donation, including for facilitating organ, eye, or tissue donation and transplantation.
- **Research:** The District may disclose your PHI to researchers, if certain established steps are taken to protect your privacy.
- **Threat to Health or Safety:** The District may disclose your PHI to the extent necessary to avert a serious or imminent threat to your health or safety or the health or safety of others.
- **For Specialized Government Functions:** The District may disclose your PHI in certain circumstances or situations to a correctional institution if you are an inmate in a correctional facility or under the custody of a law enforcement official, to an authorized federal official when it's required for Lawful intelligence or other national security activities, or to an authorized authority of the Armed Forces.

- **Business-Associates:** The District may disclose **your** PHI to *its* business associates where there are signed written agreements limiting the appropriate uses and disclosures of PHI:
- **Involvement in Individual's Care:** The District may disclose *your* PHI about you to a family member; close personal friend, or other person **identified** by you if directly relevant to that person's **involvement** with your care or payment related to your health care.

In the event applicable law, other than HIPAA, prohibits or materially limits the District's uses and disclosures of PHI as described above, the District will restrict its uses or disclosures of PHI *in* accordance with the more stringent standard.

Other uses and disclosures of PHI about you will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You *may* revoke your written authorization at any time, in writing, except to the extent that the District has already taken action in reliance on that written authorization before you have revoked it- Information provided as a result of your authorization will no longer be provided once you revoke the authorization.

Your Rights

You have the **following rights regarding the PHI the District maintains about you:**

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI that we maintain about you in a designated record. The District may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. There are exceptions as to what information can be accessed. If the District denies access to your information, in whole or in part, you may request that the denial be reviewed by appropriate authorities.
- **Right to Amend:** You have the right to request that your PHI that we maintain in a designated record set is amended because you believe it is incorrect or incomplete. Requests to amend the information must be made in writing to the Privacy Officer and must include a reason for the amendment. Your request will be acted upon within 60 days of receipt of your request, unless an additional 30-day extension is applied. If the request is approved, the District will amend the information in its records and notify any other individual(s) whom the District knows and/or whom you have told us have received the information and will provide them with the amendment. In certain circumstances, your request may be denied. You may respond to a denial of an amendment request by filing a written statement of disagreement with the District, and the District will then have the right to rebut the statement of disagreement. Should this occur, you have the right to request that your original request, our denial, and any statement of disagreement, along with our rebuttal, be included in future disclosures of the PHI.
- **Right to Request Restrictions:** You have the right to request that the District restrict its use and disclosure of PHI for the purposes of treatment, payment, or health care operations. This includes uses and disclosures to family members, relatives, close personal friends, or other persons identified by you who may be involved with your care or payment for your care. The District will consider your request, but is not required to agree to the restriction. If the District does agree to the restriction, the District is bound by the agreement except when otherwise required by law, in emergencies, when the information is necessary for your treatment, or when the restriction is terminated. Requests for restrictions must be in writing and submitted to the Privacy Officer.
- **Right to Request Confidential Communications:** You have the right to request that the District communicate with you about medical matters in a certain way or at a certain location. For example, you can request that the District only contact you at work or by mail. You must make this request in writing to the Privacy Officer and must specify how or *where* you wish to be contacted. The District will accommodate all reasonable requests.
- **Right to a Paper Copy of Notice:** You have the right to a paper copy of this notice. You may request that the District give you a copy of this notice at any time. Your request must be in writing to the Privacy Officer.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment or health care operations. Your request must be made in writing to the Privacy Officer. Your request must state a period of time, which cannot be longer than six years and cannot include dates prior to April 14, 2003. The first accounting that **you** request within a 12-month period will be free. The District may charge you reasonable fees for the costs of providing the accounting for additional accountings within the same 12-month period. The District will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any fees and/or costs are incurred. The District will respond to your request within 60 days of receipt of the request, unless an additional 30-day extension is applied. There are certain disclosures for which the District is not required to provide an accounting.

Complaints and Inquiries

You may register a complaint with the District or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. All complaints must be in writing. The District will not penalize you for filing such a complaint.

The District reserves the right to change the terms of this notice and to make the new notice *effective* for all PHI that it maintains. If the District changes the notice, it will provide it to you by direct mail. The District will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your rights, its duties, or other practices state in this notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice in which the material change is reflected.

For more information, or to begin the formal process connected with these rights, please contact:

Privacy Officer
West Metro Fire Protection District
433 South Allison Parkway
Lakewood, Colorado 80226-3133