

NORTH METRO FIRE RESCUE DISTRICT
NOTICE OF PRIVACY PRACTICES

Effective January 1, 2026

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.

North Metro Fire Rescue District
101 Spader Way
Broomfield, Colorado 80020
<https://www.northmetrofire.org/>

Understanding Your Health Information Rights

Each time you receive care from a hospital, physician, or other healthcare provider, a record of your care is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatments, and a plan for future care or treatments. This information is often referred to as your health or medical records.

Although your health record is the property of your healthcare providers, the information in your health record belongs to you. You have the right to:

- Request restrictions on certain uses and disclosures of your information (45 CFR 164.522).
- Obtain a paper copy of this notice of privacy practices upon request (45 CFR 164.520).
- Inspect and obtain a copy of your health record (45 CFR 164.524).
- Request to amend your health record (45 CFR 164.526).
- Obtain an accounting of disclosures of your health information (45 CFR 164.528).
- Request to be notified when we release your health information (45 CFR 164.528).
- Request communications of your health information by alternative means or to alternate locations (45 CFR 164.522).
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. Any such revocation must be in writing (45 CFR 164.508).
- Appoint a personal representative to exercise your rights with respect to your information (45 CFR 164.502).

Our Responsibilities

As healthcare providers, we are required to:

- Maintain the privacy of your health information.
- Provide you with a notice of our legal duties and privacy practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment of your medical record.
- Accommodate your reasonable requests to communicate health information by alternative means or to alternate locations.
- Notify you if you are affected by a data breach of unsecured protected health information (45 CFR 164.520).

We may use or disclose your information:

- For providing treatment to you, including providing information to other healthcare providers involved in your treatment (45 CFR 164.506).

- For obtaining payment for services provided to you, including disclosures to insurance providers and claims processors (45 CFR 164.506).
- For operating our organization, including for conducting quality assessments, training, and performance reviews within our organization (45 CFR 164.506).
- As required by law, including federal, state, and local law (45 CFR 164.512).
- For public health activities, including reporting communicable diseases or adverse reactions to medications (45 CFR 164.512).
- To report certain abuse, neglect, or domestic violence incidents under specified circumstances (45 CFR 164.512).
- To conduct health oversight activities, such as audits, inspections, and compliance reviews (45 CFR 164.512).
- In the course of a judicial or administrative proceeding, including in response to a court order or subpoena (45 CFR 164.512).
- For law enforcement purposes, including in response to a grand jury subpoena or an administrative request, or, in limited circumstances, a law enforcement official's request (45 CFR 164.512).
- For limited purposes after your death, including disclosures to coroners for purposes of identification or disclosures to funeral directors (45 CFR 164.512).
- To respond to organ and tissue donation requests (45 CFR 164.512).
- For research purposes in limited circumstances, including where an Institutional Review Board or privacy board has approved an alteration or waiver of the individual authorization requirement, where the disclosure is preparatory to research, or where the research involves decedents (45 CFR 164.512).
- To avert a serious threat to health or safety, including threats to an individual person or the general public (45 CFR 164.512).
- For specialized government functions, including, in the case of armed forces personnel, for activities deemed necessary by military command to assure the proper execution of the military mission, for national security activities, or, in the case of inmates, to correctional facilities for certain purposes (45 CFR 164.512).
- As necessary to comply with workers' compensation laws (45 CFR 164.512).

We will not use or disclose your information for the following purposes without your written permission:

- Sharing any psychotherapy notes, except for treatment by the originator of such notes, our own training programs, or to defend ourselves in a legal action (45 CFR 164.508).
- Marketing purposes (45 CFR 164.508).
- Selling or otherwise receiving compensation for disclosing your health information (45 CFR 164.508).

Any such permission may be revoked at any time, with any such revocation being made in writing.

Other uses and disclosures not described in this notice will only be made with specific prior written authorization, and such authorization may be revoked at any time. Any such revocation must be in writing.

If your information is disclosed in compliance with this notice, the recipient of such information may be permitted to redisclose your information and your information may no longer be protected by the laws referenced in this notice.

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you receive treatment from us.

If you have questions and would like additional information, you may contact our Privacy Officer at _____. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. We will not retaliate if you file a complaint.

Examples of Permitted or Required Disclosures

As described in this notice, the law permits or requires us to use or disclose your protected health information ("PHI") under various circumstances. We have included some examples of these circumstances below, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request to the minimum amount of your PHI necessary to accomplish the intended purpose.

Treatment: We will use and disclose your health information for treatment. For example, information obtained by us will be recorded in your medical record and used to determine the course of treatment provided by us. We will record our observations and the actions we took in your care. Copies of these records may be provided to other healthcare providers participating in your care to assist them in treating you.

Payment: We will use and disclose your health information to obtain payment for care we provide to you. For example, a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your symptoms, treatment, and supplies used. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered.

Health Operations: We may use your health information within our organization for regular health operations. For example, members of our quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it.

Business Associates: Our organization may receive some services through contracts with business associates. For example, our medical billing agency. When these services are contracted, we may disclose your health information to our business associates so they can perform their services. However, to protect your health information, we require the business associates to also safeguard your information.

Family Communication: After careful judgment, we may disclose to a family member or other person you designate health information relevant to that person's involvement in your care or payment related to your care.

Public Health: As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability in the community.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law.

Workers' Compensation: We may disclose your information for workers' compensation claims or other similar programs established by law.

Legal Actions, Compliance, and Other Government Requests: We may share your information to respond to a court or administrative order or subpoena; a discovery request; or other lawful process. We may also share your information when required by state or federal agencies in order to monitor compliance with the law, or under specialized circumstances related to government functions such as military and veterans' activities.

I, _____, acknowledge that on _____, I
Name Date

received a copy of North Metro Fire Rescue District's Notice of Privacy Practices, that I read it, and that I understand the Notice and my rights as stated in it.

Signature: _____

Date of Birth: _____

Relationship to Patient: _____

FOR OFFICE USE ONLY:

Good Faith Effort to Obtain Acknowledgement Form

Name of Patient: _____

Patient Date of Birth: _____

I attempted to obtain the patient's or the patient's representative's signature on the HIPAA Notice of Privacy Practices Acknowledgment Form, but was unable to do so as documented below:

Reason: _____

Signature: _____

Name: _____

Title: _____

Date: _____