



Notice Of Privacy Practices

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 Clifton Fire Protection District (called “CFPD” in this document) is committed to protecting your personal health information. CFPD’s ambulance and emergency medical services unit is required by law to maintain the privacy of health information that could reasonably be used to identify you, known as “protected health information” or “PHI.” CFPD is also required by law to provide you with this Notice of Privacy Practices (“Notice”) that explains our legal duties and privacy practices with respect to your PHI. CFPD will notify you if there is a breach resulting in the improper disclosure of unsecured PHI about you.

CFPD respects your privacy and treats all PHI about our patients with care under strict policies of confidentiality that our staff is committed to following. If you have any questions about this Notice, please contact the HIPAA compliance officer listed at the end of this document.

Uses and Disclosures of Your PHI We Can Make Without Your Authorization.

CFPD may use or disclose your PHI without your written permission or “authorization,” or without providing you an opportunity to object to the use or disclosure, for the following purposes:

Treatment. We may obtain and use verbal and written information and PHI about you to provide treatment and disclose PHI to other medical personnel (including doctors and nurses who are treating you or who are advising and helping us to provide treatment). It also includes information we give to other healthcare 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 in the course of providing you with treatment and transport.

Payment. This includes any activities we undertake to get paid or reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies or government benefit programs (either directly or through a third-party billing company), managing billings or claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting unpaid accounts.

Healthcare Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, 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.



Fundraising. CFPD may contact you when we are in the process of raising funds for our agency, or to provide you with information about other programs. For example, we may use PHI that is collected about you, such as your name, home address, phone number or other information, to contact you to raise funds. If we use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications by making a request to the HIPAA Compliance Officer by phone or by email. Contact information for the HIPAA Compliance Officer is listed at the end of this Notice. CFPD will not condition the provision of medical care on your willingness, or non-willingness, to receive fundraising communications.

Reminders for Scheduled Transports and Information on Other Services. CFPD may also contact you to provide you with a reminder of any scheduled appointments for nonemergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosure of Your PHI We Can Make Without Authorization. CFPD is also permitted to use or disclose your PHI without your written authorization in situations including:

- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. For example, we may assume that you agree to our disclosure of your PHI to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency), we may determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms, and we may give that person an update on treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- For health oversight activities including 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 healthcare system;



- For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation; and
- For research projects, this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.

Uses and Disclosures of Your PHI That Require Your Written Authorization.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. The authorization must specifically identify the information we seek to use or disclose, as well as when and how CFPD seeks to use or disclose it. Specifically, CFPD's ambulance and emergency medical services unit must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out our own treatment, payment or health care operations purposes, (b) PHI for marketing when we receive payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI. You may revoke your authorization at any time, in writing, except to the extent that CFPD has already used or disclosed medical information in reliance on that authorization.

Your Rights Regarding Your PHI.

As a patient, you have a number of rights with respect to your PHI, including:

Right to access, copy or inspect your PHI. You have the right to inspect and copy most of the medical information that we collect and maintain about you. Requests for access to your PHI should be made in writing to the HIPAA Compliance Officer. CFPD will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in electronic format. If you ask CFPD to transmit a copy of your PHI to another person, we will do so provided your request is in writing, signed by you (or your representative), and you clearly identify the designated person and where to send the copy of your PHI.

We may charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law. In limited circumstances, we may deny your access to PHI, and you may appeal certain types of denials. CFPD will provide a written response if we deny access to PHI about you and will let you know your appeal rights.



Right to request an amendment of your PHI. You have the right to ask CFPD to amend or make changes to PHI we maintain about you. Requests for amendments to your PHI should be made in writing to the HIPAA Compliance Officer. When required by law to do so, we will amend your PHI within 60 days of your request and will notify you when we have amended the information. CFPD is permitted by law to deny your request to amend your PHI in certain circumstances, such as when we believe that the information you have asked us to amend is correct.

Right to request an accounting of uses and disclosures of your PHI. You may request an accounting or listing from CFPD of certain types of disclosures of your medical information. This includes disclosures of your PHI made within six (6) years immediately preceding your request. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you must contact the CFPD's HIPAA Compliance Officer and make a request in writing. CFPD is not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends, or (d) for disclosures made for law enforcement or certain other governmental purposes.

Right to request restrictions on uses and disclosures of your PHI. You have the right to request that CFPD restrict how we use and disclose your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. To request a restriction on the use or disclosure of your PHI, you must contact the HIPAA Compliance Officer and make a request in writing. We are only required by law to grant or abide by a requested restriction under limited circumstances. We do not normally agree to any restrictions unless required by law.

CFPD is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid CFPD in full. We are also required to abide by any restrictions that we agree to. If CFPD has agreed to a restriction, but the information you asked us to restrict is needed to provide you with emergency treatment, then CFPD may disclose the PHI to a healthcare provider to provide you with emergency treatment.

Right to notice of a breach of unsecured protected health information. If CFPD discovers that there has been a breach (improper disclosure) of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file for you.

Right to request confidential communications. You have the right to request that CFPD send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, CFPD is only required to comply with reasonable requests when required by law to do so. If you wish to request that we communicate PHI to a specific location or in a specific format, you must contact the HIPAA Compliance Officer and make the request in writing.



Internet, Email and the Right to Obtain Copy of Paper Notice. CFPD will post a copy of this Notice on our website and make the Notice available electronically through the web site. If you allow us, CFPD will forward you this Notice by electronic mail instead of on paper, but you may always request a paper copy of the Notice.

Health Information Exchange. CFPD participates in electronic Health Information Exchange (“HIE”) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients’ clinical information electronically with your physicians and other health care providers that participate in the HIE network. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the HIE at any time by making a written request to the HIPAA Compliance Officer.

Revisions to the Notice. CFPD is required to abide by the terms of the version of this Notice that is currently in effect. We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted at CFPD’s facilities and on the CFPD website. You can get a copy of the current version of the Notice by contacting the HIPAA Compliance Officer.

Your Legal Rights and Complaints. You also have the right to complain to CFPD, or to the Secretary of the United States Department of Health and Human Services (“HHS Secretary”) if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with CFPD or to the HHS Secretary.

HIPAA Compliance Officer and Contact Information.

To exercise any of the rights described in this Notice, to ask questions about this Notice, or to contact the HIPAA Compliance Officer, you may do so by sending a written letter or correspondence to the following address:

Clifton Fire Protection District
Attn: HIPAA
3254 F Road
Clifton, CO 81520

You may also email the HIPAA Compliance Officer using this address: info@cliftonfire.com
You may contact CFPD by calling us at 970-434-5448.

Effective Date of this Notice: August 29, 2024.