

The Right To An Accounting Of Our Use And Disclosures Of Your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We will also provide you either with an accounting of disclosures of your medical information made by our business associates, or with a list of our business associates with contact information so that you may contact them. If you wish to request an accounting of the medical information about you that we have or disclosed, you should contact the HIPAA Privacy Officer listed at the end of this notice.

The Right To Request That We Restrict The Uses And Disclosures Of Your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you ask us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a healthcare provider to provide you with emergency treatment. We are not required to agree to any restrictions you request, but any restrictions agreed to by us are binding on Elizabeth Fire Protection District.

Right To Receive Confidential Communications of PHI. You may ask to receive communications regarding your PHI by alternate means or at an alternate location, if you clearly specify the alternate address or method of contact. We will try to accommodate all reasonable requests for alternate communications.

Revisions To This Notice. The Elizabeth Fire Protection District reserves 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 this Notice will be posted in our facilities and on our website, if we maintain one.

Internet, Email, and the Right to Obtain a Paper Copy of This Notice. If we maintain a website, we will prominently post a copy of this Notice on our website. If you allow us, we will forward this Notice by e-mail instead of on paper; however, you may always request a paper copy of this Notice.

Legal Rights and Complaints. You have the right to file a complaint with us, or the Secretary of the Federal 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 any questions, comments or complaints, you may direct all inquiries to the HIPAA Privacy Officer listed at the end of this Notice.

If you have any questions or if you wish to file a complaint, or exercise any rights listed in this Notice, please contact:

ELIZABETH FIRE PROTECTION DISTRICT
Attn: HIPAA Privacy Officer
P.O. Box 441, 155 W. Kiowa Ave.
Elizabeth, CO 80107
(303) 646-3800



Effective Date Of This Notice: June 15, 2011



ELIZABETH
FIRE
PROTECTION
DISTRICT

HIPAA PATIENT PRIVACY NOTICE

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.

Purpose of this notice: The Elizabeth Fire Protection District is required by Federal law to maintain the privacy of certain confidential health care information, known as PHI (Protected Health Information), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how

The Elizabeth Fire Protection District is permitted to use and disclose your PHI. The Elizabeth Fire Protection District is also required to abide by the version of this Notice currently in effect.

Use and disclosure of PHI: Elizabeth Fire Protection District may use PHI for the purposes of treatment, payment, and other health care operations in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital 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.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For Health Care 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, and certain other management functions.

Use and Disclosure of PHI Without Your Consent: The Elizabeth Fire Protection District is authorized to use PHI *without* your consent, authorization or written permission in certain situations, including:

- Emergency situations (in these situations, in accordance with the law, we will attempt to get your written consent after the emergency service is provided);

- To a relative, friend or individual involved in your care;
- 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 or 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 health care 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 funeral directors, coroners, and medical examiners, and to organ procurement organizations to facilitate the donation of organs, eyes, and tissue.

Any other use or disclosure of PHI, other than those listed above will only be made with your written consent or an authorization (an authorization specifically identifies the information we seek

to use or disclose it). You may revoke your consent or authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that consent or

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

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within thirty days of your request. Such period may be extended up to an additional 30 days if extenuating circumstances exist. We may also charge you a reasonable fee to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and certain types of denials may be appealed. We have forms available to request PHI and will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our HIPAA Privacy Officer listed at the end of this Notice.

The Right To Amend Your PHI. You have the right to ask us to amend written medical information that we may have about you. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when we believe the information you have asked us to amend is correct. We will generally take action on your request to amend your medical information within 60 days of your request and will notify you of our action. If we have denied your request to amend your medical information, you can appeal our denial. If you wish to amend the medical information that we have about you, you should contact the HIPAA Privacy Officer listed at the end of this Notice.