

# Tri-Lakes Monument Fire Protection District

[www.tlmfire.org](http://www.tlmfire.org)



## Notice of Privacy Practices

As an essential part of our commitment to you, and as required by law, Tri-Lakes Monument Fire Protection District (TLMFPD) maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. This notice describes how PHI may be used and disclosed and how you can access this information.) TLMFPD respects your privacy and treats all health information about our patients with care in accordance with strict policies of confidentiality that our staff follows at all times. This notice, which is required of us by law, describes your legal rights, advises you of our privacy practices, and notifies you of how TLMFPD is permitted to use and disclose your PHI.

Please review this notice carefully.

### Your Rights

*When it comes to your health information, you have certain rights. This section explains your rights.*

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your health record. We will provide within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to amend your PHI in your medical record.** You have the right to ask us to amend health information that you think is incorrect or incomplete.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.

- **Ask us to limit what we use or share.** You have the right to request that we restrict how we use and disclose your medical information 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 asked us to restrict is needed to provide you with emergency treatment, then we may use or disclose the PHI to a health care provider to provide you with emergency treatment. We are not required to agree to your request, and we may say “no” if it would affect your care. If we do agree, we must keep the agreement.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those whom we’ve shared information.** You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make).
- **Get a copy of this privacy notice.** You may request a paper copy of this notice or any amendments at any time by contacting our administrative office or viewing it online at [www.tlmfire.org](http://www.tlmfire.org).
- **Choose someone to act for you.** If you gave someone medical power of attorney or if you have a legal guardian, that person can exercise your rights to and make choices about your health information. We will make sure that person has this authority

and can act for you before we take any action.

- **File a complaint if you feel your rights are violated** (see TLMFPD contact information on the final page). You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### Your Choices

*For certain health information, you can tell us your choices about how we share.*

- In these cases, you have both the right and choice to tell us to: 1) Share information with your family, close friends, or others involved in your care, 2) Share information for disaster relief situation, 3) Include your information in a hospital directory, 4) Contact you for fundraising efforts (we may contact you for fundraising efforts, but you can tell us not to contact you again), 5) Release information to an attorney for a civil lawsuit, or 6) Provide information to a drug company for marketing purposes.
- In these cases, we never share your information unless you give us written permission.

### Our Uses and Disclosures

*TLMFPD is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:*

- **To treat you.** We can use your health information and share it with other professionals who are treating you.
- **To run our organization.** We can use and share your health information to run our practice, evaluate and improve your care, and contact you when necessary.
- **To bill for our services.** We can use and share your health information to bill and

get a payment from health plans or other entities, such as your hospital or health insurance.

- **To provide medical information to another health care provider such as the hospital to which you are transported.**
- **To provide medical information to a family member, other relative or close friend with your written or verbal approval if they are involved in your care or payments related to your care.** In situations where you may be incapacitated during a medical emergency, we may disclose PHI to your family member, relative, or friend if it is in your best interest and may warrant a person's involvement with your care.

*We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:*

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). We may, under these conditions, disclose your PHI to:

- **Help with public health and safety issues, such as** 1) Preventing/controlling disease 2) Helping product recalls 3) Reporting adverse reactions to medications 4) Reporting suspected abuse, neglect, or domestic violence 5) Preventing or reducing a serious threat to anyone's health or safety 6) Birth.
- **Do research.** We can use or share your information for health research.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations if you are an organ donor.
- **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you: 1) for workers compensation claims, 2) for law enforcement purposes or with a law enforcement official, 3) with health oversight agencies for activities authorized by law, 4) for special government functions such as military, national security, security clearance and presidential protective services.
- **Respond to lawsuits and legal action.** We can share health information about you in response to a court order or subpoena.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy or it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Tri-Lakes Monument Fire Protection District endorses, supports, and participates in electronic

Health Information Exchange (HIE) as 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 other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. 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 total 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 CORHIO HIE, or cancel an opt-out choice, at any time. Contact admin to opt-out at 719-484-0911

#### **For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of This Notice**

*We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site [www.tlmfire.org](http://www.tlmfire.org)*

#### **Effective January 1, 2022**

*This Notice of Privacy Practices applies to the following organizations: Andres Billing/Fire Recovery Systems, Local Hospitals, First Responders, CORHIO*

**Privacy Officer, EMS Coordinator, Stephanie Soll**  
[ssoll@tlmfire.org](mailto:ssoll@tlmfire.org), 719-484-0911

#### **Complaint and Security Officer,**

**Fire Chief, Andy Kovacs, [akovacs@tlmfire.org](mailto:akovacs@tlmfire.org)**  
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