



Summit County Emergency Service Agencies

Notice of Privacy Practices

IMPORTANT: THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED;
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION;
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY AND SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION; AND
- HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH A HIPAA COMPLIANCE OFFICER FOR THE APPROPRIATE AGENCY AT THE PHONE NUMBER OR EMAIL ADDRESS LISTED AT THE END OF THIS NOTICE IF YOU HAVE ANY QUESTIONS.

The Red, White & Blue Fire Protection District and Summit Fire and EMS Authority (together, referred to as "Summit County Emergency Service Agencies," "agencies," or each individually as "agency" in this document) are committed to protecting your personal health information. Each agency 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." PHI includes certain substance use disorder patient records. Each agency is also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

Each agency respects your privacy and treats all healthcare information about our patients with care, in accordance with strict confidentiality policies that staff are committed to following at all times.

Detailed Notice of Privacy Practices

Purpose of This Notice: This Notice describes your legal rights, advises you of our privacy practices, and lets you know how the Agencies are permitted to use and disclose PHI about you. Information disclosed pursuant to this Notice is subject to redisclosure by the recipient without the protections set forth herein, subject to applicable law.

Uses and Disclosures of Your PHI an Agency Can Make Without Your Authorization. The Agencies may use or disclose your PHI without your authorization, or without providing you with an opportunity to object, for the following purposes:

Treatment: This includes verbal and written information we obtain about you and use regarding your medical condition and the treatment provided to you by us and other medical personnel (including doctors and nurses who give orders allowing us to provide treatment to you). 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 must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding 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, and creating reports that do not individually identify you for data collection purposes.

Fundraising: An agency may contact you when it is raising funds or provide you with information about other programs.

In addition, an agency may use your PHI for certain fundraising activities. For example, an agency 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. An agency may also share this information with another organization that may contact you to raise money on their behalf. **If an agency does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from them. If you do not want to be contacted for fundraising efforts, you should contact an agency HIPAA Compliance Officer in writing, by phone, or by email. Contact information for each agency's HIPAA Compliance Officer is listed at the end of this Notice.** We will also remind you of this right to opt out of receiving future fundraising communications every time that we use your PHI to conduct fundraising and contact you to raise funds. Agencies 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: An agency may also use your medical information to contact you to provide you with a reminder of any scheduled appointments for non-emergency 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. The Agencies are also permitted to use or disclose your PHI without your written authorization in situations including:

- For uses and disclosures required by law;
- For the treatment activities of another healthcare provider; 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 if 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 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. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your PHI to your spouse when your spouse calls an 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, in our professional

judgment, 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 your vital signs and 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, and 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, but 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 Consent.

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 the agency seeks to use or disclose it). Specifically, the agency 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 the agency has already used or disclosed medical information in reliance on that authorization.

Your Rights Regarding Your PHI As a patient, you have several 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 each agency collects and maintains about you. Requests for access to your PHI should be made in writing to each agency's HIPAA Compliance Officer. Each agency maintains forms on its website for requesting medical information. In limited circumstances, an agency may deny you access to your medical information pursuant to a written response explaining the basis for the

denial, and you may appeal certain types of denials. If you wish to inspect and copy your medical information, you should contact the appropriate agency or the agency's HIPAA Compliance Officer.

The agency will normally provide you with access to requested information within 30 days of your written request. If the agency maintains your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that an agency transmit a copy of your PHI directly to another person, the agency 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.

The agency may also charge you a reasonable cost-based fee for providing you with access to your PHI, subject to applicable legal limits.

Right to request an amendment of your PHI. You have the right to ask the agency to amend protected health information that each agency maintains about you. Requests for amendments to your PHI should be made in writing, and you should contact each agency's HIPAA Compliance Officer if you wish to make a request for amendment and fill out an amendment request form.

When required by law to do so, the agency will amend your information within 60 days of your request and will notify you when the agency has amended the information. The agency is permitted by law to deny your request to amend your health information in certain circumstances, such as when we believe that the information you have requested be amended is correct and complete.

Right to request an accounting of uses and disclosures of your PHI. You may request an accounting of disclosures of your PHI from an agency. If you wish to request an accounting of disclosures of your PHI, you should contact the agency's HIPAA Compliance Officer and make a request in writing.

You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request; except that an accounting of disclosures of certain substance use disorder treatment records is available only for PHI made within three (3) years immediately preceding the request. The agencies are not required to provide you with an accounting of certain disclosures of your PHI, including disclosures: (a) for purposes of treatment, payment, or healthcare operations; (b) 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 the agency restrict how they use and disclose your medical information 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. However, the agency is only required to abide by a requested restriction under limited circumstances, and it is general policy that the agency will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact the agency's HIPAA Compliance Officer and make a request in writing.

Agencies are required to abide by a requested restriction when you ask that the agency not release PHI to your health plan (insurer) if the disclosure is for the purpose of carrying out payment or health care operations, is about a service for which you (or someone on your behalf) have paid a Summit County emergency service agency in full and is not required by law. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that the agency agrees to, and the information you asked them to restrict is needed to provide you with emergency treatment, then they may disclose the PHI to a healthcare provider to provide you with emergency treatment.

A restriction may be terminated if you agree to or request the termination. Most current restrictions may also be terminated by Agencies if they notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.

Right to notice of a breach of unsecured protected health information. If an agency discovers that there has been a breach of your unsecured PHI, they will notify you about that breach by first-class mail dispatched to the most recent address that they have on file. If you prefer to be notified of breaches by email, please contact the agency's HIPAA Compliance Officer to let us know your preference and provide a valid email address for the electronic notice. You may withdraw your agreement to receive notice by email at any time by contacting the agency's HIPAA Compliance Officer.

Right to request confidential communications. You have the right to request that the agency 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, they will comply only with reasonable requests when required by law. If you wish to request that an agency communicate PHI to a specific location or in a specific format, you should contact the agency's HIPAA Compliance Officer and make a request in writing.

Internet, Email, and the Right to Obtain a Copy of the Paper Notice: The agencies will prominently post a copy of this Notice on their websites and make the Notice available electronically through their websites. If you allow us, the agency will forward this Notice to you by electronic mail rather than on paper, and you may always request a paper copy of the Notice.

Substance Use Disorder Treatment Records: Substance use disorder treatment records and any testimony relaying the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent from you or a court order accompanied by a subpoena or other legal mandate after notice and an opportunity to oppose disclosure is provided to you. If we have agreed to restrict your PHI and to disclose it to a healthcare provider in the case of emergency treatment, we will request that the provider not further use or disclose the information we provide. You may provide a single consent for all future uses or disclosure of your substance use disorder treatment records for treatment, payment, and health care operations purposes; to do so, contact the appropriate HIPAA Compliance Officer.

Health Information Exchange Agencies endorse, supports, and participates in electronic Health Information Exchange ("HIE") to improve the quality of your health and healthcare experience. HIE provides a way to securely and efficiently share patients' clinical information electronically with other physicians and healthcare providers who participate in the HIE network. Using HIE helps your healthcare providers share information more effectively and provides you with better care. The HIE also enables emergency medical personnel and other providers treating you to have immediate access to your health information, which may be critical to your care. Making your health information available to your healthcare providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may opt out of participation in the CORHIO HIE or cancel an opt-out at any time by contacting the HIPAA Compliance Officer in writing and requesting to opt out.

Revisions to the Notice: Agencies are required to abide by the terms of the version of this Notice currently in effect. However, Agencies reserves the right to change the terms of this Notice at any time, and any changes will be effective immediately and apply to all PHI we maintain. Any material changes to the Notice will be

promptly posted at each agency's facilities and on the agency's website. You can get a copy of the latest version of this Notice by contacting an agency HIPAA Compliance Officer.

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

Should you have any questions, comments, or complaints for an agency, you may direct all inquiries to each agency's HIPAA Compliance Officer.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact each agency that provided your care:

HIPAA Compliance Officers

Summit Fire and EMS Authority PO Box 4910
0035 County Shops Road, Frisco, CO 80443
970-262-5100
ambulancebill@summitfire.org

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316 N Main St Breckenridge, CO 80424
970-453-2474
privacy@rwbfire.org

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