

**GREATER BRIGHTON FIRE PROTECTION 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.**

Greater Brighton Fire Protection District  
500 S. 4th Ave., 3rd Floor  
Brighton, CO 80601  
<https://brightonfire.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.

### **Substance Abuse Disorder**

We may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

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 [here](#). 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 Greater Brighton Fire Protection 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: \_\_\_\_\_

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**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: \_\_\_\_\_