



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 and sign the acknowledgment in the Patient Care Record.

Gilpin Ambulance Authority is required by law to protect the privacy of your protected health information, provide you notice of our legal duties and privacy practices, and notify affected individuals in the event of a breach of protected health information. This notice describes your rights, our legal duties, and how Gilpin Ambulance Authority might use and disclose information about you. In most situations, we can use your protected health information without your permission, but in some situations, we cannot give the information to another without your written authorization.

Gilpin Ambulance Authority's Uses and Disclosures of your Protected Health Information

Gilpin Ambulance Authority may use your protected health information for the purposes of treatment, payment, and health care operations, in most cases, without your written permission. Medical treatment includes various activities, including transportation in our ambulance (if any), sharing information with the facility to which we transport you, and giving information to your doctors and nurses. Payment activities include anything Gilpin Ambulance Authority must do to get paid for the services we provide you, such as communicating with insurance, billing, collection agencies, and legal counsel. 'Health care operations' includes any administrative activity that is a necessary part of health care, including quality monitoring, licensing, training, financial services, planning, handling complaints, and obtaining legal counsel.

Gilpin Ambulance Authority may disclose your information to family members or other individuals who are involved in your care if you verbally give us your agreement, if you do not object when asked, or even if, based on the circumstances, we believe that you would not object. For example, we may assume that you would not object to giving your information to a family member or close friend who has called the ambulance for you. We may also disclose certain information to a relative or friend who we reasonably believe is involved in your medical care if we believe it is in your best interest. Additionally, we may use or disclose your information when required or permitted by Colorado or Federal laws. Examples of events in which we may share your protected health information without your authorization include:

- ☐ To detect health care fraud;
- ☐ To report a birth or a death;
- ☐ As part of a public health investigation;
- ☐ To report child or adult abuse or neglect;
- ☐ To report domestic violence;
- ☐ To assist an investigation into dangerous products;
- ☐ To inform others about exposure to communicable disease;
- ☐ To provide information to a court of law;
- ☐ In response to a subpoena or warrant;
- ☐ To help locate a suspect, stop a crime, or prevent an accident;
- ☐ For national security;
- ☐ For workers' compensation;
- ☐ To assist in identification and cause of death;
- ☐ To facilitate organ donation, if you are a donor;
- ☐ At any time if the information does not personally identify you or reveal who you are; and
- ☐ For research purposes if the project meets strict legal requirements.

In circumstances other than those listed above, Gilpin Ambulance Authority may not use or disclose your protected health information without your specific written authorization. While the Gilpin Ambulance Authority does not use your protected health information for the purposes of marketing or selling such information, the Gilpin Ambulance Authority is required to inform you that the disclosure of the following information requires your prior authorization: psychotherapy notes (except as needed to carry out treatment, payment, or health care operations as permitted by law), information used for marketing purposes (such as a patient attestation), and the sale of protected health information.

For the avoidance of doubt, the Gilpin Ambulance Authority is prohibited from using or disclosing protected health information for any of the following activities: (a) to conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (b) to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (c) to identify any person for the purposes described in (a) or (b).

Patient Privacy Rights

Your rights regarding your protected health information include the following:

- **Right to revoke written permission.** If you have given Gilpin Ambulance Authority a written authorization to use or disclose your protected health information, you can revoke it in writing except to the extent that we have already used or disclosed the information. Once information is disclosed, such disclosure cannot be rescinded, may no longer be protected, and may be subject to redisclosure by the recipient.
- **Right to access, copy or inspect your protected health information.** You have the right to request a copy of most of the protected health information about you that we have in our files. We will normally reply to your request within 30 days. If your request is granted, we may charge you a reasonable fee to produce documents, subject to applicable law. If we do not grant your request, we will give you a written explanation and information about whether you have the right to appeal the denial.
- **Right to receive your information confidentially.** You have the right to request that we communicate your protected health information to you confidentially, by alternative means or at alternative locations.
- **Right to amend your protected health information.** You have the right to request an amendment to protected health information about you in our files. This means that if you believe the information in our files is incorrect, you have the right to ask us to change it. We have the right to deny your request, for example if we believe the information in the file is correct. If we grant your request, we will usually make the change within 60 days and will notify you that the information has been corrected.
- **Right to request an accounting of the use and disclosure of your protected health information.** You have the right to request a list of the instances when Gilpin Ambulance Authority used or disclosed your health information up to 6 years prior to the date of your request. We are not required to include certain instances, for example when we used or disclosed your information for treatment, payment, or 'health care operations' (described above) or for which you have given us written authorization.
- **Right to request that we restrict uses and disclosures of your protected health information.** You have the right to request that we restrict our use and disclosure of your information. For example, you can request that we restrict giving information to your family members even if they are otherwise involved in your medical care. Gilpin Ambulance Authority has the right to deny your request unless the request concerns a disclosure for the purpose of carrying out payment or health care operations, is not required by law, and the protected health information pertains solely to a service for which you have paid in full. If

we grant your request, we must abide by it unless the information is necessary for your emergency medical treatment.

- **Right to Obtain a Copy of this Notice on Request.** You may always request a copy of this notice, and with your permission, we can send it to you via e-mail.
- **Right to File Complaints:** You have the right to file a complaint with us if you believe your rights have been violated. To file a complaint with Gilpin Ambulance Authority, contact our HIPAA Compliance Officer at the phone number or address listed below. You also have the right to file a complaint with the Secretary of the Federal Department of Health and Human Services. You will not be retaliated against for filing a complaint.

If you have any questions about your privacy rights, if you wish to exercise any of the rights described above, or if you wish to file a complaint, please contact:

Bobby Putnam, HIPAA Compliance Officer

Gilpin Ambulance Authority

Phone: (303) 582-5499

Address: PO Box 638, Black Hawk, CO 80422

Gilpin Ambulance Authority is required to abide by the terms currently in effect and reserves the right to change the terms of this notice at any time. Changes will be effective immediately and apply to all protected health information we maintain. You can obtain a copy of the latest version of this notice by contacting the HIPAA Compliance Officer identified above.

This notice is effective as of September 17, 2024.