



**Tri-Lakes/Monument Fire Protection  
District dba  
Monument Fire District**  
[www.monumentfire.org](http://www.monumentfire.org)

**Notice of Privacy Practices**

As an essential part of our commitment to you, and as required by law, Monument Fire District (MFD) 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.) MFD 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 MFD 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.monumentfire.org](http://www.monumentfire.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 MFD 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**

*MFD 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.

#### **SUD Treatment Information.**

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.

**You may choose to opt-out of participation in the Contexture HIE at any time. To opt-out 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.monumentfire.org](http://www.monumentfire.org)*

#### **Effective February 16, 2026**

*This Notice of Privacy Practices applies to the following organizations: EMSMC, Local Hospitals, First Responders, Contexture*

**Privacy Officer, EMS Coordinator, Rachael Peters**  
[rpeters@monumentfire.org](mailto:rpeters@monumentfire.org)

**Complaint and Security Officer, Battalion Chief, Shannon Balvanz,**  
[sbalvanz@monumentfire.org](mailto:sbalvanz@monumentfire.org)

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