

**RESOLUTION
BOARD OF DIRECTORS OF THE
HUDSON FIRE PROTECTION DISTRICT**

A RESOLUTION ESTABLISHING A POLICY FOR REQUESTS FOR PUBLIC RECORDS AND ASSESSING CHARGES FOR THE PRODUCTION OF PUBLIC RECORDS

WHEREAS, the Hudson Fire Protection District ("**District**") is a political subdivision of the State of Colorado, organized pursuant to C.R.S. § 32-1-101, *et seq.* ("**Special Districts Act**"), to provide fire and emergency services to the citizens and property within its jurisdiction, and to individuals passing through its jurisdiction;

WHEREAS, pursuant to the Special Districts Act, C.R.S. § 32-1-1001(1)(h) and (m), the District's Board of Directors ("**Board**") is vested with the management, control, and supervision of all the business and affairs of the District, and is authorized to adopt, amend, and enforce rules and regulations for carrying out the District's business and affairs;

WHEREAS, the Board is authorized by statute to charge a reasonable fee for copies, printouts, and photographs made at the request of an individual or entity pursuant to the Colorado Public (Open) Records Act, C.R.S. § 24-72-205 ("**Open Records Act**"), and the Regulations promulgated by the U.S. Department of Health and Human Services interpreting and implementing the Health Insurance Portability and Accountability Act of 1996, 45 CFR 164.524(c) (collectively, "**HIPAA**");

WHEREAS, the Board intends for this Resolution to supersede and replace all prior Board Resolutions, motions, or Board or District rules or regulations (collectively, "**Prior Rules**") with respect to responding to requests for public records and assessing charges for the production of public records, and for such Prior Rules to be rescinded for all purposes; and

WHEREAS, the Board determines that the fees it establishes by this Resolution are reasonable, cost-based fees, as required by the regulations and guidance implementing HIPAA, and in compliance with the requirements and restrictions of the Open Records Act.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE HUDSON FIRE PROTECTION DISTRICT THAT:

1. The term "**public records**" shall have the same meaning as set forth in the Open Records Act.

2. All requests for public records shall be in writing and shall comply with the requirements of the Open Records Act, HIPAA, and any other applicable federal or state laws, rules, or regulations (collectively, "**Applicable Law**"). Anyone making a verbal, emailed, or other non-standard form request for public records will be asked to submit the request in writing on a

Public Records Request Form in substantially the form attached hereto as *Attachment A*, as may be amended by the Board or Chief Staff from time to time in accordance with Applicable Law or to enhance administrative efficiency. No action related to the request will be taken until a Public Records Request Form has been submitted.

3. The District will comply with the requirements of Applicable Law with respect to whether it must, may, or cannot produce public records, or other documents or information requested, and the fees it charges for producing such public records, or other documents or information.

4. Where the fee for a certified copy or other copy, printout, or photograph of a public record is specifically prescribed by Applicable Law, the specific fee shall be charged. If a fee is not specifically prescribed by Applicable Law, the District will furnish copies, printouts, or photographs of a public record for a fee of \$0.25 per standard page. The District shall charge a fee not to exceed the actual cost of providing a copy, photograph, or printout in a form other than a standard page. The District shall charge the actual costs it incurs in having the copies made off-site by an outside copying facility.

5. If, in response to a specific request, the District's custodian of records performs a manipulation of data so as to generate a record in a form not used by the District (including a privilege log), an hourly administrative fee equal to the hourly research and retrieval fee discussed below in paragraph 6 shall be charged to the person or entity making the request; provided, however, that the fee shall not exceed the actual cost of manipulating the data and generating the record in accordance with the request. An individual or entity making a subsequent request for the same or similar records shall be charged the same fee.

6. If the amount of time required by the District to research and retrieve the documents necessary to fulfill a specific request exceeds 1 hour, including the time required to identify and segregate records that must or may not be produced, the person or entity making the request shall be charged a research and retrieval fee of \$41.37 per hour, or such maximum hourly research and retrieval fee as may be established by the Colorado Legislative Council from time to time. Such fee will include discussing strategy for getting documents collected (including time to agree on search terms and searchable time frame for email searches), redactions, and attorney time to review documents. The District will not impose a charge for the first hour of time expended in connection with the research and retrieval of public records.

7. Medical or Mental Health Records.

(a) If an individual or entity requests medical or mental health records pursuant to C.R.S. § 24-72-204(3)(a)(1) that **do not** contain protected health information (as defined under HIPAA, 45 CFR § 160.103) ("**PHI**"), and such records can be produced under Applicable Law, the District will charge fees in accordance with the other paragraphs of this Resolution;

(b) If a third-party requests medical or mental health records pursuant to C.R.S. § 24-72-204(3)(a)(I) that contain an individual's PHI **and** submits a written HIPAA

authorization from that individual (or relies on another permission in HIPAA) for the disclosure, and such records can be produced under Applicable Law, the District will charge fees in accordance with the other paragraphs of this Resolution;

(c) If an individual requests medical or mental health records pursuant to C.R.S. § 24-72-204(3)(a)(I) that contain that individual's PHI **and** directs that the records be delivered to the individual, their representative, or a third-party, the District, in its discretion, shall charge either:

i. A flat fee of \$6.50 for electronic copies of medical or mental health records that the District maintains electronically; or

ii. The actual labor costs incurred by the District to produce the medical or mental health records, which may include:

A. Labor for copying the medical or mental health records, whether in paper or electronic form;

B. Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media;

C. Postage, when the individual has requested the copy, or a summary or explanation of such information, be mailed; and

D. Preparing an explanation or summary of the medical or mental health records, if the individual agrees to such an explanation or summary, and the associated fees, in advance.

If the District receives a request to produce medical or mental health records in paper form, or the District is unable to produce the requested medical or mental health records in an electronic format, the District will provide paper copies of the records and will charge the actual labor costs incurred by the District to produce the records, as set forth in paragraph 7(c)(ii) above. The District will provide an estimate of the approximate fee that may be charged for copies of the requested medical or mental health records.

8. Upon request for transmission of the public record, the District will transmit the public record by United States mail, other delivery service, facsimile, or electronic mail. If transmitting the public record pursuant to this paragraph, the District may notify the record requester that a copy of the public record is available, but will be sent only when the District receives payment or makes satisfactory arrangements for payment of all costs associated with transmitting the public record and for all other fees lawfully allowed; provided, however, that no transmission fees will be charged for transmitting the public record via electronic mail. The District will transmit the public record within three business days following its receipt of, or making satisfactory arrangements to receive, such payment.

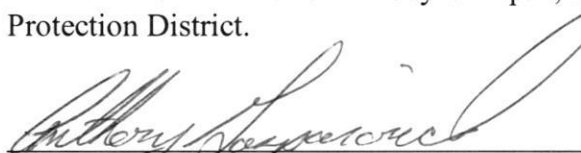
9. If an individual or entity requests that public records be provided by fax or email, and not by U.S. mail or delivery service, the individual shall be required to provide a written

statement that the individual or entity understands the public records will be sent through unencrypted fax/email that is not secure and there is a risk that the records could be seen by a third party during electronic transmission, while in electronic storage, and/or upon completed delivery. The District is not responsible for unauthorized access of the PHI resulting from the faxed or emailed transmission, or for safeguarding the PHI upon delivery.

10. The District will destroy the copies of any public records that have not been picked up within 30 calendar days of the date the request was submitted to the District. The District shall keep any fees pre-paid by the requestor to compensate the District for the costs it incurred in preparing the public records for pickup.

11. This Resolution shall supersede and replace all Prior Rules with respect to responding to requests for public records and assessing charges for the production of public records, and such Prior Rules are hereby rescinded for all purposes and are null and void.

ADOPTED this 14th day of April, 2026 by the Board of Directors of the Hudson Fire Protection District.



~~D.J. Dowdy, Board President~~

Anthony Gasparovich,
Vice President/Acting
Chairperson



Shirley Sellers, Board Secretary/Treasurer

PATIENT ACCESS REQUEST FOR PROTECTED HEALTH INFORMATION

NOTE: This form is only for a patient or legal representative to request that medical records be sent to the patient. A HIPAA compliant Authorization to Release Medical Information must be submitted to release the patient's information to anyone other than the patient or legal representative.

1. Patient Information (Please print)

Patient's Full Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Incident/Service: _____

2. What records do you want? _____

3. Delivery Method for Copies of Records:

- I wish to inspect the records at the District's administrative offices at 702 Cedar Street, Hudson, Colorado, and do not want any copies of the records delivered to me.
- By pick-up at District's administrative offices at 702 Cedar Street, Hudson, Colorado. *Records not picked-up within 30 days will be destroyed, without refund of any fees paid.*
- By mail to the following address: _____
- By unsecured fax to the following fax number: _____
- By unsecured email to the following email address: _____

4. _____

Printed Name of Legal Representative if Patient is Not Capable of Signing

If this form is not signed by patient, identify relationship to patient.

5. _____
Relationship to Patient if signed by Legal Respective. (example: Guardian of a Minor, Deceased's Next of Kin)

6. _____
Signature of Patient or Legal Representative **Date**

7. Personal Identification Required.

The person submitting this form must verify their identity. If Legal Representative or other, provide documentation establishing authority such as Power of Attorney. Mark the form of government issued Photo Identification being submitted with this form: [] Driver's License [] Passport [] Identification Card issued by Colorado Dept. of Revenue [] Other: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO THIRD-PARTY

Patient Information:

Patient Name: _____ Date of Birth: _____
Address: _____
Telephone: _____ Email Address: _____

I, _____, authorize Hudson Fire Protection District ("District") to release the
Patient or Patient's Representative
following records, including any Protected Health Information regarding the patient that the records contain, to the below individual (and organization if applicable). Please list the records you are authorizing for release with as much detail as possible, including the type of record, a date or date range, the specific subject matter, and the names of persons and locations. Please attach additional pages if more space is needed. **You must specifically authorize the release of records relating to drug/alcohol abuse, child abuse, HIV status, genetic testing, sickle cell anemia, or mental health records.** A separate authorization is required for release of psychotherapy notes.

Records Requested: _____

The records listed above may be released to the following individual(s) or organization(s):

Name of Recipient: _____ Organization: _____
Address: _____
For: _____

Delivery Method for Copies of Records:

- I wish to inspect the records at the District's administrative offices at 702 Cedar Street, Hudson, Colorado, and do not want any copies of the records delivered to me.
 - By pick-up at the District's administrative offices at 702 Cedar Street, Hudson, Colorado. *Records not picked-up within 30 days will be destroyed, without refund of any fees paid.*
 - By mail to the following address: _____
 - By unsecured fax to the following fax number: _____
 - By unsecured email to the following email address: _____
-

Expiration. Unless earlier revoked, this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law.

Revocation. I have the right to revoke this authorization in writing at any time, except to the extent that action has been taken based on this authorization.

Patient Rights. I understand I have a right to a copy of this authorization. I have the right to inspect or copy the information to be disclosed as provided in 45 CFR 164.524. I have the right to inspect or amend my medical records as provided in 45 CFR 164.526. I have the right to an accounting of the use and disclosure of my health information to any third party as provided in 45 CFR 164.528.

Re-disclosure. I understand that any disclosure of Protected Health Information carries with it the potential for unauthorized re-disclosure and may no longer be protected by federal confidentiality rules.

SIGNATURE: I understand that authorization for the disclosure of these records and Protected Health Information is voluntary and I can refuse to sign this authorization. I understand that medical treatment, payment, enrollment, and eligibility for benefits cannot be, and are not, conditioned on whether I sign this authorization. Photocopies of this authorization may be used in lieu of the original.

Signature of Patient or Personal Representative: _____ Date: _____

Printed Name of Patient or Personal Representative: _____ Date: _____

Description of Personal Representative's Authority: _____

If Legal Representative or other, provide documentation establishing authority such as Power of Attorney.

Personal Identification Required: The person submitting this form must verify their identity. Mark the form of government issued Photo Identification being submitted with this form: [] Driver's License [] Passport [] Identification Card issued by Colorado Dept. of Revenue [] Other: _____

HUDSON FIRE PROTECTION DISTRICT
NOTICE OF PRIVACY PRACTICES

Effective April 14, 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.

Hudson Fire Protection District
702 Cedar Street
Hudson, Colorado 80642
<https://www.hfpdco.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 at 303-536-0161. 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 Hudson 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: _____

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: _____