

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

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

WHEREAS, the Evans 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 District 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*");

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requests for public records and assessing charges for the production of public records, and for such Prior Rules to be rescinded for all purposes; and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, in compliance with the requirements and restrictions of the Open Records Act.

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE
EVANS 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 must be made in writing on the District's Public Records Request Form, and must comply with the requirements of the Open Records Act and any other applicable federal or state laws ("*Applicable Law*"). The District's Public Records Request Form shall be in substantially the form attached hereto as Attachment I, as may be amended by the Board or Executive 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 one 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 accomplishing the collection of public records (including time to agree on search terms and searchable time frame for email searches), redactions, and attorney time to review public records. The District will not impose a charge for the first one hour of time expended in connection with the research and retrieval of public records.

7. 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.

8. 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 25th day November, 2024.

BOARD OF DIRECTORS OF THE
EVANS FIRE PROTECTION DISTRICT



President



Secretary

EVANS FIRE PROTECTION DISTRICT RECORDS REQUEST FORM

NOTICE: The Evans Fire Protection District (District) complies with the requirements of the Colorado Open Records Act and all other applicable laws with respect to the production of public records, including whether it must, may, or cannot produce public records, and the fees it charges for such production. A complete copy of District's Open Records Request Policy and fees can be found on the District's website at <https://www.evansfiredistrict.org/general/page/open-records-request>. **All requests for public records must be sent to Business Manager Sharon Bowles at sbowles@evansfiredistrict.org.**

Person Requesting Records:

Full Name: _____ Date of Request: _____

Address: _____

Email Address: _____ Telephone: _____

Records Requested: Please list below the records you are requesting with as much specificity as possible, including the type of record, a date or date range, the specific subject matter, and the names of persons or locations. Please attach additional pages if more space is needed.

Protected Health Information: If any of the records you are requesting contain health information protected from disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you must submit an *Authorization to Release Medical Information* (page 2).

Delivery Method for Copies of Records:

- I wish to inspect the records at the District's administrative offices at 2100 37th Street, Evans, Colorado 80620, and do not want any copies of the records delivered to me.
- By pick-up at the District's administrative offices at 2100 37th Street, Evans, Colorado 80620.
- By mail to the following address: _____
- By email to the following email address: _____

For E-Mail Delivery: If any of the records you are requesting contain health information protected under HIPAA, you must complete the section of the *Authorization to Release Medical Information* (page 2) entitled "*Authorization to Transmit via Electronic Means*" before the District can release the records to you.

SIGNATURE: By signing below, I acknowledge that fees may be assessed for producing the records I am requesting, and/or for delivering the records to me. I have had the opportunity to review the District's Open Records Request Policy and fees for producing the public records, available at the link listed above. If requested by the District, I agree to pay all fees for my request before the District sends the records to me.

Signature: _____ Date: _____

| | |
|---|------------------------|
| For office use only: | |
| Record release approved by: _____ | Date: _____ |
| Record distributed via: Email USPS Picked up | Incident number: _____ |

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information:

Patient Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

I, _____, authorize the Evans 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:

Please list the records you are authorizing for release with as much specificity as possible, including the type of record, a date or date range, the specific subject matter, and the names of persons or 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.

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

Name of Recipient: _____ Organization: _____

Address: _____

For the purpose of: _____

OPTIONAL Authorization to Transmit via Electronic Means:

I request that the records listed above be released to the recipient by email, and not by U.S. mail or delivery service. I understand the records will be sent through **unencrypted 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 Protected Health Information resulting from emailed transmission, or for safeguarding the Protected Health Information upon delivery.

By 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 a 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: _____