



**West Plainfield Fire Protection District**  
24901 County Road 95, Davis, CA 95616 (530) 756-0212

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**AGENDA**  
**BOARD OF COMMISSIONERS – REGULAR MEETING**  
**April 21, 2026, at 7:00 PM**

To be Held in Person at Lillard Hall  
24905 County Road 95  
Davis, CA 95616

To be Held by Zoom: <https://us06web.zoom.us/j/98831083439>  
One tap mobile – +16699006833,98831083439#  
Dial by your location – (669) 900-6833 US (San Jose)  
Meeting ID: 988 3108 3439

1. Call the Meeting to Order and Establish Quorum (President Lindsey)
2. Public Comment
3. Old Business
  - a. Discussion / Action – Adopt Policy *Ride-Along Program / Riding in Fire Apparatus* (Policy 329) **(pgs 3-36)**
4. New Business
  - a. Weed Abatement Report (Firefighter Lee)
  - b. Discussion / Action – Standing Committee – Reports and Minutes
    - i. Lillard Hall Committee – **Amy**, Roos
      1. Hall Manager Report **(pgs 37-39)**
    - ii. Budget and Benefits Committee – **Stiles**, Lindsey
      1. Approve April 3, 2026, Committee Meeting Minutes **(pgs 40-41)**
5. Fire Chief's Report (Chief Stiles)
  - a. Incidents for March 2026 **(pgs 42-48)**
  - b. Staffing Updates
  - c. Grant Updates
  - d. Miscellaneous

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6. Assistant Chief's Report (AC Beoshanz)
7. Fire Fighter's Association Report (President Lee)
8. Board Clerk's Report (Clerk Rita)
  - a. Informational
    - i. Trial Balance – FYE 2026 – Period 9 – Closed (pg 49)
    - ii. FYE 2026 Deposits to Date (pg 50)
  - b. Discussion / Action – West Plainfield Fire Protection District Bill Review / Payment Ratification (pgs 51-52)
  - c. Discussion / Action – Approve March 17, 2026, Board Meeting Minutes (pgs 53-58)
9. Open Forum
10. Next Regular Board Meeting on May 19, 2026, Unless Another Date is Agreed Upon
11. Meeting Adjourned (President Lindsey)

## Ride-Along Program / Riding in Fire Apparatus

### 329.1 PURPOSE AND SCOPE

The Ride-Along Program provides an opportunity for civilians to experience fire service functions first hand. This policy provides the requirements and approval process for requests to ride in a fire apparatus or to participate in the Ride-Along Program, as well as the hours of operation for the Ride-Along Program.

### 329.2 DEFINITIONS

**Civilian** - Non-West Plainfield Fire Department member.

**Participant** - A civilian or off-duty fire service personnel riding in a fire apparatus, whether as part of the Ride-Along Program or simply riding in a fire apparatus.

**Ride-along** - Depending on context, refers to the Ride-Along Program or to the participant riding in a fire apparatus as part of the Ride-Along Program.

**Ride** - Scheduled ride-along or approved ride in a fire apparatus.

**Rider** - A participant riding in a fire apparatus, but not as part of the Ride-Along Program.

### 329.3 POLICY

[This policy addresses the District's Ride-Along Program and other conditions in which an individual may ride in District's fire apparatus, including the responsibilities of participants and riders.](#)

[The Ride-Along Program and any other opportunities to ride in fire apparatus are a voluntary initiative of the District and the program and opportunities may be suspended or canceled at any time. This policy affords participants in the Ride-Along Program the opportunity to learn about the District and its work through observation. It also provides others with an opportunity to ride in a fire apparatus as outlined elsewhere in this Policy.](#)

[Participants and riders are not employees, volunteers, or otherwise authorized or eligible to participate in services provided by the District in the course of a ride-along. Ride-alongs are strictly observational and educational in nature. ~~It is the policy of the to provide an opportunity for civilians to experience fire service functions or to simply ride in fire apparatus when specific criteria are met.~~](#)

### 329.4 PROCEDURE TO REQUEST A RIDE-ALONG OR A RIDE IN FIRE APPARATUS

Generally, ride-along requests and requests to ride in fire apparatus will be reviewed and scheduled by the Assistant Chief of Operations or the authorized designee.

If approved, the Assistant Chief of Operations or the authorized designee will schedule a ride-along date, based on availability, generally at least one week after the date of application. The Assistant Chief of Operations or the authorized designee shall notify the respective Company Officer as soon as possible for scheduling considerations.

## *Ride-Along Program / Riding in Fire Apparatus*

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The Assistant Chief of Operations or the authorized designee will review requests to ride in fire apparatus and, if approved, will notify the respective Company Officer as soon as possible.

If a request is denied, a representative of the Department will contact the applicant and advise them of the denial.

Once approved, participants will be allowed to ride no more than once every six months. An exception may be made for the following: fire academy students, chaplains, and others with approval of the Assistant Chief of Operations.

No more than one ride-along or rider will be allowed in the fire apparatus at a given time.

### 329.4.1 REQUIREMENTS

Prior to participating in a ride-along, every individual who may come into contact with private health-related information will be required to complete ~~HIPAA~~ [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [California Medical Information Act \(CMIA\)](#) training and sign a non-disclosure agreement to keep all confidential, [sensitive, or protected](#) information, [including but not limited to information protected by HIPAA and the CMIA](#), learned during the ride-along confidential.

Participants must be at least 18 years old. Prior to participating in a ride-along or ride, every individual must acknowledge the risks and sign a written waiver of claims and release of liability.

The participant must be in good health and must not be suffering from any illness or injury, including cold, flu or respiratory infection on the date scheduled for the ride-along or ride.

### 329.4.2 ELIGIBILITY

The opportunity to schedule a ride-along or ride is offered to District and Board members and their family members, District residents and their family members, fire academy students, and chaplains. Every attempt will be made to accommodate interested persons; however, [opportunities to participate in the program or ride in a fire apparatus are limited and](#) any applicant may be [rejected in the District's sole discretion based on operational, safety, or administrative considerations, among other reasons](#) ~~disqualified without cause~~.

The following factors may be considered in disqualifying an applicant and are not limited to:

- Being under 18 years of age.
- Prior criminal history.
- Pending criminal action.
- Pending lawsuit against the Department.
- Denial by any supervisor.
- Poor health or other condition that cannot be reasonably accommodated.

## *Ride-Along Program / Riding in Fire Apparatus*

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### 329.4.3 AVAILABILITY

The Ride-Along Program is available on most days of the week, with certain exceptions. The ride-along times are established by the Assistant Chief of Operations and shall not exceed 8 hours. The opportunity to ride in a fire apparatus is dependant on approval of the request.

[Any ride-along or ride in a fire apparatus may be terminated for operational needs, safety concerns, or other reasons in the sole judgment of the Company Officer or Assistant Chief of Operations at the time of the ride along or ride in a fire apparatus.](#)

### 329.4.4 SUITABLE ATTIRE

Any person approved to ride along as part of the Ride-Along Program is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted for ride-alongs. Hats and ball caps will not be worn in the fire apparatus. The Assistant Chief of Operations or Company Officer may refuse to accomodate anyone not properly dressed.

### 329.5 FIREFIGHTER RIDE-ALONGS

Off-duty members of this Department or of any other fire service agency will not be permitted to ride-along with on-duty firefighters without the express consent of the Assistant Chief of Operations or the authorized designee. In the event that such a ride-along is permitted, the off-duty member shall not be considered on-duty and shall not represent themselves as a firefighter or participate in any fire service activity except as emergency circumstances may require.

### 329.6 COMPANY OFFICER RESPONSIBILITIES

The Company Officer shall advise the Assistant Chief of Operations that a civilian is present in the fire apparatus before going into service. Company Officer shall consider the safety of the civilian at all times. Company Officers should use discretion when encountering a potentially dangerous situation, and if feasible, require the participant to remain in the fire apparatus.

### 329.7 CONTROL OF RIDER

The Company Officer shall maintain control over the rider at all times and instruct them in the conditions that necessarily limit their participation. These instructions should include:

- (a) The rider will follow the lawful directions of any Department member.
- (b) The rider will not become involved in any investigation, discussions with victims or handling any fire equipment.
- (c) Either the rider or the Company Officer may terminate the ride at any time. Reasonable effort will be made to return the rider to their home or to the fire station if the ride is terminated.
- (d) Company Officers will not allow riders to be present in any residence or situation that would jeopardize their safety or cause undue stress or embarrassment to a victim or any other citizen.

*Ride-Along Program / Riding in Fire Apparatus*

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- (e) Under no circumstance shall a civilian rider be permitted to enter a private residence with the fire crew without the express consent of the resident or other authorized person.
- (f) The participant shall not photograph or record (audio or visual) any portion of the ride-along. Further a participant shall not post any details of the ride-along on social media, including but not limited to details of incidents, the identity of members of the public contacted during the ride-along, or any other information of a similar nature.



## West Plainfield Fire Protection District

24901 County Road 95, Davis, CA 95616

(530) 756-0212

### LIABILITY WAIVER RIDE-ALONG PROGRAM (v2026)

The intent of the West Plainfield Fire Protection District (WPPFD) Ride-Along Program is to provide an opportunity for individuals, 18 years of age and older, to accompany WPPFD personnel and observe them in the performance of their duties. WPPFD is considering the following date(s) to permit me to with WPPFD Personnel in WPPFD vehicles and apparatus as well as to enter and observe operations at Station 30.

Date(s): \_\_\_\_\_

I, \_\_\_\_\_ [print your name], understand, and agree to, the following:

1. I agree to comply fully with any directives, orders, or requests from WPPFD personnel during the Ride-Along Program.
2. I agree to observe strictly the confidentiality of WPPFD information, including personal patient information and medical records. Any breach of confidentiality will result in the termination of my Program privileges and may result in legal action(s) being taken against me by WPPFD and/or its patients.
3. I understand that riding along with and observing WPPFD personnel perform their duties comes with many serious health risks, such as exposure to hazardous materials, infectious diseases, emotionally traumatic situations, fires, explosions, and other dangers. I accept and assume these risks. I agree to conduct myself in such a way so as not to impede the functions of the crew as they perform routine or emergency duties.
4. As a citizen on the Ride-Along Program I understand I will be required to dress appropriately for existing weather conditions. No apparel or special equipment will be provided to participants by the West Plainfield Fire Department. As a participant I will dress neatly. I will not wear sandals, t-shirts, halter-tops, or shorts.

I, therefore, in consideration of the privilege of participating in the WPPFD Ride-Along Program, do hereby waive, release, and forever discharge the County of Yolo, the West Plainfield Fire Protection District, the West Plainfield Fire Department, and any officer, employee, servant or agent of each, or their successors, heirs, executors, administrators, or assigns, from and against any and all claims, suits, demands, and/or liabilities of whatever kind or nature, including attorney's fees, which arise out of their liability for causing any injury or damages which may have been sustained as a result of my participation in the WPPFD Ride-Along Program.

This waiver and release includes all injuries and/or damages, whether know or unknown, foreseen or unforeseen, and whether they are latent or occur later as a result of the activities set forth above. This waiver and release is a general release, and is expressly made with knowledge of and a waiver of reliance on, the provisions of §1542 of the California Civil Code, which provides as follows:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I have read this release and understand the terms used in it and their legal significance. I have executed this release voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Further, I have been advised and am aware of the possible dangers associated with this Ride-Along.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**WPPFD Use Only**

**Receipt of Signed Waiver**

I, \_\_\_\_\_ [print name] accept this waiver on behalf of WPPFD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approval by West Plainfield Fire Department Chief Officer or Designee**

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date



**West Plainfield Fire Protection District**  
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# California Confidentiality of Medical Information Act (CMIA)

v2026

## 1. What Is "CMIA"?

CMIA refers to the **California Confidentiality of Medical Information Act**, a state law that protects the privacy and security of patients' medical information.

It applies to:

- Healthcare providers
- Health plans
- Contractors and vendors
- Employers handling medical records

CMIA works alongside **HIPAA** but often has **stricter penalties**.

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## 2. What Is "Medical Information"?

Under CMIA, **medical information** includes:

- ✓ Any individually identifiable information
- ✓ Related to physical or mental health
- ✓ Diagnosis, treatment, or payment
- ✓ In electronic, paper, or verbal form

## Examples

- Medical charts
  - Lab results
  - Insurance claims
  - Appointment records
  - Mental health notes
  - Prescription data
- 

## 3. Who Must Comply?

CMIA applies to:

### Covered Entities

- Hospitals
- Clinics
- Doctors' offices
- Pharmacies
- Dentists
- Mental health providers

### Other Parties

- Billing companies
- IT vendors
- Cloud providers
- Employers with medical files

If you **handle medical data**, CMIA applies to you.

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## 4. Patient Rights Under CMIA

Patients have the right to:

- ✓ Privacy and confidentiality
- ✓ Access their records
- ✓ Request corrections

- ✓ Know how their data is used
- ✓ File complaints

Organizations must respect these rights at all times.

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## 5. When Can Medical Information Be Shared?

### Allowed Disclosures

Medical information may be shared for:

- ✓ Treatment
- ✓ Payment
- ✓ Healthcare operations
- ✓ Legal requirements
- ✓ Patient authorization
- ✓ Public health reporting

### Written Authorization Required For:

- Marketing
- Research (in many cases)
- Non-medical disclosures
- Third parties not involved in care

Never share information “just because someone asks.”

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## 6. Safeguarding Medical Information

### Physical Safeguards

- Lock file cabinets
- Secure workspaces
- Badge access
- Shred documents

### Technical Safeguards

- Passwords

- Encryption
- Secure networks
- Access controls
- Audit logs

## Administrative Safeguards

- Policies and procedures
  - Staff training
  - Access reviews
  - Incident response plans
- 

## 7. Employee Responsibilities

Every employee must:

- ✓ Access only what is needed
- ✓ Use strong passwords
- ✓ Log out of systems
- ✓ Verify identity before sharing
- ✓ Report incidents immediately
- ✓ Follow company policies

### “Minimum Necessary Rule”

Only use the **minimum amount of information** needed to do your job.

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## 8. Common Violations

Avoid these frequent mistakes:

- ✗ Discussing patients in public areas
- ✗ Leaving screens unlocked
- ✗ Sharing passwords
- ✗ Sending data to wrong email
- ✗ Accessing records without reason
- ✗ Losing devices with patient data

Even accidental violations can lead to penalties.

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## 9. Data Breaches & Incident Reporting

### What Is a Breach?

A breach occurs when medical information is:

- Accessed
  - Used
  - Disclosed
  - Lost
- without authorization.

### Examples

- Stolen laptop
- Phishing attack
- Wrong fax/email
- Hacked system

### What To Do

1. Report immediately to supervisor/IT
2. Do NOT try to hide it
3. Preserve evidence
4. Follow incident response procedures

Quick reporting reduces legal risk.

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## 10. Penalties and Enforcement

### Civil Penalties

Up to:

- \$2,500 per violation
- \$25,000 per year (negligence)
- Higher for willful violations

## Criminal Penalties

- Fines
- Jail time (serious cases)

## Lawsuits

Patients can sue organizations for damages.

Non-compliance is expensive.

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## 11. Relationship to HIPAA

Area	CMIA	HIPAA
Scope	California only	Federal
Penalties	Often higher	Federal limits
Enforcement	State AG + lawsuits	HHS OCR

Organizations in California must comply with **both**.

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## 12. Practical Scenarios (Training Exercises)

### Scenario 1

You receive an email asking for patient records from an unknown sender.

Correct Response:

- Verify identity
  - Do not send data
  - Contact supervisor
- 

### Scenario 2

You see a coworker viewing a family member's record.

✓ Correct Response:

- Report to compliance/privacy officer
- 

### Scenario 3

You accidentally send a file to the wrong recipient.

✓ Correct Response:

- Report immediately
  - Do not delete evidence
- 

### 13. Best Practices

- ✓ Lock your computer
- ✓ Double-check recipients
- ✓ Use secure messaging
- ✓ Keep desks clear
- ✓ Attend training
- ✓ Ask if unsure

When in doubt: **Don't share. Ask first.**

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### 14. Employee Acknowledgment

"I understand my responsibilities under CMIA and agree to protect patient medical information."

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(Signature / Date)



**General HIPAA Awareness**

## Introduction

### Course Overview and Objectives

The Healthcare Insurance Portability and Accountability Act (HIPAA) was signed into law on 21st August 1996 as an Act to "improve the portability and accountability of health insurance coverage" for employees between jobs, to combat waste, fraud, and abuse in health insurance and healthcare delivery. It was enacted after Congress determined that the electronic transfer of billing and healthcare claims information increased the chances that personal medical information could be abused. HIPAA privacy regulations require that access to patient information be limited to only authorized personnel and that authorized persons have access only to necessary information. The Omnibus Final Rule of 2013 enacted further legislation within HIPAA and more changes to the guidelines for protecting patient healthcare and payment information.

HIPAA requires compliance in protecting the confidentiality and integrity of health information and patients' rights to privacy. The law mandates the creation of new patient privacy rules related to the communication of health-related data and focuses on issues involving:

- obtaining health insurance at a new job with pre-existing medical conditions
- protection from fraud
- privacy of patient health information

By the end of this course, you will be able to:

- Define "Protected Health Information" (PHI) and describe the importance of safeguarding PHI
- Describe patient rights under the HIPAA Privacy Rule
- Describe how and when PHI may be disclosed
- State the consequences of failure to comply with HIPAA regulations
- Understand privacy laws and policies

## HIPAA

### Who Is Affected by HIPAA?

The US Department of Health and Human Services Office for Civil Rights (OCR) is responsible for implementing and enforcing HIPAA privacy regulations.

"Covered Entities" include health plans, health care clearinghouses, or health care providers. A health care provider is defined as a provider of medical or health services and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business.

HIPAA compliance is required by all healthcare providers nationwide; however, states can incorporate their own laws to accompany HIPAA compliance. For example, California has added two laws that the entire state must adhere to in conjunction with HIPAA regulations.

These two laws are AB 211 and SB 541, and they do not negate or interfere with HIPAA; instead, they create a separate and parallel state-run system of HIPAA-type enforcement. Because of these two laws, it is now possible for a single (or series) of HIPAA complaints or violations to simultaneously trigger both federal and state investigations, audits, administrative fines, civil monetary fines, and criminal charges.

### Knowledge Check

Why was HIPAA enacted?

- A) Because the Privacy Protection Act (1980) was outdated.
- B) The release of private health information was NOT a concern with the general public regarding individual patient information.
- C) Congress determined that the electronic transfer of billing and healthcare claims information increased the chances that personal medical information could be abused.
- D) Because the citizens of the United States voted for it to be enacted.

Answer: C

## Privacy Before HIPAA

### Privacy Laws

The 4th Amendment generally protects the privacy rights of citizens. Before HIPAA was enacted, a variety of other legislation existed to protect an individual's right to privacy, such as the:

Fair Credit Reporting Act (1970), the Right to Financial Privacy Act (1978), and the Privacy Protection Act (1980).

While most of these laws protected aspects of personal information (mostly financial), they did not cover health information.

Many states had adopted laws that protect health information relating to certain health conditions such as mental illness, communicable diseases, cancer, HIV/AIDS, and other stigmatized conditions. However, state laws, with a few notable exceptions, did not extend comprehensive protections to medical records, and many state rules failed to provide basic protections such as ensuring a patient's legal right to see a copy of his or her medical record.

## Concerns About Loss of Privacy

### Statistics

Even though many laws existed to protect privacy, several studies through the 1990's indicated that people were very concerned about the privacy of their personal information

In a 1995 survey, 80% of respondents agreed with the statement that they had lost all control of their medical information.

## General HIPAA Awareness

A 1998 national survey showed that 33% of respondents were concerned about the amount of information being requested from various sources, and 55% were VERY concerned.

A 1999 survey asked what issues concerned people the most in the coming century. 29% listed "Loss of Personal Privacy" as a first or second concern compared to the 23% or less who selected terrorism, world war, or global warming.

- When surveyed about electronic medical records/databanks, 75% expressed concern about insurance companies putting information about them in a database accessible by others.
- 35% of Fortune 500 companies look at medical records before making hiring or promotional decisions.

As Internet usage grows, so do concerns about privacy. A 1999 survey showed that 59% worry that an unauthorized person will gain access to their information and 75% of people visiting health sites are concerned that information is being shared.

### Case Studies

The following case studies are examples of HIPAA privacy violations.

In 2014, a Walgreens Co. pharmacist violated the HIPAA act when she shared confidential medical info about a customer who once dated her husband. The customer's lawyer, Neal F. Eggeson Jr., said the case sets an example, since it proves businesses can now be held liable for the actions of their employees.

A cardiac monitoring vendor got into HIPAA hot water when a laptop containing hundreds of patient medical records was stolen from a parked car. The Office for Civil Rights reached a \$2.5 million settlement with the vendor, demonstrating that the federal government is extremely aggressive in prosecuting HIPAA cases involving third parties and portable digital media.

## History of HIPAA

### Timeline

HIPAA was enacted to address these privacy concerns.

1996

HIPAA was signed into law in 1996. The legislation was originally known as the Kennedy-Kassebaum Bill. The privacy regulations were not specified, but Congress was to enact laws and policy regarding privacy by 1999. If Congress failed to develop standards, the task would fall to Department of Health and Human Services (DHHS).

1999

## General HIPAA Awareness

In 1999 DHHS became responsible for developing the privacy regulations. The department proposed privacy standards and opened them up for public comment. Between 1999 and 2000, they received 50,000 comments on the proposed regulations.

2000

In December 2000, DHHS published the "Final Privacy Rule".

2001

In February 2001, the enactment of the "Final Privacy Rule" was delayed because of "administrative difficulties" and further public comment was requested. Even though the "Final Privacy Rule" was still under review, the implementation phase began in April 2001.

2002

On August 14, 2002, DHHS published the amended "Final Privacy Rule."

2003

April 14, 2003 was set as the deadline for training regarding privacy rules. The Privacy Rule defined Protected Health Information (PHI) as "any information held by a covered entity which concerns health status, the provision of healthcare, or payment for healthcare that can be linked to an individual"

2005

On April 21, 2005, The HIPAA Security Rule became enforced. It deals specifically with electronically stored PHI (ePHI), the Security Rule laid down three security safeguards – administrative, physical and technical.

2006

The failure of many covered entities to fully comply with the HIPAA Privacy and Security Rules resulted in the introduction of The Enforcement Rule in March 2006. The Enforcement Rule gave the Department of Health and Human Services the power to investigate complaints against covered entities for failing to comply with the Privacy Rule, and to fine covered entities.

2009

The introduction of the Health Information Technology for Economic and Clinical Health Act (HITECH) in 2009 had the major goals of compelling healthcare authorities to use Electronic Health Records (EHRs) and to join the Meaningful Use incentive program. Stage One of Meaningful Use was rolled out the following year, incentivizing healthcare organizations to maintain PHI in electronic format, rather than in paper files and other physical formats.

2013

In 2013 the introduction of The Omnibus Final Rule filled gaps in existing HIPAA and HITECH regulations. One of the things it did was specify the encryption standards that needed to be applied to render ePHI unusable, undecipherable and unreadable in the event of a breach.

2024

On June 25, 2024, the HIPAA Privacy Rule was amended to strengthen protections for reproductive health information. The rule introduced a formal definition of "reproductive health care" and set new limits on how Protected Health Information (PHI) can be used or disclosed in relation to investigations or legal actions connected to lawful reproductive health services.

## What is HIPAA designed to do?

### Portability of Medical Coverage

HIPAA recognizes that health information contains personal, confidential information, and it creates standards to protect each of our individual rights to keep it that way.

To facilitate the electronic exchange of health information, HIPAA requires organizations to maintain security and privacy standards.

### HIPAA is designed to:

- give patients more control over use of data
- set boundaries on uses and disclosures of data
- establish safeguards to protect data
- establish accountability for privacy breaches
- balance privacy with social responsibility

The "P" in HIPAA stands for portability of medical coverage, which means that a health plan or insurer may not exclude coverage of person for any pre-existing medical conditions for more than a year after the individual's enrollment date of the health plan.

Portability does not mean that individuals can carry their current health benefits, plan, or policy with them when moving from one health plan or policy to another. An example of this would be switching health plans due to changing or a losing job. The person receives the coverage as provided by the new plan; however, the new plan cannot exclude pre-existing conditions of that person.

In terms of HIPAA, portability means an individual receives credit for having continuous health coverage, even though it may be spread out amongst different health plans or policies. Some medical plans can exclude coverage for an individual's pre-existing condition for a brief period, called an exclusion period. During this time, the plan or issuer may decide not to cover or pay for treatment of a medical condition if it was present prior to the individual's enrollment date under the new health plan. However, under HIPAA, this exclusion period is limited to 12 months.

Additionally, according to HIPAA, the medical plan must count any creditable coverage that individuals accumulated prior to their enrollment date to reduce their remaining pre-existing

condition exclusion period. So, if a person gets a new job and is about to begin new health care coverage, but he had continuous coverage for 12 consecutive months prior to the effective date of his new health insurance plan, then the new plan cannot exclude any pre-existing conditions, even for the allotted 12 months.

## The HIPAA Compliance Audit Program

### Overview

In 2011, the Office for Civil Rights commenced a series of pilot compliance audits to assess how well healthcare providers were implementing HIPAA Privacy, Security and Breach Notification Rules. The first round of pilot audits was completed in 2012 and highlighted the dire state of healthcare compliance in America.

Audited organizations registered numerous violations of the HIPAA Breach Notification Rule, Privacy Rule and Security Rule, with the latter resulting in the highest number of violations. The OCR issued action plans to help those organizations achieve compliance. The OCR also conducted an extensive evaluation of the effectiveness of the pilot program. Drawing on that experience and the results of the evaluation, OCR is implementing phase two of the program, which will audit both covered entities and business associates.

The 2016 Phase 2 HIPAA Audit Program reviewed the policies and procedures adopted and employed by covered entities and their business associates to meet selected standards and implementation specifications.

## What Information Is Covered Under HIPAA?

### Protected Health Information

PHI stands for Protected Health Information and is defined as "any information held by a covered entity which concerns health status, the provision of healthcare, or payment for healthcare that can be linked to an individual".

#### PHI is information that:

- relates to an individual's physical or mental health, treatment, or payment
- identifies the individual or gives a reasonable basis to believe that the individual can be identified
- is transmitted or maintained in any format
  - oral statements
  - electronic information
  - photographic material
  - written material

HIPAA regulations list 18 different personal identifiers which, when linked together, are classed as Protected Health Information. These 18 personal identifiers are:

## General HIPAA Awareness

1. Names
2. All geographical data smaller than a state
3. Dates (other than year) directly related to an individual
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol (IP) addresses
16. Biometric identifiers (retinal scan/ fingerprints)
17. Full face photos and comparable images
18. Any unique identifying number, characteristic or code

Individuals that have the responsibility to protect PHI and comply with the HIPAA Privacy Rule fall into three main categories - "Covered Entities", "Business Associates" and "Subcontractors".

Covered entities are the individuals, institutions or organizations that maintain patient healthcare or payment information or would reasonably be expected to come into contact with PHI in the course of their daily duties - mostly, healthcare providers, health plans and healthcare clearinghouses.

Examples of covered entities include:

**Healthcare Providers** - Healthcare providers include all "providers of services" (e.g., institutional providers such as hospitals) and "providers of medical or health services" (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or receives payment for the provision of healthcare services.

**Health Plans** - Individual and group health plans that provide or pay the cost of medical care are covered entities. Health plans include health, dental, vision and prescription drug insurers. They also include health maintenance organizations (HMOs), Medicare, Medicaid, Medicare+ Choice, Medicare supplement insurers and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include some employer-sponsored group health plans, government and church sponsored health plans and multi-employer health plans.

**Healthcare Clearinghouses** - Healthcare clearinghouses include billing services, repricing companies, community health management information systems and value-added networks that perform clearinghouse functions; such as processing non-standard information they receive from another entity into a standard, or vice versa.

In most instances, healthcare clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or healthcare provider as a Business Associate. In such instances, only certain provisions of the Privacy Rule are applicable to healthcare clearinghouses' uses and disclosures of Protected Health Information.

**Business Associates** – Business Associates are persons or entities that are not employed by a covered entity but perform or assist in performing on behalf of a covered entity. This function is regulated by HIPAA. A member of a covered entity's workforce is not one of its Business Associates, but a covered entity could in theory be a Business Associate of another covered entity depending on the services it provides.

An example of how privacy is now protected under HIPAA is when a doctor sends a referral for a patient to another office. If the office receiving the referral only needs to know the patient's medical history, then they are only given the medical history. Other personal information such as the patient's billing information is left off.

Another example is when a medical office sends items to accounting for billing purposes. Only the information necessary to process the bill should be sent. The patient's whole medical history is left off. Sometimes codes are needed for billing purposes, and if this is the case, the codes for the current work may be included and possibly a few notes about the patient. Private information is kept to a minimum.

The full criteria for what constitutes "use" or "disclosure" of PHI is exceptionally long. In certain circumstances, the disclosure of PHI is allowed without consent – here is a short list of examples:

A hospital may use PHI about an individual to provide healthcare to the individual and may consult with other healthcare providers about the individual's treatment.

A healthcare provider may disclose PHI about an individual as part of a claim for payment to a health plan.

A health plan may use PHI to provide customer service to its enrollees.

A primary care provider may send a copy of an individual's medical records to a specialist who needs the information to provide treatment.

A hospital may send a patient's healthcare instructions during a patient transfer to a nursing home.

In 2024, HIPAA was updated to include special safeguards for reproductive health information. The rule defines "reproductive health care" as services connected to the reproductive system and its functions, including but not limited to contraception, fertility services, miscarriage management, and pregnancy terminations. Covered entities and business associates may not use or disclose PHI to identify, investigate, or hold individuals accountable for seeking, receiving, or providing lawful reproductive health care.

## HIPAA Rights

### Privacy Rule

Patients are given broad new rights under the Privacy Rule, including:

1. Notice of privacy practices/policies

Patients must be informed of their rights and the manner in which their data is handled in "plain" language.

2. Consent

Health care providers may use and disclose the patient's PHI for three purposes without any written consent, authorization, or other approvals from the patient. These purposes are:

- Treatment. PHI may be disclosed to other health care providers in the course of providing medical treatment.
- Payment. PHI may be disclosed to support medical billing.
- Health care operations. PHI may be disclosed to support health care operations such as verifying health care coverage and filling prescriptions for medication.

Health care providers can voluntarily obtain patient consent for uses and disclosures of protected health information for treatment, payment, and health care operations. Providers that do so have complete discretion to design a process that best suits their needs.

3. Authorization

If a health plan wishes to disclose a patient's PHI for any purpose other than treatment, payment or health care operations; a signed authorization form must be obtained from the patient or his/her authorized representative.

4. Access

Health care providers must provide a means for patients to request access to (and copy) protected health information about them.

5. Amendment

The patient has a right to request a covered health care provider to amend protected health information about him/her for as long as the entity maintains the information.

6. Accounting

Patients have a right to obtain a list of the entities to which/whom one's record has been disclosed in the 6-year period before the date of the request. For especially sensitive information, the patient can request extra protections and/or confidential communication.

## 7. Recourse

People will have the right to file a formal complaint with a covered provider or health plan or about violations of HIPAA provisions or the policies and procedures of the covered entity.

## 8. Reproductive Health Protections

The 2024 changes prohibit the use or disclosure of PHI for the purpose of penalizing anyone involved in lawful reproductive health care.

## 9. Attestation Requirement

When PHI that may involve reproductive health information is requested for oversight, legal proceedings, law enforcement, or medical examiner functions, the requesting party must sign an attestation. This statement confirms the PHI will not be used for any prohibited purpose under the new rule.

# Key Points on Patient Access to Medical Records

## Regulations

The HIPAA Privacy Rule has always provided individuals with the right to access and obtain copies of health information maintained in provider or health plan records. Under the existing regulations, when a patient makes such a request, the covered entity has up to 30 days to provide the requested access or a copy of the requested data; however, the provider or plan can take up to an additional 60 days if the information requested is stored off-site.

Patients can also be charged a reasonable, cost-based fee for copies of their information, to cover the cost of both labor and supplies. This right of access has been part of the Privacy Rule since it was first implemented; although many patients have faced obstacles when trying to obtain timely copies of their health information.

The Privacy Rule covers identifiable health information in both paper and digital form, so this right of patient access has always applied to all forms of PHI. However, in the HITECH Act, Congress made it clear that when a patient's information is stored electronically, patients have the right to obtain an electronic copy and to have that copy sent, at their request, to another person or entity, such as a doctor, caregiver or a personal health record or mobile health app.

New regulations enacted by the Omnibus Final Rule implement this mandate and clarify how this right to digital data can be exercised. Patients have the right to an electronic copy "in the form or format they request" – but only if the provider or plan is capable of producing the copy in the requested format. If the data isn't "readily producible" in the format requested by the patient, the provider - or plan - and the patient are expected to come to an agreement on an alternative acceptable, machine-readable digital format.

## Notice of Privacy Practices

### HIPAA Privacy

Any use or disclosure of Protected Health Information for treatment, payment, or healthcare operations must be consistent with the covered entity's Notice of Privacy Practices (NPPs). A covered entity is required to provide patients or plan members with adequate notice of its privacy practices, including the uses or disclosures of the individual's information together with the individual's rights with respect to that information.

The HIPAA Privacy Rule gave individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their healthcare providers, as well as to be informed of their privacy rights with respect to their personal health information.

Health plans and covered healthcare providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals' attention on privacy issues and concerns, and prompt them to have discussions with their health plans and healthcare providers.

Most covered entities must develop and provide individuals with this notice of their privacy practices. However, the HIPAA Privacy Rule does not require the following covered entities to issue NPPs:

Healthcare clearinghouses, if the only Protected Health Information they create or receive is in the capacity of a Business Associate of another covered entity.

A correctional institution that is a covered entity (e.g., that has a covered healthcare provider component)

A group health plan that does not create or receive PHI other than a summary or enrollment/disenrollment information and who's benefits are provided through one or more contracts of insurance HMOs/health insurance issuers

Other than the previous exceptions, covered entities are required to provide a notice in plain language that describes:

How the covered entity may use and disclose an individual's Protected Health Information.

The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may lodge a complaint with the covered entity.

The covered entity's legal duties with respect to the information held, including a statement that the covered entity is required by law to maintain the privacy of Protected Health Information.

As part of the 2024 amendments, covered entities must update their Notices of Privacy Practices to reflect the new reproductive health protections. Patients must be informed that reproductive health information will not be disclosed for investigations or liability purposes and

that requests for such PHI require a signed attestation. The compliance deadline for these updated NPPs is February 16, 2026.'

A covered entity must make its notice available to any person who asks for it and make it available on any website it maintains, if that site provides information about its customer services or benefits. In this regard, it is important to make a distinction: A website privacy policy is not the same as a Notice of Privacy Practices.

**Health Plans must also:**

Provide the notice to individuals already covered by a health plan and to new enrollees at the time of enrollment.

Provide a revised notice to individuals covered by the plan within 60 days of a material revision.

Notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every three years.

**Security Rule**

*"The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic Protected Health Information".*

*-US Department of Health and Human Services*

The HIPAA Security Rule deals with "electronic Protected Health Information (ePHI)" and is a response to the increasing use of personal mobile devices in the workplace.

The professional use of personal mobile devices in the healthcare industry is significant. According to a recent study on the use of mobile devices in the healthcare industry by Gray Reed & McGraw, P.C, more than 80 percent of physicians own at least one mobile device with approximately 25 percent utilizing at least two such devices in his or her practice.

The risk of an unauthorized disclosure of ePHI from a personal mobile device is also significant; yet many healthcare organizations have actively pursued "Bring Your Own Device" policies because of the convenience of personal devices, the ease of use and the considerable costs savings in comparison to company devices. This can all too easily lead to unauthorized disclosures of ePHI, in particular in the following scenarios:

The mobile device is misplaced by the user or is lost or stolen, allowing an unauthorized third party to access ePHI.

The mobile device is left unoccupied or viewable where an unauthorized third party may have access to it.

## General HIPAA Awareness

An unauthorized individual "hacks" into the mobile device's database or accesses ePHI through an insecure channel of communication.

Transferring or placing information on a mobile device (or even a flash drive) that is not encrypted.

The mobile device is traded in without first securely and permanently wiping the data.

You may ask yourself "Why would anybody want to access patient healthcare information?" There are in fact many reasons.

Medical records are worth more to hackers than credit cards. With stolen medical records and personal identifiers, hackers can create false IDs to get free medical treatment or acquire drugs that can be resold on the black market. Combined with a false provider number, insurance companies can be billed for treatment that has never taken place or for medical equipment that has never been delivered.

Furthermore, medical identity theft is often not immediately identified by a patient or their provider - giving criminals years to milk stolen medical records. That makes medical data considerably more valuable than credit cards, which tend to be quickly canceled by banks once fraud is detected.

One of the main objectives of the HIPAA Security Rule is to protect individuals from becoming victims of fraud and abuse.

"PHI" relates to ALL Protected Health Information regardless of its format, electronic "PHI" (ePHI) is classified as all Protected Health Information that is stored, transmitted or used electronically.

Regardless of whether ePHI is stored on a desktop computer that only has access to an intranet connection or on a personal mobile device, the HIPAA Security Rule guidelines must be implemented whenever ePHI is in transit or at rest - "at rest" meaning the vehicle on which ePHI has been saved (computer hard drive, flash drive, personal mobile device) and "in transit" relating to any electronic communication (text, IMS, email, file transfer, etc.).

The HIPAA Security Rule also covers how ePHI can be accessed and by whom. The HIPAA Security Rule has physical and technical safeguards designed to avoid some of the common security gaps that can lead to cyberattacks or an inadvertent loss of data. Furthermore, it ensures protection of patients and their ePHI, as well as healthcare facilities and health insurance providers.

In today's technological environment, it is essential that all covered entities take notice of the Security Rule to ensure full compliance with HIPAA.

### Technical Safeguards

The key areas that hospital administrators and practice managers need to be aware of are:

**Access Controls** - This means that ePHI can only be accessed by authorized users who have been granted access rights. Mechanisms should be implemented that identify and track user activity, automatically log the user out of the system after a period of inactivity and allow access to ePHI during an emergency.

**Audit Controls** - These are the overall controls that are put in place to monitor, record and examine all ePHI activity. It is recommended that they are configured in such a way that they complement existing EHR mechanisms and can be used to conduct required risk assessments and to adjust access controls and staff policies as necessary.

**Integrity** - Maintaining the integrity of ePHI means that it is not destroyed or altered in a way that is non-compliant with HIPAA. Ensuring it is accessed properly and only by authorized users. This not only applies to ePHI in transit, but also at rest - which is covered in the Physical Safeguards.

**Person or Entity Authentication** - This safeguard is there to ensure that a person who wants access to ePHI is who they say they are. This is usually achieved by passwords or PINs being allocated by an appointed administrator, who has the ability to PIN-lock a device if a risk assessment shows that there is the threat of an ePHI breach or if a device is lost or stolen.

**Transmission Security** - The security of ePHI during transmission should be established by the use of data encryption. ePHI should be rendered "unreadable, undecipherable or unusable" so that any patient healthcare or payment information is of no use to an unauthorized third party. Effective encryption also helps covered entities avoid a substantial fine should a breach of ePHI occur.

### Physical Safeguards

The Physical Safeguards are a set of rules and guidelines outlined in the HIPAA Security Rule that focus on physical access to ePHI and how the storage of PHI is secure.

**Facility Access Controls** - Facility Access Controls outline the policies and procedures covered entities must put in place to properly authenticate and authorize access to places where ePHI data is housed. In today's world, this means putting proper procedures in place to ensure that only essential and authorized personnel have access to data centers, server closets, storerooms and any other locations where ePHI is stored. This includes IT storerooms where old computer equipment is held. Many digital devices contain stored ePHI, including digital photocopiers, scanners and printers and access to these devices must also be controlled. These can include facility Contingency Operations, Facility Security Plans, Access Control and Validation Procedures, and Facility Access Controls.

**Workstation Use** - The Workstation Use standard states that covered entities must define what each workstation can be used for, how the work on the workstation is performed and the environment surrounding workstations when they are used to access ePHI. A workstation, in the eyes of the Department of Health and Human Services, is any electronic device that can be used to access ePHI, which includes desktop computers, laptops, mobile devices (including personal mobile phones that have access to ePHI) and tablets. The definition as it is written in

the Security Rule is purposely broad to account for all future devices that have not yet come to the market.

**Workstation Security** - Workstation Security is closely related to the Workstation Use standard but there is an important distinction between the two. The Workstation Use standard addresses the policies and procedures for how workstations should be used, whereas the Workstation Security standard addresses how workstations are to be physically protected from unauthorized users.

**Device and Media Controls** - This standard calls for covered entities to "implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic Protected Health Information, into and out of a facility, and the movement of these items within the facility."

## Disclosure Policies

### Overview

Health care providers and plans must tell patients to whom they are disclosing their information and how it is being used.

- Due to the nature of emergency care, these disclosures are typically done by the receiving facility (for patients that are transported).
- Local disclosure policies should address the disclosure of patient information for patients that are not transported.

An important general rule under HIPAA is that "use" and "disclosure" of a patient's protected health information must be restricted to the minimum necessary to get the job done.

- The regulations acknowledge that "incidental uses and disclosures" inevitably happen.
- A "reasonable" effort is required by the health care workforce.

In the state of California, HIPAA violations include unlawful use or disclosure plus unauthorized access (including unauthorized viewing or exposure).

AB 211 and SB 541 define unauthorized access as

"the inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (CMIA) or by other statutes or regulations governing the lawful access, use, or disclosure of medical information."

A single violation could result in both federal and state investigations, audits and fines for the Departments and the County

Pertains to individual employees.

## General HIPAA Awareness

Requires healthcare providers to prevent unlawful access, use, or disclosure of patient's medical information.

Holds healthcare providers and other individuals accountable for ensuring the privacy of patients.

Establishes a new state agency, the California Office of Health Information Integrity (CalOHII), which is authorized to conduct investigations, perform audits, and to impose fines on individual employees for violations.

Requires that patients and clients must be notified of any violations concerning their confidential medical information.

In 2009, the U.S. Department of Health and Human Services (HHS) implemented new regulations that impact entities covered by HIPAA. These regulations require health care providers, health plans, and other entities covered by HIPAA to promptly notify individuals when their health information is breached. If the breach affects more than 500 individuals, the entity must also notify the HHS Secretary and the media. Breaches affecting fewer than 500 individuals will be reported to the HHS Secretary on an annual basis. The regulations also require business associates of covered entities to notify the covered entity of breaches at or by the business associate.

These "breach notification" regulations implement provisions of the Health Information Technology for Economic and Clinical Health Act, passed as part of American Recovery and Reinvestment Act of 2009 (ARRA).

## HIPAA Penalties

### Failure to Comply

HIPAA violations are a serious matter. Failure to comply with the HIPAA regulations can result in:

1. A negative impact on the reputation of your organization
2. Employee disciplinary action, possibly including termination
3. Civil fines
4. Criminal fines and imprisonment

The US Department of Health and Human Services Office for Civil Rights (OCR) is responsible for implementing and enforcing HIPAA privacy regulations. The penalties for noncompliance are based on the level of negligence and can range from \$100 to \$50,000 per violation (or per record), with a maximum penalty of \$1.5 million per year for violations of an identical provision. This lesson will look at the civil and criminal penalties from HIPAA violations.

General HIPAA Awareness

Violators that unintentionally disclose information will be subject to penalties of \$1000 per violation, up to \$100,000 per person, per year for each requirement or prohibition violated. The following table gives a more detailed look at civil penalties.

Tier	Penalties
1. Covered entity or individual did not know (and by exercising reasonable diligence would not have known) the act was a HIPAA violation.	<ul style="list-style-type: none"> <li>● \$100-\$50,000 for each violation</li> <li>● up to a maximum of \$1.5 million for identical provisions during a calendar year</li> </ul>
2. The HIPAA violation had a reasonable cause and was not due to willful neglect.	<ul style="list-style-type: none"> <li>● \$1,000-\$50,000 for each violation</li> <li>● up to a maximum of \$1.5 million for identical provisions during a calendar year</li> </ul>
3. The HIPAA violation was due to willful neglect, but the violation was corrected within the required time period.	<ul style="list-style-type: none"> <li>● \$10,000-\$50,000 for each violation</li> <li>● up to a maximum of \$1.5 million for identical provisions during a calendar year</li> </ul>
4. The HIPAA violation was due to willful neglect and was not corrected.	<ul style="list-style-type: none"> <li>● \$50,000 or more for each violation</li> <li>● up to a maximum of \$1.5 million for identical provisions during a calendar year</li> </ul>

Violators of HIPAA also face Federal criminal penalties. These penalties can result in the following:

- A fine up to \$50,000 and one year in prison for obtaining or disclosing protected health information.
- A fine up to \$100,000 and up to five years in prison for obtaining protected health information under "false pretenses."
- A fine up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain, or malicious harm.

The following table gives a more detailed look at federal penalties.

Tier	Potential jail sentence

1. Unknowingly or with reasonable cause	Up to one year
2. Under false pretenses	Up to five years
3. For personal gain or malicious reasons	Up to ten years

The state of California has AB 211 and SB 541 in addition to federal HIPAA regulations. Depending on the circumstances, both the federal and state authorities can both impose fines for violations. Additionally, in California, both agencies and individual employees can be fined for inappropriate privacy violations. In fact, individual employees could be sued, disciplined, and reported by state agencies or licensing boards. The state of California can fine individuals up to \$250,000 and the federal government can fine them up to \$1.5 million.

SB 541 ensures that health care providers face serious consequences when they fail to protect patient privacy. For facilities (hospitals, clinics, etc.) fines for disclosing private medical information can range from \$25,000 to \$250,000 per reported event. All violations must be reported to the California Department of Public Health (CDHP) within 5 days of detection or substantial fines can result.

The California Office of Health Information Integrity is authorized to assess administrative penalties in the amounts specified in the Confidentiality of Medical Information Act, which range from \$2,500 to \$250,000 for violations.

Note that penalty amounts are subject to annual inflation adjustments by HHS and may exceed the amounts listed here.

The following case studies detail some serious HIPAA violations.

### **Reality TV and HIPAA**

In 2013, an ABC reality TV show called NY Med filmed two hospital patients without their consent. During filming, one of the patients actually died. The OCR investigated and found that the hospital gave ABC unfettered access, creating a situation where the protection of PHI wasn't possible. The hospital paid a \$2.2 million settlement and instituted a Corrective Action Plan.

### **Facebook HIPAA Violation**

In 2017, a HIPAA violation resulted in the firing of a medical employee after she posted about a patient on Facebook. The 24-year old med tech commented on a post about a patient killed in a car crash, using the words, "Should have worn her seatbelt..." While the comment itself seems innocent and even public-minded, it disclosed PHI about the patient. The employee later told reporters she was fired for a HIPAA violation, though the hospital declined to comment.

## Complaint Process

### Overview

Patients have the right to make a complaint directly to a health care organization's Privacy Officer concerning their policies and procedures with respect to the use and disclosure of protected health information (PHI) about them. All complaints are directed to the organization's Privacy Officer.

Patients may make a complaint about concerns they have regarding a health care organization's compliance with any of their established policies and procedures concerning the confidentiality and use or disclosure of their PHI, or about the requirements of the federal Privacy Rule.

If you believe a health organization is not complying with the applicable requirements of the Federal Privacy Rule, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

A complaint must:

1. Be filed in writing, either on paper or electronically.
2. Name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule.
3. Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary of the U.S. Department of Health and Human Services waives this time limitation.

The Secretary of the U.S. Department of Health and Human Services may investigate complaints. This investigation may include a review of the pertinent policies, procedures, or practices of the organization and of the circumstances regarding any alleged acts or omissions concerning compliance.

## Conclusion

### Summary and Implications

HIPAA requirements are meant to encourage health care organizations to move patient information handling activities from manual to electronic systems in order to improve security, lower costs, and lower error rate. HIPAA recognizes that health information contains confidential information, and creates standards to protect each of our individual rights to keep it that way.

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LILLARD HALL REPORT - RENTALS

Date	Applicant Organization	Event Type	Applicant Type	Rent Due	Amt Due	Date Paid	Security Deposit Due	SD Amt Due	Date Paid	Date Refunded	Refund Amt	Ins Cert Required	Date Cert Provided	Guard Required	Date Contract Provided
02/03/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/04/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/05/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/10/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
02/11/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/12/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/21/26	User	Celebration of Life		No	960	01/12/26	No	1,500	12/01/25			Yes		No	
02/24/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/25/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/26/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/01/26	WPPFD	Pancake Breakfast													
03/03/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/04/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/05/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/10/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
03/11/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/14/26	User	Fly Fishers Dinner		No	960	03/14/26	No	1,500	09/19/25			Yes	03/14/26	Yes	03/14/26
03/24/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/25/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
03/26/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/01/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/02/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/04/26	User	70th Bday Party - POSTPONED		Yes	960		No	1,500	12/01/25			Yes		Yes	
04/08/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/09/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/14/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
04/18/26	WPPFD	Flea Market													
04/28/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/29/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
04/30/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
05/12/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
06/09/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	

LILLARD HALL REPORT - FIRST NORTHERN BANK OPERATING ACCOUNT

Date	Check	Payment	Deposit	Balance	Payable To	From	Purpose	
07/01/25	1028	417.13		12,253.24	WPFPD		Payroll-June	Cleared
07/08/25			1,032.00	13,285.24		Son Chong, Jennie Keifer	Rental Fees	Deposited
07/22/25	1029	556.32		12,728.92	PG&E		PG&E - July	Cleared
08/08/25	1030	437.00		12,291.92	WPFPD		Payroll - July	Cleared
08/12/25			832.00	13,123.92		Son Chong, Jennie Keifer	Rental Fees	Deposited
08/19/25	1031	456.51		12,667.41	PG&E		PG&E - August	Cleared
09/02/25	1032	279.51		12,387.90	Yolo Plumbing Inc		Toilet Repair	Cleared
09/02/25	1033	456.84		11,931.06	WPFPD		Payroll - August	Cleared
09/19/25			932.00	12,863.06		Son Chong, Jennie Kiefer	Rental Fees	Deposited
10/01/25	1034	391.72		12,471.34	PG&E		PG&E - Sept	Cleared
10/01/25	1035	139.05		12,332.29	WPFPD		Payroll - Sept	Cleared
10/01/25	1036	2,900.00		9,432.29	Alliance Tree Service		Tree Trimming	Cleared
10/10/25			2,118.00	11,550.29		Son Chong, Jennie Keifer, Esperanza Morales	Rental Fees	Deposited
10/15/25	1037	449.13		11,101.16	PG&E		PG&E - Oct	Cleared
11/07/25	1038	75.00		11,026.16	Edward Sykes		Expenses - Landfill Run	Cleared
11/14/25			958.00	11,984.16		Son Chong, Jennie Keifer	Rental Fees	Deposited
11/14/25	1040	266.41		11,717.75	PG&E		PG&E - Nov (check #1039 VOID)	Cleared
12/12/25			1,158.00	12,875.75		Son Chong, Jennie Keifer	Rental Fees	Deposited
12/17/25	1041	44.80		12,830.95	Edward Sykes		Expenses - Supplies	Cleared
12/17/25	1042	335.69		12,495.26	PG&E		PG&E - Nov/Dec	Cleared
01/14/26	1043	1,608.89		10,886.37	WPFPD		Payroll - Oct, Nov, Dec	Cleared
01/18/26	1044	311.35		10,575.02	PG&E		PG&E - Dec	Cleared
01/28/26			2,118.00	12,693.02		Son Chong, Jennie Keifer, Mary Travis	Rental Fees	Deposited
02/19/26			1,258.00	13,951.02		Son Chong, Jennie Keifer	Rental Fees	Deposited
02/16/26	1045	118.97		13,832.05	WPFPD		Payroll - Jan	Cleared
02/19/26	1046	351.56		13,480.49	PG&E		PG&E - Jan	Cleared
03/12/26			1,258.00	14,738.49		Son Chong, Jennie Keifer	Rental Fees	Deposited
03/19/26	1047	352.52		14,385.97	PG&E		PG&E - Feb	Cleared
04/14/26			2,118.00	16,503.97		Son Chong, Jennie Keifer, Fly Fishers of Davis	Rental Fees	Deposited
04/17/26	1048	832.73		15,671.24	WPFPD		Payroll - Feb/Mar/Apr	

LILLARD HALL REPORT - FIRST NORTHERN BANK DEPOSIT ACCOUNT

Date	Check #	Payment Amount	Deposit Amount	Balance	Payable To	From	Purpose	
11/22/23			1,500.00	1,500.00		Son Chong	Security Deposit	Deposited
01/03/24			2,500.00	4,000.00		Lillard Hall Fund	Security Deposits - Fly Fishers (1500), Fairfield School (800), Jennie Keifer (200)	Deposited
01/24/24			1,500.00	5,500.00		Liliana Castaneda	Security Deposit - 1/27/24 Reception	Deposited
01/30/24	1001	800.00		4,700.00	Fairfield Elementary		Deposit Refund	Cleared
01/30/24	1002	1,500.00		3,200.00	Liliana Castaneda		Deposit Refund	Cleared
03/12/24	1003	1,500.00		1,700.00	Fly Fishers Davis		Deposit Refund	Cleared
03/12/24	1004	0.00		1,700.00			VOIDED CHECK	VOID
04/01/24		39.43		1,660.57			Check Charge from 12/06/23	Paid
05/30/24			1,539.43	3,200.00		Amanda Barajas/Lillard	Security Deposit / Check Charge Reimbursement	Deposited
08/07/24	1005	1,500.00		1,700.00	Amanda Barajas		Deposit Refund	Cleared
09/20/24			800.00	2,500.00		Jackie Lundy	Security Deposit - 5/4/25 Reception	Deposited
12/27/24			800.00	3,300.00	Fly Fishers Davis		Security Deposit - 3/8/25 Fundraiser Dinner	Deposited
01/13/25			800.00	4,100.00		Brenda Duncan	Security Deposit - 1/14/25 Celebration of Life	Deposited
01/27/25	1007	800.00		3,300.00	Brenda Duncan		Deposit Refund	Cleared
02/14/25			1,500.00	4,800.00		Jose Gonzalez	Security Deposit - 5/10/25 First Communion	Deposited
03/18/25	1008	800.00		4,000.00	Fly Fishers Davis		Deposit Refund	Cleared
05/06/25	1009	800.00		3,200.00	Jackie Lundy		Deposit Refund	Cleared
05/13/25	1010	1,500.00		1,700.00	Jose Gonzalez		Deposit Refund	Cleared
07/28/25			1,500.00	3,200.00		Teresa Tamajo	Security Deposit - 11/15/25 70th Birthday Party	Deposited
07/28/25			1,500.00	4,700.00		Esperanza Morales	Security Deposit - 11/1/25 3rd Birthday Party	Deposited
09/19/25			1,500.00	6,200.00		Fly Fishers of Davis	Security Deposit - 3/14/26 Dinner	Deposited
11/07/25	1011	1,500.00		4,700.00	Esperanza Morales		Deposit Refund	Cleared
12/04/25			1,500.00	6,200.00		Mary Travis	Security Deposit - 2/21/26 Celebration of Life	Deposited
03/02/26	1012	1,500.00		4,700.00	Mary Travis		Deposit Refund	Cleared
03/19/26	1013	540.00		4,160.00	Fly Fishers of Davis		Deposit Refund (minus \$960 rental fee)	Cleared
03/19/26	1014	960.00		3,200.00	WPFPD		Rental Fee - Fly Fishers of Davis	Cleared



**West Plainfield Fire Protection District**  
24901 County Road 95, Davis, CA 95616 (530) 756-0212

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**MINUTES**  
**STANDING COMMITTEE – BUDGET AND BENEFITS**  
**April 3, 2026, at 5:00 PM**

In Person  
Fire Station  
24901 County Road 95  
Davis, CA 95616

**1. Call Meeting to Order (Chair Stiles)**

Chair Stiles called the meeting to order at 5:00 PM.

Present were:

Committee Members: Commissioners Beth Stiles and John Lindsey

Staff: Fire Chief David Stiles and Cherie Rita, Administrative Assistant to the Fire Chief

Public: Cork McIsaac

**2. Public Comment - NONE**

**3. Discussion / Action and Recommendations to Board, if Any (All)**

**a. Review FYE 2026 Budget Use and Revenues Received to Date**

Chief Stiles went over the current numbers. He noted that Extra Help and Overtime numbers were currently running within budgeted numbers; however, he noted that between some scheduled sick leave and the need to hire a replacement career firefighter due to the promotion of Firefighter Wright to Captain, it is anticipated that those categories will likely run over by the end of the fiscal year. He noted that the remaining numbers were tracking well and that he would be suspending expenditures not already budgeted for this fiscal year in early to mid-May.

Mr. McIsaac asked how we track grant reimbursements. Chief Stiles reported that the Board Clerk ensures that all grant-related expenditures and deposits are uploaded to the appropriate grant folder, and all such items are noted as grant related in the Department's internal deposit and expenditures spreadsheets.

**b. Begin Discussion of FYE 2027 Budget Development**

Chief Stiles shared the FYE 2027 budget worksheets and briefly discussed

the process used to complete the budget drafts. In particular, Chief Stiles pointed out the worksheet used to determine our minimum operating costs, including tracking percentage increases (or decreases) for each. This process has only just begun, so we do not yet have a clear picture of what those increases might be. However, on average the increases are higher than our percentage increases in revenue. Cherie Rita reported that the December CPI (used for assessment determination) was 3%. Chief Stiles noted that part of the budget development included preparation of the addendum to the Engineer's Report for justification of any increase in the assessment.

**c. FYE 2027 218 Timeline**

**i. Hearing Dates**

The regular Board meeting in May will be the presentation and potential adoption of the preliminary budget. The final budget must be adopted no later than the July regular Board meeting.

**ii. Mailing / Website Updates**

Mr. Mclsaac would like to see a mailing soon, with update of the website occurring at the same time and as needed thereafter. Chief Stiles will work on the mailings as soon as possible, but we still need to receive the parcel list from Yolo County.

**4. Calendar**

**a. The next Budget and Benefits Committee Meeting to be Determined**

The next Budget and Benefits Committee meeting is scheduled for May 7, 2026, at 5:00 PM.

The new Budget and Benefits Committee Chair will be Commissioner Lindsey.

**5. Adjourn (Chair Stiles)**

Chair Stiles adjourned the meeting at 6:28 PM.

Approved: April 21, 2026

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BETH STILES, Commissioner / Chair

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CHERIE RITA, Board Clerk

Filter statement

Filters Days in Core incident onset date/time 3/1/26 to 3/31/26 | Incident status Locked

# Fire Incident Count (NERIS)

Count of Incidents by month, day, hour of day, station, shift, and unit

Count of Total Incidents

Count of Incidents

8

Incident Count By Month (This ...

Months in Core incident onset dat

03/2026

Count of Incidents

Incident Count By Month (This Year)

8

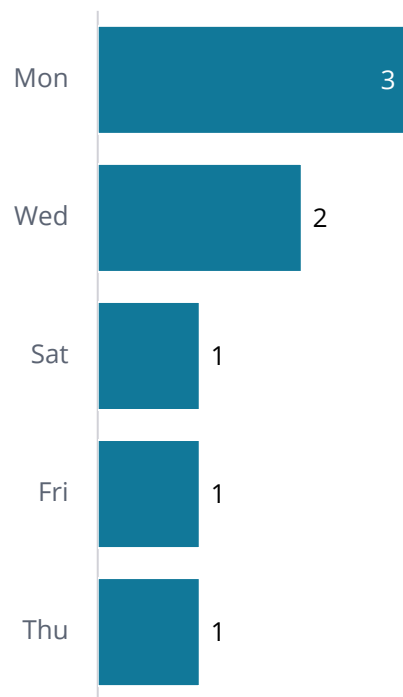
Mar 26

Fire Incident Count (NERIS) Apr 6, 2026 10:08:18 AM Fire Incidents (NERIS)

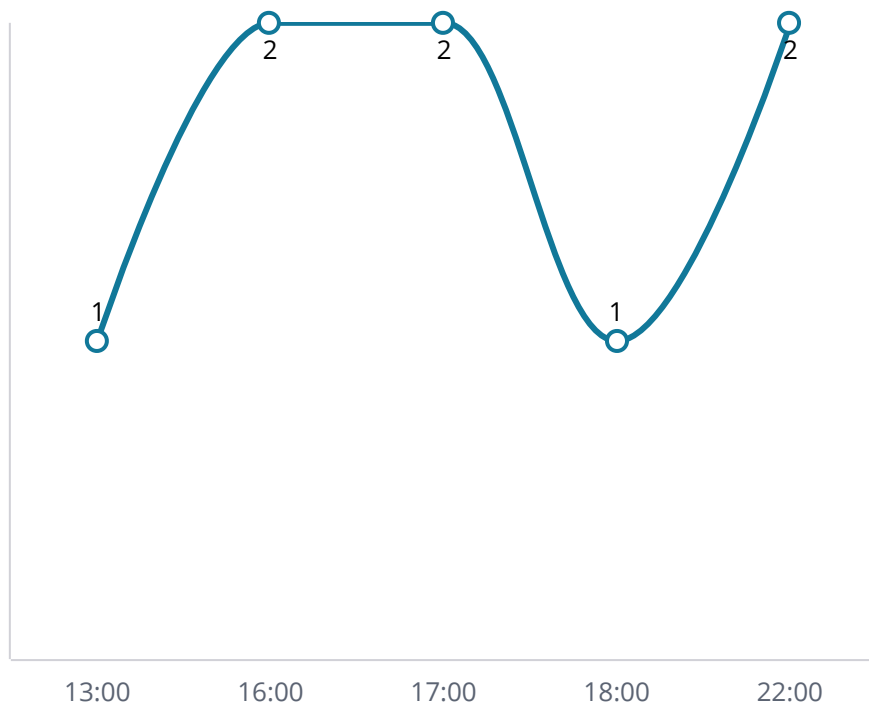
Filter statement

Filters **Days in Core incident onset date/time** 3/1/26 to 3/31/26 | **Incident status** Locked

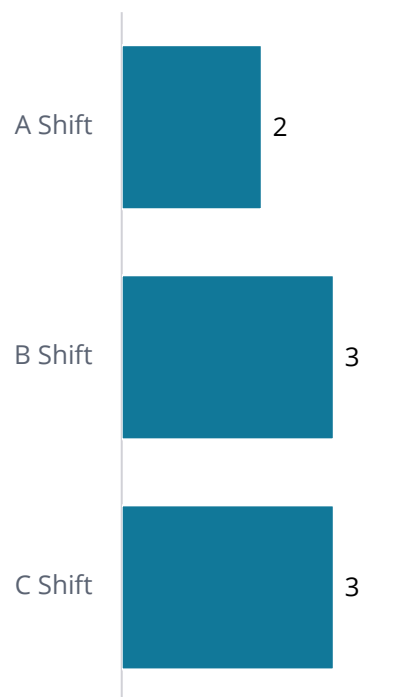
Incident Count by Day of Week



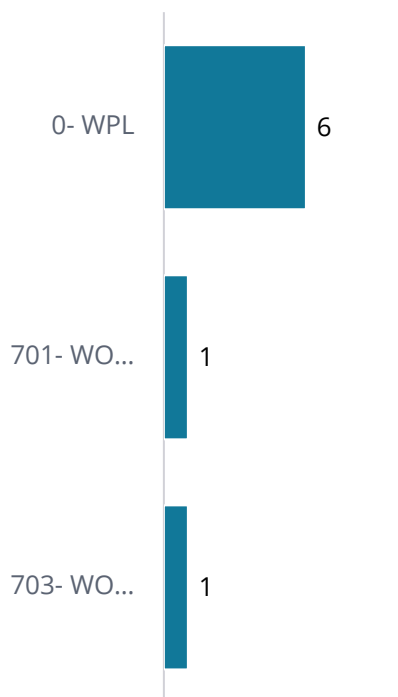
Incident Count by Hour of Day



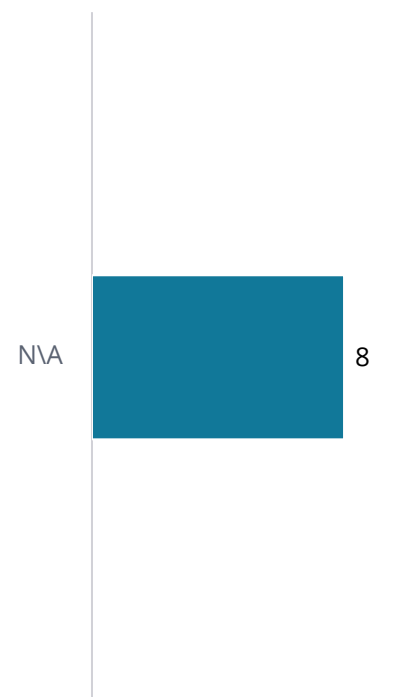
Incidents by Shift



Incidents by Zone



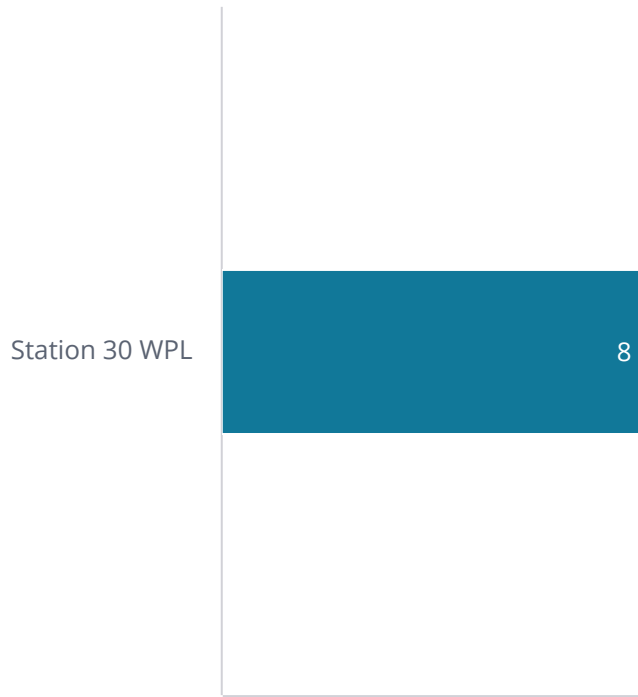
Incidents by District



Filter statement

Filters **Days in Core incident onset date/time** 3/1/26 to 3/31/26 | **Incident status** Locked

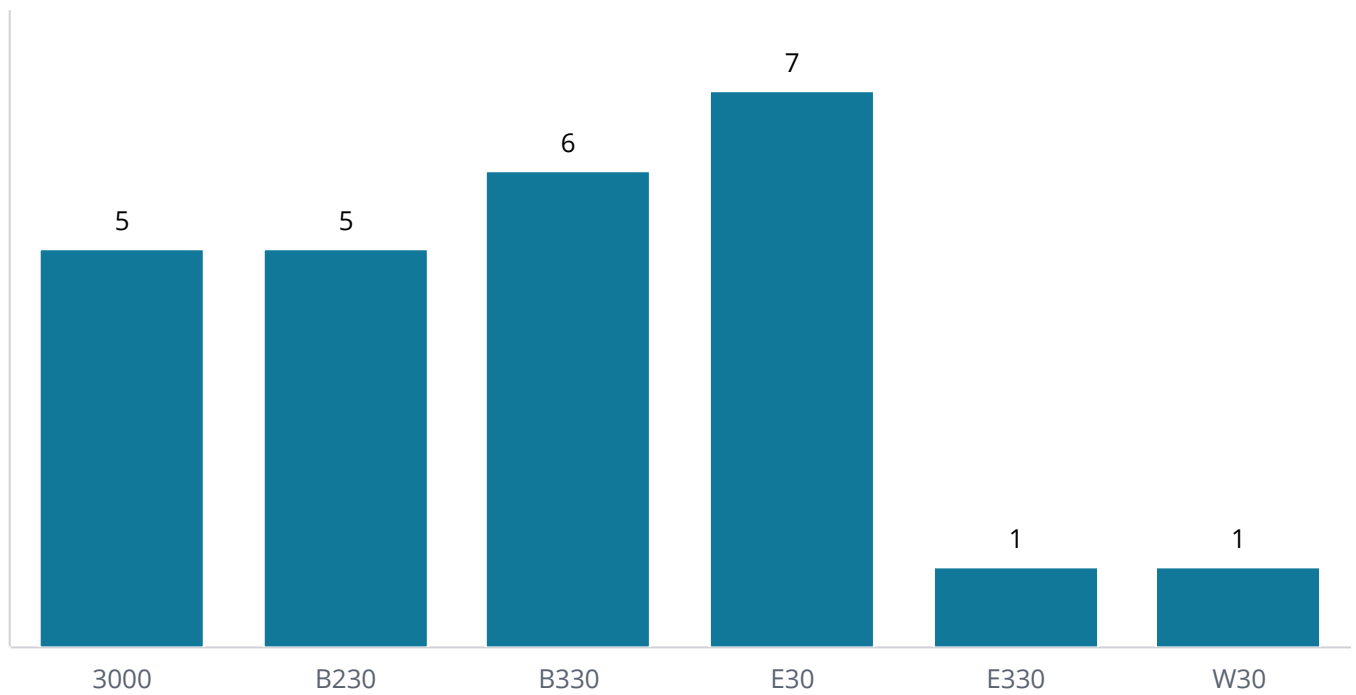
Incidents by Station



Incidents by Battalion



Incident Count by Unit



Fire Incident Count (NERIS) Apr 6, 2026 10:08:18 AM Fire Incidents (NERIS)

Filter statement

Filters **Days in Core incident onset date/time** 3/1/26 to 3/31/26 | **Incident status** Locked

Count of Incident Responses

Station	Shift	Unit	Incidents
			2026
Station 30 WPL	A Shift	3000	1
		B230	1
		B330	2
		E30	2
	B Shift	3000	2
		B230	2
		B330	2
		E30	2
		E330	1
		W30	1
	C Shift	3000	2
		B230	2
		B330	2
E30		3	

Percent of Incident Responses by Incident Type



Filter statement

Filters

Days in Core incident onset date/time 3/1/26 to 3/31/26

Incident status Locked

# Fire Resources (NERIS)

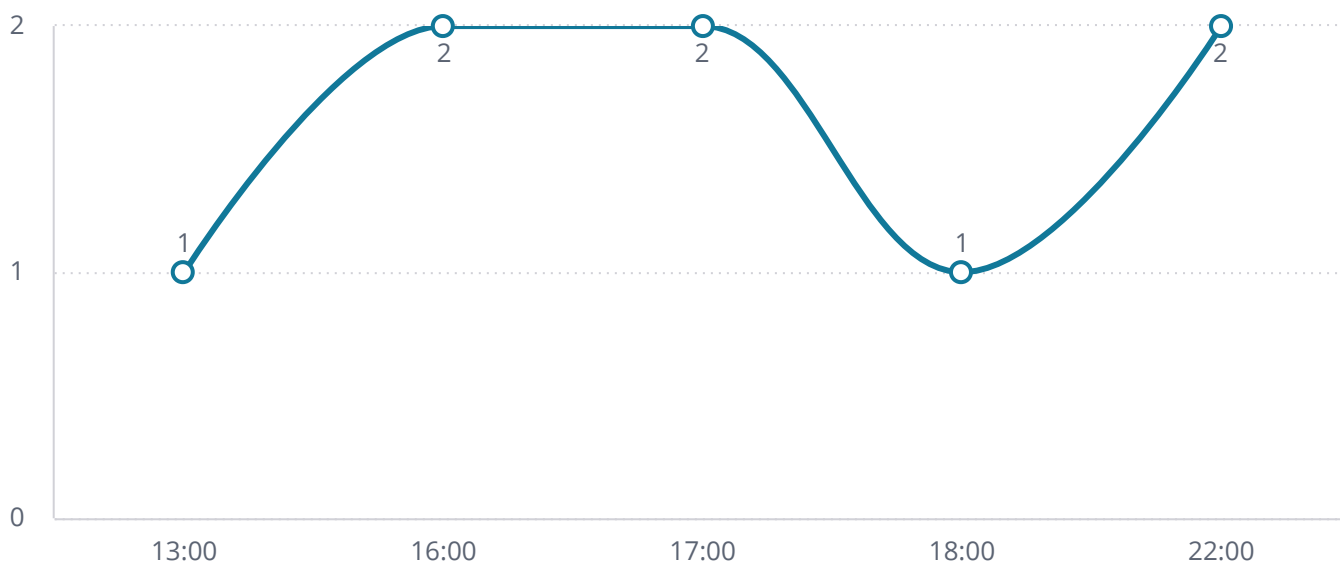
Tracks personnel and unit involvement by call volume during fire incidents

Count of Incidents

Count of Incidents

8

Call Volume By Hour of Day



Filter statement

Filters **Days in Core incident onset date/time** 3/1/26 to 3/31/26 | **Incident status** Locked

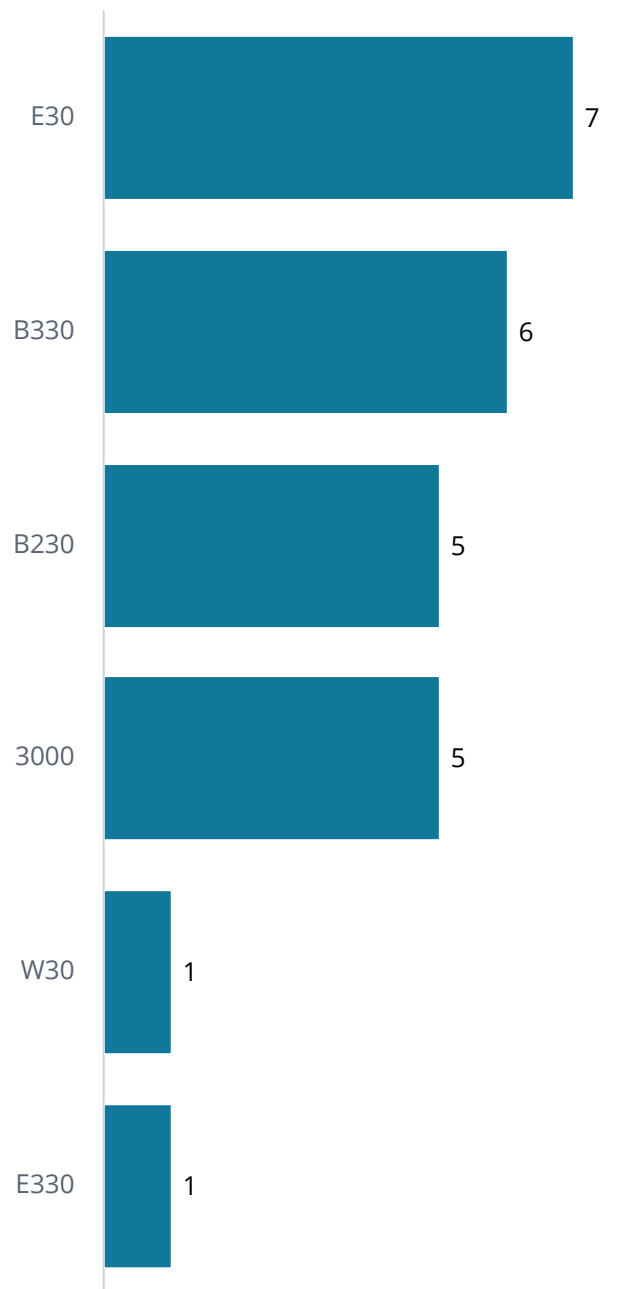
Incident Count Breakdown of Incidents by Unit

Unit name	Count of Incidents	Percent of Incidents	Median Unit Turnout Time	90th Percentile Unit Turnout Time	Median Unit Travel Time	90th Percentile Travel Time
3000	5	62.50%	00h:00m:00s	00h:00m:00s	00h:06m:29s	00h:11m:35s
B230	5	62.50%	00h:00m:00s	00h:00m:00s	00h:02m:08s	00h:05m:53s
B330	6	75.00%	00h:00m:00s	00h:00m:03s	00h:05m:05s	00h:11m:35s
E30	7	87.50%	00h:00m:00s	00h:00m:54s	00h:05m:48s	00h:11m:35s
E330	1	12.50%	00h:00m:00s	00h:00m:00s	00h:05m:53s	00h:11m:35s
W30	1	12.50%	00h:01m:57s	00h:01m:57s	00h:11m:35s	00h:11m:35s
<b>Grand Total</b>	<b>8</b>	<b>100.00%</b>	<b>00h:00m:00s</b>	<b>00h:00m:00s</b>	<b>00h:05m:29s</b>	<b>00h:11m:35s</b>

Filter statement

Filters **Days in Core incident onset date/time** 3/1/26 to 3/31/26 | **Incident status** Locked

Incident Count by Unit



Incident Count and Percentage by Personnel

Crew Name	Count of Incidents	Perce
Beoshanz, Marc	4	
Bravo, Scott	1	
Fish, Patrick	6	
Gustafson, Joseph	4	
Karkar, Michael	1	
McElligott, Cody	1	
Osborn, Dave	3	
Rehan, Michael J	3	
Stiles, David	5	
Stricklin, Paul R	1	
Tapalla, Oliver	1	
Valderrey, Oreanlyc	1	
Warland, Anna Bay	1	
Wright, Kevin R	2	
Zayas, Anthony	1	
N/A	6	
<b>Grand Total</b>	<b>8</b>	

WEST PLAINFIELD FIRE PROTECTION DISTRICT  
 FYE 2026 TRIAL BALANCE

Acct #	Account Name	Adopted 12/25	P9 C	% of Adopted
400100	PROPERTY TAXES - CURRENT SECURED	382,800.00	397,675.20	103.89%
400101	PROPERTY TAXES - CURRENT UNSECURED	23,700.00	20,856.71	88.00%
400111	PROPERTY TAXES - PRIOR UNSECURED	400.00	322.52	80.63%
400120	SUPPLEMENTAL PROPERTY TAXES - CURRENT		5,315.62	
400121	SUPPLEMENTAL PROPERTY TAXES - PRIOR			
400500	OTHER TAXES - SALES & USE TAX			
403100	INVESTMENT EARNINGS - POOL	500.00	10,249.13	2049.83%
403214	RENTS & CONCESSIONS - OTHER			
410050	ST-HIGHWAY PROPERTY RENTALS		7.82	
410250	STATE - HOMEOWNERS PROPERTY TAX RELIEF		794.84	
410900	STATE - OTHER	10,000.00	0.89	0.01%
420103	FEDERAL - OTHER - HOMELAND SECURITY			
420900	FEDERAL - OTHER	16,000.00	40,212.91	251.33%
430020	OTHER GOVT AGENCY - OTHER CO-CITIES			
430022	OTHER COUNTIES & CITIES - YOLO	127,810.00	63,905.00	50.00%
430070	OTHER TRIBAL - YOCHA DEHE CAPITAL			
440003	SPECIAL ASSESSMENT	228,722.00	228,724.38	100.00%
440600	OTHER CHRGS FOR SERVICES - FIREFIGHTERS / OTHER		4,721.18	58.65%
440690	OTHER CHRGS FOR SERVICES		257.00	
450302	OTHER MISC - DONATION			
450307	OTHER MISC - CONTRIBUTION/GRANTS-NONGOV		3,000.00	
450900	OTHER MISC REVENUES		461.52	5.73%
460000	SALE OF CAPITAL ASSETS	15,000.00	15,000.00	186.35%
	Total Estimated Revenue	804,932.00	791,504.72	98.33%
	Estimated Fund Balance Available (from FYE 2025)	177,844.00		
	Decrease in Accrued Capital Asset Replacement Fund	365,000.00		
	Decrease in Accrued Leave Reserve	15,500.00		
	<b>TOTAL FINANCING SOURCES</b>	<b>1,363,276.00</b>	<b>791,504.72</b>	

Acct #	Account Name	Adopted 12/25	P9 C	% of Adopted
500100	REGULAR EMPLOYEES	380,276.00	276,109.20	72.61%
500110	EXTRA HELP	20,750.00	51,047.42	246.01%
500120	OVERTIME	70,290.00	18,607.04	26.47%
500160	LEAVE BUYOUT			
501110	SOCIAL SECURITY TAX	29,210.00	21,379.45	73.19%
501110	EMPLOYMENT TRAINING TAX		61.45	
501120	MEDICARE TAX	7,067.00	5,000.04	70.75%
501170	UNEMPLOYMENT INSURANCE	1,413.00	2,272.78	160.85%
501180	WORKER'S COMPENSATION INSURANCE	12,700.00	12,596.00	99.18%
501190	OTHER EMPLOYEE BENEFITS	28,800.00	10,590.85	36.77%
510010	CLOTHING & PERSONAL SUPPLIES	46,065.00	53,984.53	117.19%
510012	AGRICULTURAL SUPPLIES			
510020	COMMUNICATIONS	2,468.00	78.32	3.17%
510030	FOOD	500.00	629.70	125.94%
510040	HOUSEHOLD EXPENSE	9,316.00	6,529.46	70.09%
510051	INSURANCE - PUBLIC LIABILITY	16,285.00	16,285.00	100.00%
510052	INSURANCE - FIRE & EXTENDED			
510053	INSURANCE - OTHER	4,212.00	4,180.00	99.24%
510070	MAINTENANCE - EQUIPMENT	22,018.00	7,924.81	35.99%
510071	MAINTENANCE - BULDGs & IMPROVEMENTS	41,000.00	8,240.49	20.10%
510080	MEDICAL, DENTAL & LAB SUPPLIES	3,000.00	2,689.19	89.64%
510090	MEMBERSHIPS	2,600.00	669.00	25.73%
510100	MISC EXPENSE			
510102	MISC EXPENSE - CREDIT CARD SERVICE CHARGES	20.00	175.16	875.80%
510110	OFFICE EXPENSE	1,550.00	577.11	37.23%
510111	OFFICE EXPENSE - POSTAGE			0.00%
510112	OFFICE EXPENSE - PRINTING			7990.00%
510160	PUBLICATIONS & LEGAL NOTICES			
510170	RENTS & LEASES - EQUIPMENT	1,690.00	1,350.31	79.90%
510180	TRAINING	5,000.00	1,109.64	22.19%
510190	MINOR EQUIPMENT	48,600.00	11,231.06	23.11%
510200	TRANSPORTATION & TRAVEL			
510201	TRANSPORTATION & TRAVEL - FUEL	11,250.00	8,259.11	73.41%
510204	VEHICLE MAINTENANCE	28,134.00	15,497.62	55.09%
510220	UTILITIES	11,807.00	9,688.38	82.06%
510251	PROF & SPEC SVC - AUDITING & ACCOUNTING	396.00	250.00	63.13%
510252	PROF & SPEC SVC - INFORMATION TECH SERVICES	22,687.00	20,649.89	91.02%
510254	PROF & SPCE SVC - FISCAL AGENT FEES		2.37	
510255	PROF & SPEC SVC - MEDICAL, DENTAL & LAB	5,061.00	1,483.00	29.30%
510256	PROF & SPEC SVC - LEGAL SERVICES	3,000.00		0.00%
510275	PROF & SPEC SVC - OTHER	490.00	505.97	103.26%
510288	SPEC DEPT EXPENSE - OTHER		426.00	3.36%
526020	TAXES AND ASSESSMENTS		376.88	2.97%
530021	BUILDINGS & IMPROVEMENTS		20,238.40	159.51%
530070	EQUIPMENT	19,121.00		0.00%
530071	EQUIPMENT - VEHICLE	372,000.00	369,803.83	99.41%
590100	APPROPRIATIONS FOR CONTINGENCY	40,000.00		0.00%
	Total Appropriations	1,268,776.00	960,499.46	75.70%
	Additions to Capital Asset Replacement Reserve	91,000.00		
	Additions to WPPFD-QSEHRA Reserve	3,500.00		
	<b>TOTAL FINANCING USES</b>	<b>1,363,276.00</b>	<b>% of FY</b>	<b>75.00%</b>

<b>Adopted</b>
Total X Help and OT
91,040.00
<b>P9 C</b>
Total X Help and OT
69,654.46
<b>% of Adopted</b>
76.51%

100000	CASH IN TREASURY	(115,571.75)	
205049	ACCRUED SALARIES & BENEFIT - WPPFD-QSEHRA		should be \$4,000.00
304001	FUND BALANCE-ASSIGNED-CAPITAL ASSET REPLACEMENT		387,771.02
304002	FUND BALANCE-ASSIGNED-ACCRUED LEAVE		32,753.82
304003	FUND BALANCE-ASSIGNED-GENERAL RESERVE		159,825.00
309999	UNASSIGNED		211,297.64
403199	GASB 31 FAIR MARKET VALUE - DFS ONLY	(2,246.00)	

**WEST PLAINFIELD FIRE PROTECTION DISTRICT**

24901 County Road 95, Davis, CA 95616

(530) 756-0212

**DATED:** March 17, 2026  
**TO:** Board of Fire Commissioners  
**FROM:** Budget & Benefits Committee Chair Commissioner Beth Stiles  
 Board Clerk Cherie Rita  
**SUBJECT:** Deposits FYE 2026 to Date - Informational

GL Acct(s)	Deposit Date	Details	Amount
Misc	07/14/25	LH - Reimburse PPE 06/14/25 06/28/25	417.13
440600	07/25/25	Fire Recovery USA 1863383 1775105 1853899	1,886.12
Misc	08/20/25	LH - Reimburse PPE 07/12/25 07/26/25	437.00
510020	08/22/25	CalNet - Reimburse Overpayment	61.13
450900	09/12/25	Cal Card Rebate CY 2025 Q2	147.97
Misc	09/19/25	LH - Reimburse PPE 08/09/25 08/23/25	456.84
440600	10/03/25	Fire Recovery USA 1720353	234.00
460000	09/29/25	Diamond D General Engineering (1997 F350 Sale)	15,000.00
Misc	11/07/25	LH - Reimburse PPE 09/06/2025	139.05
440690	11/07/25	Records Production - Yolo Sportsmen's Assoc	14.00
430022	11/07/25	Fire Sustainability FYE 2026 Q1	31,952.50
440600	12/03/25	Fire Recovery USA 1720353 1775120 2026509	1,109.61
450900	11/21/25	Cal Card Rebate FYE 2026 Q1	173.01
430022	01/07/26	Fire Sustainability FYE 2026 Q2	31,952.50
450307	01/07/26	Grant - Glide Foundation	3,000.00
530071	01/02/26	Refund (registration fees) - Truck Site	210.87
440600	01/14/26	Fire Recovery USA 2026515 1853923	1,490.92
Misc	01/28/26	LH - Reimburse PPE FYE 2026 Q2	1,608.89
420900	01/30/26	R&R Grant (EMW-2021-FF-01803) - Claim 3	40,213.32
Misc	03/13/26	LH - Reimburse PPE 01/24/26	118.97
450900	02/26/26	Cal Card Rebate FYE 2026 Q2	140.54
440690	03/25/26	Fire Sprinkler Permit Fee - 36757 Russell Blvd	243.00
430022	04/04/26	Fire Sustainability FYE 2026 Q3	31,952.50

**TOTAL FYE 2026** \$162,959.87

**SUMMARY**

Grant Reimbursements	43,213.32
Airport	
Fire Recovery	4,720.65
Lillard Hall Reimbursements	3,177.88
Strike Team	
Cal Card Rebates	461.52
Fire Sustainability - Yolo County	95,857.50
Permit Fees	243.00
Other	15,286.00

**TOTAL FYE 2026** \$162,959.87

**WEST PLAINFIELD FIRE PROTECTION DISTRICT**

24901 County Road 95, Davis, CA 95616

(530) 756-0212

**DATED:** April 21, 2026  
**TO:** Board of Fire Commissioners  
**FROM:** Budget & Benefits Committee Chair Commissioner Beth Stiles  
 Board Clerk Cherie Rita  
**SUBJECT:** Bills Paid Since Last Report - For Board Ratification

GL Acct	Vendor	Invoice Date	Purpose	Total	Details
510010 - Allstar Fire Equipment		03/19/26	Clothing - PPE Structure	12,218.78	EMW-2021-FG-01803 - AJ FD GJ VBO
510010 - LN Curtis & Sons		02/04/26	Clothing - PPE Wildland	1,784.59	VFC 7FG25124 - helmets (x10) goggle (x10)
510010 - LN Curtis & Sons		03/11/26	Clothing - PPE Wildland	469.22	VFC 7FG25124 - reflective lettering (x17)
510010 - LN Curtis & Sons		03/20/26	Clothing - PPE Wildland	5,165.16	VFC 7FG25124 - coat (x2 34-36) coat (x3 38-40) coat (x5 42-44) coat (x5 46-48) coat (x2 50-52)
510040 - Quill LLC		03/11/26	Supplies - Household	31.09	Toiletries
510040 - Quill LLC		03/11/26	Supplies - Household	157.76	Cleaning supplies, paper products, garbage bags
510040 - Recology Davis		03/31/26	Expense - Household	453.28	03/26
510070 - Pisani's Auto Parts		03/25/26	Maintenance - Equipment	21.96	E30 (2017) (reel push switch)
510070 - Stabler's A-1 Appliance		03/24/26	Maintenance - Equipment	230.68	Dryer (door switch)
510070 - Sterling May Company		04/03/26	Maintenance - Equipment	441.75	Cutoff saw (SN 168243774)
510070 - The Radio Guys		03/26/26	Maintenance - Equipment	89.00	Radio (SN 1005030119470001) (assigned to 3002)
510070 - Wizix		04/03/26	Maintenance - Equipment	77.91	04/07/26 - 05/06/26 (base rate) 03/07/26 - 04/06/26 (color)
510170 - LEAF		03/21/26	Lease - Equipment	119.62	Copier 03/26
510180 - Patrick Fish		04/06/26	Expense - Training	600.00	CO 2C and CO 2A (FP)
510190 - LN Curtis & Sons		03/27/26	Equipment / Tools / Parts - Apparatus	319.94	Glide Foundation - drip torch mounting brackets (x4)
510190 - The Radio Guys		03/20/26	Equipment / Tools / Parts - Minor & Other	45.99	E330 (portable charger cups x2)
510190 - The Radio Guys		03/26/26	Equipment / Tools / Parts - Minor & Other	46.68	E330 (charger update x2)
510201 - Interstate Oil Company		03/12/26	Fuel - Diesel	1,406.69	220 gal
510220 - PG&E		03/16/26	Utilities - PGE	1,005.96	02/06/25 - 03/09/26
510252 - Streamline		04/01/26	IT - Internet / Data / Subscriptions	1,200.00	Website (04/01/26 - 04/01/27)
510255 - Dignity Health - Woodland Clinic		03/31/26	Pre-Employment - Medical	55.00	EMW-2021-FG-01803 - Spirometry (ST)
510255 - Dignity Health - Woodland Clinic		03/31/26	Pre-Employment - Medical	72.00	EMW-2021-FG-01803 - Drug (ST)
510255 - Dignity Health - Woodland Clinic		03/31/26	Pre-Employment - Medical	175.00	EMW-2021-FG-01803 - Physical (ST)
510255 - Dignity Health - Woodland Clinic		03/26/26	Pre-Employment - Medical	55.00	EMW-2021-FG-01803 - Spirometry (OJ)
510255 - Dignity Health - Woodland Clinic		03/26/26	Pre-Employment - Medical	72.00	EMW-2021-FG-01803 - Drug (OJ)
510255 - Dignity Health - Woodland Clinic		03/26/26	Pre-Employment - Medical	175.00	EMW-2021-FG-01803 - Physical (OJ)
510255 - Dignity Health - Woodland Clinic		03/30/26	Pre-Employment - Medical	55.00	EMW-2021-FG-01803 - Spirometry (RGA)
510255 - Dignity Health - Woodland Clinic		03/30/26	Pre-Employment - Medical	72.00	EMW-2021-FG-01803 - Drug (RGA)
510255 - Dignity Health - Woodland Clinic		03/30/26	Pre-Employment - Medical	175.00	EMW-2021-FG-01803 - Physical (RGA)
510275 - Anthony Zayas		03/14/26	Pre-Employment - Background	86.00	Background (ZA)
510275 - Oliver Tapalla		03/31/26	Pre-Employment - Background	69.00	Background (TO)

**WEST PLAINFIELD FIRE PROTECTION DISTRICT**

24901 County Road 95, Davis, CA 95616

(530) 756-0212

**DATED:** April 21, 2026  
**TO:** Board of Fire Commissioners  
**FROM:** Budget & Benefits Committee Chair Commissioner Beth Stiles  
 Board Clerk Cherie Rita  
**SUBJECT:** Bills Paid Since Last Report - For Board Ratification

GL Acct	Vendor	Invoice Date	Purpose	Total	Details
510275 - Oreanlyc Valderrey Bravo		03/11/26	Pre-Employment - Background	86.00	Background (VBO)
510275 - Payroll People		03/26/26	Expense - Other	1.00	PPE 03/21/26
510275 - Payroll People		03/13/26	Expense - Other	12.45	PPE 03/07/26
				<b>27,046.51</b>	<b>TOTAL NON US BANK SUBMITTED FOR PAYMENT</b>

GL Acct	Vendor	Invoice Date	Purpose	Total	Details
510010 - Harbor Freight		03/19/26	Clothing - PPE Wildland	8.64	Head lamp (x4)
510020 - Vonage		04/05/26	Expense - Office - Phone	15.05	03/06/26 - 04/05/26
510040 - Costco		03/25/26	Expense - Household	47.92	Bottled water
510070 - Woodland Windustrial		03/25/26	Maintenance - Equipment	461.75	E30 (2017) (foam system)
510071 - Clark Pest Control		04/03/26	Maintenance - Station and Grounds	146.00	Advion WDG (no specific pest)
510090 - California State Firefighters' Association		04/01/26	Expense - Membership	765.00	FYE 2026
510190 - Harbor Freight		03/19/26	Equipment / Tools / Parts - Minor & Other	43.16	E30 (2017) (collapsible cone x4)
510201 - Circle K		03/25/26	Fuel - Gasoline	120.63	U3000 (20.802 gal)
510252 - Adobe		04/08/26	IT - Internet / Data / Subscriptions	19.99	04/08/26 - 05/07/26
510252 - Google		03/31/26	IT - Internet / Data / Subscriptions	350.00	03/01/26 - 04/31/26
510252 - Starlink		04/02/26	IT - Internet / Data / Subscriptions	125.00	04/02/26 - 05/02/26 (residential and standby mode/travel
510252 - T-Mobile		02/21/26	IT - Internet / Data / Subscriptions	164.66	01/21/26 - 02/20/26
510275 - Indeed		04/02/26	Professional Services - Other	114.42	Job Posting - FF 2026
510275 - Indeed		04/02/26	Professional Services - Other	509.70	Job Posting - FF 2026
510275 - Indeed		04/07/26	Professional Services - Other	500.30	Job Posting - FF 2026
510080 - Medical Device Depot		04/04/26	Batteries - Other	209.68	AED battery (x1)
510080 - Medical Device Depot		04/04/26	Batteries - Other	386.30	AED battery (x2)
510110 - USPS		03/24/26	Expense - Office - Postage	5.04	PIR (document production)
510110 - Vista Print		03/31/26	Expense - Office - Printing	103.98	Business cards (SD BM WK)
510204 - Home Depot		03/16/26	Maintenance - Apparatus	23.55	E30 (2017) (tape, washers)
510204 - O'Reilly Auto Parts		03/14/26	Maintenance - Apparatus	58.48	E30 (2017) (door - primer, finish)
				<b>4,179.25</b>	<b>US BANK STMT DATED 04/13/2026 - SUBMITTED</b>



**West Plainfield Fire Protection District**  
24901 County Road 95, Davis, CA 95616 (530) 756-0212

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**MINUTES  
BOARD OF COMMISSIONERS – REGULAR MEETING  
March 17, 2026, at 7:00 PM**

Held in Person at Lillard Hall  
24905 County Road 95  
Davis, CA 95616

Held by Zoom: <https://us06web.zoom.us/j/98831083439>  
Meeting ID: 988 3108 3439

**1. Call the Meeting to Order and Establish Quorum (President Lindsey)**

The meeting was called to order by President Lindsey at 7:00 PM. Board Clerk Rita took role and confirmed a quorum was present. Present were:

Commissioners: John Lindsey, Beth Stiles, Emily Amy, and Cork Mclsaac  
Staff: Board Clerk Cherie Rita, Fire Chief David Stiles, and Fire Battalion Chief Patrick Fish.

Public: District resident Calandra (Callie) Lindsey

Commissioner Roos was absent.

**2. Public Comment - NONE**

**3. Old Business – NONE**

Commissioner Lindsey noted that though consideration regarding adoption of the ride-along policy was outstanding old business, YCPARMIA had not yet responded regarding the insurance question posed by him almost a month ago except to acknowledge receipt and notify us that they had forwarded the question to someone else in the company.

**4. New Business**

**a. Committee Assignments (President Lindsey)**

With Commissioner Stiles leaving, President Lindsey noted there would be a vacancy on the Budget and Benefits Committee and asked Commissioner Mclsaac if he would be willing to serve on that Committee. Commissioner Mclsaac agreed to serve on that Committee.

President Lindsey then enquired if Commissioner Isacc was good continuing to serve on the Personnel Committee; Commissioner Mclsaac confirmed he would stay on that Committee noting that it was not too time

consuming and the only thing he knew of coming up for the Personnel Committee was the Board Clerk review in July.

Believing that Commissioner Roos was okay continuing with his current Committee assignments, President Lindsey confirmed no other Committee assignment changes.

Commissioner Lindsey directed the Board Clerk to schedule a Budget and Benefits Committee meeting in early April, if possible, with the current Committee Members and Commissioner Mclsaac and staff.

**b. Discussion / Action - Letter of Support for Woodland Fire Department Grant Application (New Ladder Truck) (Chief Stiles)**

Woodland Fire Department has requested all county fire agencies provide a letter to the Rancheria in support of their purchase of a ladder truck. Chief Stiles noted that Woodland Fire had been making the same request for the past eight or so years as Woodland has been working toward this purchase; they have taken delivery and are now trying to back fund at least a portion of the purchase price. We, as well as the remainder of the County, benefit from mutual aid provided by those departments with ladder trucks. There is a draft letter in the Meeting packet.

Motion: Approve sending the letter of support as drafted  
By: Commissioner Mclsaac  
Second: Commissioner Amy  
Discussion: No further discussion  
Motion passed unanimously.

**c. Discussion / Action – Standing Committee – Reports and Minutes**

**i. Lillard Hall Committee – Amy, Roos**

**1. Hall Manager Report**

Commissioner Amy presented the Hall Manager's reports. There were no questions about the reports.

**2. Approve March 11, 2026, Meeting Minutes**

Motion: Approve the March 11, 2026, Lillard Hall Committee meeting Minutes  
By: Commissioner Amy  
Second: Commissioner Lindsey  
Discussion: NONE  
Motion passed unanimously.

**ii. Personnel Committee – Amy, Mclsaac**

**1. Approve March 13, 2026, Meeting Minutes**

Motion: Approve the March 13, 2026, Personnel Committee meeting Minutes  
By: Commissioner Amy  
Second: Commissioner Lindsey

Discussion: NONE  
Motion passed unanimously.

**5. Fire Chief's Report (Chief Stiles)**

**a. Incidents for February 2026**

Chief Stiles reported that call volume is continuing on the quiet trend, though this past month was very slightly busier than the prior month. When asked, Chief Stiles reported that the new Engine was responding to calls, that the fabrication was complete on the rear door, that the EGR sensor (not covered by warranty) had gone out and been replaced, and he still needs to purchase and install the remaining foam system components.

**b. Staffing Updates**

Chief Stiles reported that Fire Captain Scott Bravo had resigned from his position as full-time fire captain with the Department, effective March 26, 2026, and he has begun the internal recruitment process. That process will close on March 18, 2026, at 5:00 PM. He further reported that, though he does not yet have any applicants, there is still time. Depending on that outcome the next steps will be to either recruit externally for the full-time fire captain position or to begin internal recruitment for a full-time career firefighter.

With respect to Reserve and Volunteer Firefighter positions, Chief Stiles reported that a contingent offer has been made to one out-of-district Volunteer Firefighter, with one additional being offered soon. There is also one Reserve Firefighter and one other out-of-district Volunteer in the process.

**c. Grant Updates**

The wildland coats ordered under the VFC grant have been received, the AFG grant radios have been ordered, and the equipment ordered under the Glide Foundation has also been received. Chief Stiles noted that the Glide Foundation had overfunded us by a small amount, which allowed us to purchase an additional backpack. Chief Stiles reported that he can submit requests for VFC and VFA grant reimbursement prior to purchasing all items under each grant and may do so soon.

**d. Miscellaneous**

Chief Stiles reminded the Board that at the last meeting, Cherie Rita had reported that the plumbing company recommended additional sewer line work. Due to the size of that project, he will work on getting additional quotes. The company recommends installing a lining in the metal pipes, rather than just an epoxy finish, since it will continue to erode from the outside. Allowing the line to collapse would entail much more invasive work to replace it.

Chief Stiles also reported that with the installation of the mini splits and removal of the large HVAC unit, the piping for the propane supply to the

station is presenting a trip hazard. He received a quote of just over \$4,000 to cut the concrete and move the pipe and regulator into the building. The pipe and regulator are sticking out from the building about 18 inches and are about 24 inches tall. Commissioner Mclsaac suggested considering an alternative that did not cost as much, perhaps putting a bullard-type enclosure around it. Chief Stiles will look into that alternative, as well, noting use of that space might be a consideration as to the type of fix.

Finally, Chief Stiles reported that new Engine 30 upgrades are continuing.

**6. Assistant Chief's Report (AC Beoshanz)**

Assistant Chief Beoshanz was not present and Chief Stiles had nothing to report on his behalf.

**7. Fire Fighter's Association Report (President Lee)**

West Plainfield Firefighters Association President Lee was not present; there was no report.

**8. Board Clerk's Report (Clerk Rita)**

**a. Informational**

**i. Trial Balance – FYE 2026 – Period 8 – Closed**

Chief Stiles reported that the entry for GL530071 incorrectly reflected the "% of Adopted." Clerk Rita was directed to fix the math for the next report. Chair Amy asked about the numbers since the title of the document showed it was for "FYE 2025." Clerk Rita noted that it was incorrect and the report was for FYE 2026 to date; she will also fix that for the next report. Chief Stiles noted that the entry for GL510070, P9 Closed, was incorrectly reported; Board Clerk Rita reported that she had fixed that already. Also noted, was the use in GL530021, when that account had not been funded. Chief Stiles noted that the amount shown is in the correct GL account and that the next FYE 2026 Budget revision will adjust for that.

Chief Stiles then noted that though the Extra Help fund use was significantly over budget, the Overtime fund use was under Budget. He noted that those numbers had been reversed the previous year and that what was important from the overall Budget standpoint was that the total of both (budgeted total versus used total) remain in balance. He further noted that due to the staffing changes and upcoming scheduled time off for several members, those two GL funds may well go over. They would then be adjusted in the next FYE 2026 Budget revision. Commissioner Mclsaac suggested maybe adding the math to the right of the entries.

Chief Stiles reported that utilities were still running very similar to the prior year but noted that we are not using much propane anymore. Most of the propane use is by Lillard Hall; the station will no longer need it for running the heater and the only other item using propane

at the station is the backup generator, which auto runs periodically for 15 minutes to ensure it remains in working condition. So, unless we experience significant power outages, Lillard Hall is using, and not paying for, the majority of the propane.

**ii. FYE 2026 Deposits to Date**

Clerk Rita presented the report; no one had questions.

**b. Discussion / Action – West Plainfield Fire Protection District Bill Review / Payment Ratification**

Clerk Rita presented the bill payments for ratification.

Motion: Ratify payment of the bills as presented  
By: Commissioner Amy  
Second: Commissioner Stiles  
Discussion: NONE  
Motion passed unanimously.

**c. Discussion / Action – Approve February 17, 2026, Board Meeting Minutes**

Commissioner Amy noted that on Page 3 at Section d.ii. the name of the Commissioner that seconded the motion had been omitted. Clerk Rita will review notes and determine who that was and correct the Minutes. Clerk Rita noted that in addition to that change, the title of the document needed to be changed to reflect that it was the Minutes for that meeting and not the Agenda.

Motion: To approve the February 17, 2026, regular Board Meeting Minutes, correcting the Minutes to show the Commissioner who seconded the motion at Section d.ii., on Page 3, as well as correcting the title of the document  
By: Commissioner Stiles  
Second: Commissioner Mclsaac  
Discussion: No further discussion  
Motion passed unanimously.

**9. Open Forum**

Commissioner Amy noted that she had received the weed abatement postcard and assumes that weed abatement will be on next month's Board Agenda. Chief Stiles confirmed that would be the case and that he anticipated inspections would begin either at the end of this month or early April once Firefighter Lee returns to duty.

**10. Next Regular Board Meeting on April 21, 2026, Unless Another Date is Agreed Upon**

The next regular Board meeting was confirmed for April 21, 2026.

**11. Meeting Adjourned (President Lindsey)**

Motion: To adjourn

Minutes – Board Meeting – Regular  
March 17, 2026  
Page 6

By: Commissioner Lindsey  
Second: Commissioner Amy  
Discussion: None  
Motion passed unanimously.

Meeting adjourned at 7:33 PM by President Lindsey.

Approved: April 21, 2026

\_\_\_\_\_  
JOHN LINDSEY, President

\_\_\_\_\_  
CHERIE RITA, Board Clerk

DRAFT