

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Our Legal Responsibility

Wyoming Medical Center is legally required to protect the privacy of your health information. This information is called “protected health information” (PHI). PHI includes information that can be used to identify you that we’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We have an obligation to provide you with this notice about our privacy practices that explains how, when, and why we use and disclose you PHI. With some exceptions, we may not use or disclose any more of you PHI than is necessary to

accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make and important change to our policies, we will promptly change this notice and post a new notice. You can view or print a copy of this notice from our website at www.wmcnet.org.

How Wyoming Medical Center May Use or Disclose Your Health Information

Wyoming Medical Center uses and discloses health information for many different reasons, which are listed below:

1. **For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process your health care claims.
3. **For health care operations.** We may disclose your PHI in order to operated the health services at Wyoming Medical Center. We may also provide your PHI to our accountants, attorneys, consultants, and other in order to make sure we’re complying with the laws that affect us.
4. **The Hospital Directory.** With your verbal or written permission, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in

the hospital, and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a pastor or priest, even if they don’t ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and know, in a general way, how you are doing.

5. **Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. **If possible, we will give you the opportunity to agree or object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communicating with your family and others.**
6. **Required by Law.** As required by law, we may use and disclose your health information.
7. **Public Health Risks.** We may disclose medical information about you for public health activi-

ties. These activities generally include the following:

- to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medication or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.
8. **Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
 9. **Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
 10. **Law enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
 11. **Deceased person information.** We may disclose your health information to coroners, medical examiners, and funeral directors.
 12. **Organ donation.** If you authorize such disclosure, we may disclose your health information to

organizations involved in procuring, banking, or transplanting organs and tissues.

13. **Research.** In certain circumstances, we may provide PHI in order to conduct medical research.
14. **Public Safety.** We may provide PHI to law enforcement or person able to prevent or lessen harm in order to avoid serious threat to the health or safety of a person or the public.
15. **Military & National Security.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also disclose your PHI for reasons of national security.
16. **Worker's Compensation.** We may provide PHI in order to comply with worker's compensation laws.
17. **Appointment Reminders and Health Benefits or Services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
18. **Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
19. **Change of Ownership.** In the event that Wyoming Medical Center is sold or merged with another organization, your health information / record will become the property of the new owner.

When Wyoming Medical Center May Not Use or Disclose Your Health Information

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. Authorization forms are available upon request. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures.

Your Rights Regarding Medical Information About You

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your

request in writing to: **Release of Information, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to

medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to: **Release of Information, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.** In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend any information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Wyoming Medical Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request the list or accounting of disclosures, you must submit your request in writing to: **Release of Information, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.** Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to: **The Privacy Officer, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.** You may ask for a restriction of PHI form at the registration desk. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to: **The Privacy Officer, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.** You may ask for a confidential communications form at the registration desk. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.wmcnet.org.

To obtain a paper copy of this notice: write to: **Release of Information, Wyoming Medical Center, 1233 E. 2nd St., Casper, WY 82601.**

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization,

we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to maintain our records of the care that we provided to you.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The no-

tice will contain, in the top right-hand corner, the effective date. In addition, each time your register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint in writing with the hospital or with the Office of Civil Rights. To file a complaint with the hospital, write to:

Don Claunch, Privacy Officer
1233 E. 2nd Street
Casper, WY 82601
dclaunch@wmcnet.org

or

Nick Belveal, Privacy Official
1233 E. 2nd Street
Casper, WY 82601
nbelveal@wmcnet.org

To file a complaint with the Office of Civil Rights, please contact: OCR Regional Manager, 150 S. Independence Mall W., Ste 372, Public Ledger Bldg., Philadelphia, PA 19106-9111.

You Will Not Be Penalized for Filing a Complaint

Wyoming Medical Center considers the protection of your health information a high priority, and you will not be penalized for filing a complaint. If you feel that you have received undue treatment for filing a complaint, please use the above contact information to report the incident.

This notice went into effect on April 14, 2003.