



CODY  
REGIONAL  
HEALTH

# 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.**

At West Park Hospital District (WPHD), we believe that your health information is personal. We keep records of the care and service you receive at our facilities. We are committed to keeping your Protected Health Information private and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of West Park Hospital District and its affiliated facilities. This notice applies to all of the Protected Health Information that identify you and the care you receive at West Park Hospital District facilities, including our Long Term Care Center, Cedar Mountain Center and affiliated physician practices and clinics.

WPHD reserves the right to change the provisions of our Notice and make new provisions effective for all PHI we maintain. If WPHD makes a material change to our Notice, we will post the changes promptly on our website at <http://www.westparkhospital.org/>.

## **What is Protected Health Information?**

Protected Health Information (PHI) consists of individually identifiable health information, which may include demographic information WPHD collects from you or creates or receives by a

health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

## **Effective Date:**

This Notice of Privacy Practices became effective on April 14, 2003 and was amended on November 1, 2013 and June 10, 2016,

## **HITECH Amendments:**

WPHD is including HITECH Act provisions to its Notice as follows:

## **HITECH Notification Requirements:**

Under HITECH, WPHD is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must: (1) Contain a brief description of what happened, including the date of the breach and the date of discovery; (2) The steps the individual should take to protect themselves from potential harm resulting from the breach; (3) A brief description of what WPHD is doing to investigate the breach, mitigate losses, and to protect against further breaches.

## **Business Associates:**

WPHD's Business Associate Agreements have been amended

to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

## **Cash Patients/Clients:**

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer. Access to E-Health Records HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct WPHD to send the e-health record directly to a third party. WPHD may only charge for labor costs under the new rules.

## **Accounting of E-Health Records for Treatment, Payment, and Health:**

WPHD does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require WPHD to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request. WPHD must either: (1) provide an individual with an accounting of such disclosures it made and all of its

business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by WPHD and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

### **Ways in Which We May Use and Disclose Your Protected Health Information Treatment:**

We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. We will also disclose your health information to other providers who may be treating you. Additionally we may from time to time disclose your health information to another provider who has been requested to be involved in your care.

### **Payment:**

We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example - we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

### **Health Care Operations:**

We will use and disclose your protected health information to support the business activities of our hospital. For example - we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription, or other services for our facility.

### **Other Ways We May Use and Disclose Your Protected Health Information Appointment Reminders:**

If we call to remind you of an appointment at our facility, we will only leave the name of the hospital and the time of the appointment. Please let us know if you do NOT wish to be called.

### **Research:**

We will use and disclose your protected health information to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### **As Required by Law:**

We will use and disclose your protected health information when required to by federal, state, or local law.

### **To Avert a Serious Threat to Public Health or Safety:**

We will use and disclose your protected health information to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

### **Worker's Compensation:**

We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

### **Inmates:**

We will use and disclose your protected health information to a correctional institution or law enforcement official only if you

are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

### **Uses and disclosures that require WPHD give you the opportunity to object or "opt out." If you do not object, we may include your name, location, and general condition in our facility Patient Directory:**

Used for requests by those who ask for you by name. If you do not object, we also disclose information from the directory and your religious affiliation to clergy who request the same.

### **Others Involved in Your Care:**

We may provide relevant portions of your Protected Health Information (PHI) to a family member, a relative, a close friend, or any other person you identify as being involved in your medical care or payment for care. You will be given a password to give to those with whom you wish us to share information. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it after the emergency, and give you the opportunity to object to future disclosures to family and friends.

### **WPHD Foundation:**

We may also provide your contact information (name, address and phone number) and the dates you received services from us, to the WPHD Foundation, which handles fundraising efforts. To Opt Out, please inform the admitting clerk, your nurse, or call the privacy officer at extension

5609. Additionally, any written fundraising communications from the WPHD Foundation must state, clearly and conspicuously, your opportunity and the manner in which you may elect not to receive further communications.

### **Marketing:**

Protected Health Information for Marketing Purposes-We will use and disclose protected health information for marketing purposes, including treatment communications, only with the individual's authorization. Disclosure that Constitutes a Sale of Protected Health Information-We will use and disclose protected health information that constitute the sale of protected health information only with the individual's authorization.

### **Uses or Disclosures Not Covered by this Notice:**

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### **Patient Rights Related to Protected Health Information:**

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have the right to:

#### **Request an Amendment:**

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing

to our Privacy Officer, stating what information is incomplete or inaccurate and the reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this facility or if it is the opinion of the health care provider that the information is accurate and complete.

### **Request Restrictions:**

You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations. For example - you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to the Director of Health Information Management. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. If we do agree, we will comply with your request except for emergency treatment. As stated earlier under HITECH, if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

### **Inspect and Copy:**

You have the right to inspect

and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying, by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer: Attention: Privacy Officer • West Park Hospital District • 707 Sheridan Avenue • Cody, WY 82414. Phone: (307) 578-7501. You may mail your request, or bring it to the Health Information Management office. We will have 30 days to respond to your request for information that we maintain at our facility. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay. As stated previously, HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct WPHD to send the e-health record directly to a third party. WPHD may only charge for labor costs under electronic transfers of e-health records.

### **An Accounting of Disclosures:**

You have the right to request a list of the disclosures of your health information we have made outside of facility that were not for treatment, payment, or health care operations. Psychotherapy notes- for most uses and disclosures of protected health information, we will use and/or disclose only with the individual's authorization, in compliance with Federal law. Your request must be in writing and

must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (our legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

### **Request Confidential Communications:**

You have the right to request how we communicate with you to preserve your privacy. For example - you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

### **File a Complaint:**

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our facility or directly to the Secretary of the United States Department of Health and Human Services: U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201. Phone: (202) 619-0257 Toll Free: (877) 696-6775. To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer at Privacy Officer, West Park Hospital District • 707 Sheridan Avenue • Cody, WY 82412 Phone: (307) 578-7501.

### **A Paper Copy of This Notice:**

You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking for it.

### **Other Instructions for Notice**

### **Contact Information:**

- Carrie Steckler, RHIA - Privacy Officer, 307-578-2783 csteckler@codyregionalhealth.org
- Jennifer Jones - Security Officer, 307-578-2252 jjones@codyregionalhealth.org
- Jennifer Roney - Quality Director/Compliance Officer, 307-578-2219 jroney@codyregionalhealth.org

### **General Information:**

The information contained here is provided to you as a requirement of the Mental Health Professional Practice Act, (W.S. 33-38-101 through 33-38-113), and by the Wyoming Mental Health Professions Licensing Board • 1800 Carey Avenue 4th Floor • Cheyenne, WY 82002. Phone (307-777-3628). Please read carefully in order to better understand your rights as a counseling client.

### **Confidentiality:**

The fact that we have entered into a professional relationship is confidential, and any information communicated or recorded, for the purpose of diagnosis, evaluation or treatment is considered to be privileged communication and cannot be disclosed by us without your written permission. You may refuse to disclose and may prevent the disclosure of confidential information. However, there are some situations in which we may disclose or may be required to disclose information without your permission.

Those situations are:

1. Where abuse or harmful neglect of children, the elderly, or dis-abled or incompetent individuals is known or reasonably suspect-ed;
2. Where the validity of the will of a former patient or client is contested;
3. Where such information is necessary to defend against a malpractice action brought by the patient or client;
4. Where the immediate threat of physical violence against a readily identifiable victim is disclosed to a licensed mental health professional;
5. In the context of a civil commitment proceeding, where an immediate threat of self-inflicted harm is disclosed to a licensed mental health profession;
6. Where the client alleges mental or emotional damages in a civil litigation, or otherwise places his/her mental or emotional state in issue in any judicial or administrative proceeding con-cerning child custody or visitation;
7. Where the patient or client is examined pursuant to court order; or
8. In the context of investigation and hearings brought by the pa-tient or client and conducted by the licensing board where violations of the Mental Health Professions Licensing Act are at issue.

This notice applies to all West Park Hospital District entities.