



Community Health Center of Central Wyoming, Inc.

NOTICE OF PRIVACY PRACTICE

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.

CONFIDENTIALITY OF HEALTH INFORMATION

Any information concerning a patient's condition, treatment, personal affairs or records, whether hard copy, computerized, or other media, shall be kept confidential. Such information may be released only through or with the approval of an individual or when compelled to do so pursuant to legal process or when applicable by law.

DISCLOSURE OF HEALTH INFORMATION

The Community Health Center of Central Wyoming (CHCCW) is committed to providing only the best possible health care to our patients. It will be necessary to disclose protected health information (PHI) to various entities in order to provide you with the highest quality of care available. Disclosures will be made to providers, staff, and other entities for the purpose of treatment, payment, and health care operations. Disclosures may be made to, but are not limited to:

- Other health care providers such as consulting physicians, clinic staff, or outside consultants (Pathologists, Radiologists, reference laboratories, etc.) If for any reason the patient needs to be transferred, a copy of his/her PHI will be sent to the accepting facility.
- Financial entities for the purpose of obtaining payment (Physician billing offices, insurance carriers, government payment programs, etc).
- Clinic operations (Patient census, patient directories, other institutional activities).
- The CHCCW/University of Wyoming Family Practice Residency Program (UWFPRP) is an Academic Institution and therefore conducts research on a variety of health related issues. Your health information may be used in research studies as approved by the Institutional Review Board. All health information used in conjunction with the research projects will remain confidential to those conducting the research. No health information will be disclosed without written authorization of the patient or their legal representative.
- The CHCCW may disclose information to staff in order to provide patient reminders.
- The CHCCW may release information concerning treatment options, other health related benefits and services, and marketing opportunities that may be of interest to our patients.
- If you are covered under a group health plan or a health insurance issuer, CHCCW may disclose protected health information to the sponsor of the plan.
- The CHCCW participates in the Wyoming Department of Health Immunization Registry, all immunizations, unless the patient has filled out an "opt out" form will be entered into this registry.

OTHER DISCLOSURES

Any uses of PHI, other than the Disclosure of Health Information Section listed, will require the CHCCW to obtain written or oral authorization from an individual or his/her representative. In accordance to regulation 164.508(b)(5), an individual or their legal representative has the right to revoke this authorization at any time; the revocation of the authorization must be done in writing except to the extent that:

- The clinic has taken action thereon; or
- If the authorization was obtained as a condition of obtaining insurance coverage.

PATIENT RIGHTS

Patients of the CHCCW have the right to request restriction of uses and disclosures of protected health information, which include:

- Uses or disclosures of PHI about the individual to carry out treatment, payment, and health care operations.
- Uses or disclosures of PHI to family members, other relatives, or close friends of the individual, or any other individuals identified by an individual.
- The CHCCW is not required to agree to the request to restrict protected health information, regulation 164.522(ii). We will however make every reasonable effort to accommodate our patients wishes based upon our professional experience.
- An individual may request restrictions on the use and disclosure of his/her PHI by:
 - A) Notify the Medical Records at the CHCCW in writing of your wish to limit disclosure of your PHI.
- An individual may opt out of the Wyoming Department of Health Immunization Registry by filling out an "Immunization Registry OPT OUT Form".

An individual has the right to request and receive communications concerning PHI from the provider by reasonable alternative means (fax, mail, electronic) or alternative locations (hospitals, physicians office, legal office). An individual must submit the request for confidential disclosure in writing and specify the means of alternative contact or location.

PATIENT RIGHTS - cont.

An individual has the right of access to inspect and obtain a copy of PHI about the individual in a designated record set, for as long as the PHI is maintained in the designated record set, except for:

- Psychotherapy notes.
- Information compiled in reasonable anticipation of, or for use in, civil, criminal, or administrative action or proceeding; and
- PHI maintained by the CHCCW that is:
 - A) Subject to the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or
 - B) Exempt from the Clinical Laboratory Improvement Amendments of 1988 pursuant to 42 CFR 493.3(a)(2)

The CHCCW may deny an individual access without providing the individual an opportunity for review, in the following circumstances:

- An individual's access to PHI created or obtained by the CHCCW in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress. The right of access will be reinstated upon completion of the research.
- An individual's access may be denied if the PHI was obtained from someone other than a CHCCW provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.

The CHCCW may deny an individual access to PHI. The individual has the right to have such denials reviewed in the following circumstances:

- A licensed health care professional has determined, in the exercise of professional judgment that the access requested is reasonably likely to endanger their life or physical safety of the individual or another person.
- The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- The request for access is made by the individual's personal representative and a licensed health care professional had determined, in the exercise of professional judgment, that the provision of access to such personal representative is likely to cause substantial harm to the individual or another person.
- Review of denial of access. If access is denied, the individual has the right to have the denial reviewed by a licensed health care professional, who is designated by the CHCCW to act as a reviewing official and who did not participate in the original decision to deny access. The CHCCW will provide or deny access in accordance with the determination of the reviewing official.

An individual has the right to request that the CHCCW amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained.

- Denial of amendment. The CHCCW may deny an individual's request for amendment, if it determines that the PHI or record that is subject of the request:
 - A) Was not created by the CHCCW, unless the individual provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment.
 - B) Is not part of the designated record set.
 - C) Is accurate and complete.

An individual has a right to receive an accounting of disclosures of PHI made by the CHCCW in the six years prior to the date on which the accounting was requested, except for disclosures:

- To carry out treatment, payment and health care operations.
- For the facility directory or to persons involved in the individual's care or other notification purposes.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- Disclosures that occurred prior to April 14, 2003.

An individual who has agreed to receive an electronic transmission of this notice has the right to also obtain a paper copy of this document.

HIPAA DUTIES OF THE CHCCW

- The CHCCW is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.
- The CHCCW is required to abide by the terms of this notice.
- The CHCCW reserves the right to change the terms of this notice and to make the new notice provisions effective for PHI that it maintains.
- If the privacy notice is amended in the future, individuals may obtain a copy of the new notice by written request. Contact the Reception Desk.
- Individuals may complain to the CHCCW and/or to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated. An individual may complain by contacting the CEO at (307) 233-6000. The individual making the complaint will not be retaliated against for filing a complaint.
- For additional information concerning the privacy policies at the CHCCW, contact the Privacy Officer at (307) 233-6000.
- To obtain a paper copy of this notice contact the Reception Desk at the CHCCW.
- This notice will be effective April 14, 2003.