



Hot Springs County Hospital District  
DBA: Hot Springs Health (HSH)

### Notice of Privacy Practices

Effective Date: April 14, 2003

Reviewed Date: May 6, 2024

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.

If you have any questions about this notice, please contact our Privacy Officer at (307) 864-3121.

#### Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal.

We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

This notice describes our hospital's practices and that of:

- ◆ Any health care professional authorized to enter information into your hospital chart
- ◆ All departments and units of the hospital may share medical information for treatment, payment or hospital operation purposes described in this notice.
- ◆ Any member of a volunteer group we allow to help you while you are in the hospital
- ◆ All employees, staff and other hospital personnel

#### We are required by law to:

- ◆ Make sure that medical information that identifies you is kept private.
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- ◆ Follow the terms of the notice that is currently in effect.

#### How We May Use and Disclose Medical Information About You:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. In the event your information contains psychotherapy notes, those notes may only be released after a specific written authorization from you to release them.

#### For Treatment

We may use medical information about you to provide you with medical treatment of services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the hospital.

For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

#### For Payment

We may use and disclose medical information about you so that treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party.

For example: We may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for your surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

#### Health Care Operations

We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care.

For example: We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional service the hospital should offer, what services are not needed, and whether certain new treatments are

effective. We may also disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and to see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. For example: Management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information we require our business associates to sign a contract that states they will appropriately safeguard your information.

### **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. For example: We may call you to remind you of your surgical pre-op teaching appointment.

### **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example: the use of aroma therapy for expectant mothers.

### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example: to make a referral to a community agency.

### **Fund-Raising Activities**

We may use information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to the hospital foundation so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fund-raising efforts, you must notify the Business Office Manager in writing.

### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose health information about you to a friend or family member who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief, for example the Red Cross, so that your family can be notified about your condition, status and location.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example: A research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition.

### **As Required by Law**

We will disclose medical information about you when required to do so by federal, state or local law. For example: When an implant is used we will routinely disclose the recipients name and social security number to the company that provides the implant. This is for tracking purposes and to notify the patient if the implant is ever recalled.

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

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

For example: Admission of a patient with small pox or tuberculosis. Any disclosure, however, would only be to someone able to help prevent the threat.

### **Marketing or Sale of Information**

Disclosure of your information for purposes of marketing or disclosures that constitute a sale of your information will not be permitted without your written authorization.

### **Special Situations**

#### **Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### **Military and Veterans**

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 release medical information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs if you have a work related injury. For example: Your medical information regarding benefits for work-related illnesses may be released as appropriate.

#### **Public Health Risks**

We may disclose medical information about you for public health activities. 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 medications or problems with procedures;
- ◆ 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, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, court order, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons, or similar process;
- ◆ To identify or locate a suspect, fugitive, material witness, or missing persons;
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ◆ About a death we believe may be the result of criminal conduct;
- ◆ About criminal conduct at the hospital
- ◆ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other

national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of the state or conduct special investigations authorized by law.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary, for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights Regarding Medical Information about You  
You have the following rights regarding medical information we maintain 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 Medical Records. 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.

You have the right to directly request and receive lab results from the HSH laboratory.

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 Medical Records. 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 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 the

hospital

- ◆ Is not part of the information which you would be permitted to inspect and copy
- ◆ Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosure.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Medical Records. 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 will be submitted to you on paper. 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, like a family member or friend.

For example, you could ask that we not use or disclose information about a surgery you had.

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 restriction, you must make your request in writing to Medical Records. In your request, you must tell us:

- ◆ What information you want to limit;
- ◆ Whether you want to limit our use, disclosure or both, and to whom you want the limits to apply: for example, disclosures to your spouse.

### **Right to Request Restrictions When Paying Out of Pocket**

You have the right to restrict certain disclosures of your medical information to your health plan if you paid out of pocket in full for your care item or service and will not be billing any portion to your health plan.

### **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.

For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Medical Records. 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 Breach Notification**

You have the right to be notified following a breach of your unsecured protected health information.

### **Right to a Paper Copy of the 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. To obtain a paper copy see the Business Office. You may obtain a copy of this notice at our web site, [www.hotspringshealth.com](http://www.hotspringshealth.com)

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or change 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 notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer a copy of the current notice in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or by calling 307-864-3121 and asking for the Risk Manager.

Or write:

Hot Springs Health  
Risk Manager  
150 East Arapahoe  
Thermopolis, Wyoming 82443

You may also contact the Wyoming State Health Department by calling (307) 777-7123 (ask to speak with a health surveyor) or by mail at:

Healthcare Licensing and Surveys  
Hathaway Building, Suite 510  
2300 Capital Avenue  
Cheyenne, WY 82002

You will not be penalized for filing a complaint.

### **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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorizations. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provide for you.