

**Memorial Hospital of Carbon County
PO Box 460
Rawlins, WY 82301**

HIPAA 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.
Effective date: April 14, 2003

WHO WILL FOLLOW THIS NOTICE:

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.
All employees, staff and other personnel employed by the hospital.
All auditors, other health care organizations, etc.
All these entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

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 physician. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician'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.

We are required by law to:

- HIPAA Privacy Notice
<http://www.imhcc.com/HIPAA.html>[2008-11-18 7:36:06 PM]
1. Make sure that medical information that identifies you is kept private
 2. Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
 3. 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. Not every use or disclosure may be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

FOR TREATMENT:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a physician treating you for a fractured leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietician if you have diabetes so they 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 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 the treatment and services you receive at the hospital may be billed to and payment may be collected from you, and insurance company or 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 the 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.

FOR 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 services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare who we are doing and 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.

HOSPITAL DIRECTORY:

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, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy, 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 generally know how you are doing.

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INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort 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. All research projects, however, are subject to a special approval process.

AS REQUIRED BY LAW:

We will disclose medical information about you when required to do so by federal, state, or local law.

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. Any disclosure, would only be to someone able to help prevent the threat.

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.

WORKERS' COMPENSATION:

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS:

We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability
2. To report births and deaths
3. To report child or elder abuse or neglect
4. To report reactions to medications or problems with products
5. 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
6. 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 licensure. These activities

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are necessary for the government to monitor the 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, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

LAW ENFORCEMENT

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

1. In response to a court order, subpoena, warrant, summons or similar process
2. To identify or locate a suspect, fugitive, material witness, or missing person
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
4. About a death we believe may be the result of criminal conduct
5. About criminal conduct at the hospital
6. 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 law officials for intelligence, counterintelligence, and other national security activities 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 (1) for the institution to provide you with health care; (2) to protect your health and safety or health and safety concerns of others; or (3) for the safety and security of the correctional institution.

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 the **HEALTH INFORMATION DEPARTMENT** of the hospital, clinic, or home health agency. Special arrangements must be made for your physician or other qualified hospital personnel to sit with you if you request to review your record. These arrangements will be at our convenience. You will not be able to mutilate, remove, or tear up any part of the medical record. 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 medical information in certain 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

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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 for a request of correction/amendment of health information form in the **HEALTH INFORMATION DEPARTMENT** of the hospital, clinic, or home health agency. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment/correction 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
2. Is not part of the designated medical record
3. Is not part of the information that you would be permitted to inspect and copy or is accurate and complete

RIGHT TO REQUEST RESTRICTIONS:

You have a 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 can have the right to request a limit on medical information we disclose about you to someone who is involved in your care of 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 restrictions, you must make your request in writing to the **HEALTH INFORMATION DEPARTMENT** of the hospital, clinic, or home health agency, as soon as possible. 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, for example, disclosures to your spouse.

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 all admissions areas. The notice will contain the effective date.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the **PRIVACY OFFICER** of the hospital at **(307) 324-2221**. All complaints must be submitted in writing.