



# What is HIPAA?

## Notice of Privacy Practices

*Health Insurance Portability and Accountability Act of 1996*

**The HIPAA Privacy Rule** is a federal regulation that went into effect nationwide on April 14, 2003.

It establishes a foundation of federal protections for the privacy of health information.

This Notice describes the privacy practices of **Campbell County Health**, its related and affiliated organizations as well as all of their physicians and employees. It applies to services you receive at all **Campbell County Health** service locations.

Campbell County Health  
*Excellence Every Day*

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307-688-1000



[cchwo.org](http://cchwo.org)



# Notice of Privacy Practices

EFFECTIVE: April 14, 2003

REVISED: August 25, 2014

REVISED: April 30, 2019

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.

## **This privacy notice:**

1. Describes our practices for the protection of your health information.
2. Explains how Campbell County Health (CCH) may use and disclose health information about you.
3. Describes your rights.
4. Explains the duties we have regarding the use and disclosure of health information.
5. Applies to all your records generated by CCH, whether made by CCH personnel or your provider.

## **Our Duties**

Campbell County Health is required to:

- Maintain the privacy of your information.
- Make available to you this notice of legal duties and privacy practices with respect to the information we maintain about you.
- Abide by the terms of the notice that is currently in effect.
- Notify you if we are unable to agree to the requested restrictions.

## **HOW CCH MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following covers most, but not exclusively all, of the ways in which your health information will be used and disclosed.

1. We will explain what we mean.
2. We will try to give examples.
3. Each use and disclosure will not be listed.

## **For Treatment:**

We will use your health information for treatment.

*For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment.*

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged.

## **For Payment:**

We will use your health information for payment. You have the right to restrict disclosure to your health plan for treatment paid in full by you out of your own pocket.

*For example: A bill may be sent to you or a third party payer. This information on or with the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.*

## **For Health Care Operations:**

We will use your health information for regular health care operations.

*For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.*

## **OTHER DISCLOSURES AND USES**

### **Communication:**

We may disclose health information relevant to that person's involvement in your care or payment to:

- a family member
- close personal friend
- for disaster relief purposes
- other relative
- any other person you identify
- and is in your best interest

### **Notification:**

We may use or disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

### **Business Associates:**

There are some services provided by CCH by other companies. We may disclose your information to them so that they can perform the job we have asked them to do.

*For example: Physician services in radiology and certain laboratory tests.*

**Health Education and Marketing:**

We may contact you to provide appointment reminders, tell you about possible treatment options, tell you about possible alternatives, and tell you about health-related benefits or services. We will not use your (PHI) for marketing purposes unless you give us written permission.

**Fundraising Activities:**

We may contact you as part of a fund-raising effort. You have the right to opt out of fundraising activities.

**Directory:**

Unless you object in writing to the Patient Access/Admitting Department, we will use your name, location, and religious affiliation in the directory. This information may be provided to members of the clergy. In addition to religious affiliation, this information may be provided to others who ask for you by name. In emergent situations where you are unable to object you will be included in the directory. The directory includes patient name, room #, and bed #, phone extension, attending physician, account #and religion.

**Research:**

We may use and disclose information about you for research purposes. All research projects are subject to a special approval process. You will almost always be asked for your permission before your information is provided.

**As Required By Law:**

We will disclose information about you when required to do so by federal, state or local law. We will disclose information about victims of abuse, neglect or domestic violence.

**To Avoid a Serious Threat to Health or Safety:**

We may disclose information about you when necessary to prevent a serious threat. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation:**

We may disclose health information to organ procurement organizations for the purpose of tissue donation and transplant if you are designated as a donor.

**Military and Veterans:**

We may release information about you as required by military command authorities.

**Workers' Compensation:**

We may release information as authorized by laws for workers' compensation or similar programs.

**Public Health Risks:**

We may disclose information about you for public health activities such as preventing or controlling disease, injury or disability.

**Health Oversight Activities:**

We may disclose information to a health oversight agency for activities authorized by law.

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

We may release information to a coroner, medical examiner or funeral directors.

**National Security and Intelligence Activities:**

We may release information about you to authorized federal officials for activities authorized by law.

**Protective Services for the President and others:**

We may disclose information about you to authorized federal officials.

**Correctional Institution/Law Enforcement:**

If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose information to them. We may disclose information for law enforcement purposes as required by law.

**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, 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.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Your health records are the physical property of CCH. The information in the record belongs to you. You have the following rights regarding information we maintain about you:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper or electronic copy of the notice of information practices upon request
- You may obtain a copy of this notice at our website, [www.cchwyo.org](http://www.cchwyo.org)

- Inspect, request a copy and receive in paper or electronic format your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- You will be notified of a breach of unsecured PHI in the event you are affected.

#### **For More Information or to report a Problem:**

Please contact the Privacy Officer at 307-688-2121 or Patient and Resident Experience at 307-688-1530 if you have any questions. If you believe your privacy rights have been violated:

- You may file a complaint with CCH.
- You may file a complaint with the U.S. Department of Health and Human Services.  
Office of Civil Rights, 200 Independence Avenue, SW, Washington, DC 20201, (202) 619-0257  
Toll Free 1-877-696-6775 or [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- To file a complaint with CCH, contact the Patient and Resident Experience office at 307-688-1530.
- All complaints must be in writing.
- You will not be penalized for filing a complaint.

#### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of information not covered by this notice or the law will be made only with your written authorization. Use or disclosure of your psychotherapy notes will be made only as required by law or by obtaining your written signature. We will not sell your PHI.

#### **CHANGES TO THIS NOTICE**

1. We reserve the right to change this notice.
2. We reserve the right to make the revised notice effective for information:
  - We already have about you
  - Any information we receive in the future
3. A copy of the current notice will be posted in CCH.
4. On the first page of this notice, in the top right-hand corner, will be the effective date.
5. Each time you register at CCH for treatment we will offer you a copy of the current notice that is in effect.

## Glossary

**Business Associate:** A person or organization that performs an activity on behalf of CCH, but is not part of the CCH workforce.

**Disclosure:** The release, transfer, and provision of access or sharing of information outside the organization holding the information.

**Health Care [or healthcare]:** Care, services, or supplies related to the health of an individual, including but not limited to the following: preventive, diagnostic, therapeutic, rehabilitative, maintenance, or end-of-life, and counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status of an individual. Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

**Health Care Providers:** A provider of services or any other person or organization who furnishes, bills or is paid for health care in the normal course of business.

**Healthcare Operations:** Activities of CCH to the extent that the activities are related to the operations of the organization.

**Health Information:** Any information, whether oral or recorded in any form that is created or received by CCH or related facilities. This information relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

**Health Oversight Agency:** An agency that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

**Personal Health Information (PHI):** Also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care.

**Public Health Authority:** An agency that has the authority for public health matters as part of its official mandate.

**Research:** A systematic investigation designed to develop or contribute to generalizable knowledge.

**Treatment:** The provision, coordination, or management of health care and related services by one or more health care providers.