This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you have questions about this notice, you may contact the Privacy Officer.

We comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This notice applies to all PHI we maintain about you and to any PHI we disclose to a business associate.

We will use or disclose PHI for the purposes described in this notice. A description of some of these purposes appears below. For additional information that applies to various uses and disclosures, see the corresponding sections of this notice.

This notice is effective on April 14, 2003.

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.

West Park Hospital District 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 on 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 Care Operations: 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 health care 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 grant access to those with whom you wish 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. We are permitted to disclose confidential information, such as the names of individuals or associations, if we are required to do so by law or comply with your request except for emergencies. For example, you may request that we not disclose information about your treatment for cancer.

**Compliance:** You have the right to request that we not disclose 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 may not be disclosed to a third party, except for the reasons stated in your written authorization. Disclosures made in reliance on the individual’s authorization 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 before any costs are incurred. If we request, we may charge you a fee for the costs of providing the subsequent list. We will have 30 days to respond to your request. Your request must be made 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 that 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.

**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. Information is not shared with the patient’s third party payer since no claim is being made against the third party payer.

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

**Contact Information:**

**Carrie Steckler, RHIA - Privacy Officer - 307-578-2783, csteckler@wphcody.org**

**Areek Shennar - Security Officer - 307-578-2620, ashennar@wphcody.org**

**Janet McClain - Compliance Officer - 307-578-2219, jmcclain1@wphcody.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 understand your rights as a counseling client.