



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.

Introduction and Applicability

“This Notice of Privacy Practices satisfies the requirements of the HIPAA Privacy Rule at 45 CFR §164.520. The Notice of Privacy Practices–Part 2 Program Notice satisfies the Part 2 Patient Notice requirements at 42 CFR §2.22 for covered entities that create or maintain substance use disorder (“SUD”) treatment records. For SUD Program participants, please review the “Notice of Privacy Practice–Part 2 Patient Notices” for additional information. The Department of Health and Human Services has confirmed that these notices may be combined into a single document (89 FR 33047).”

Who Will Follow This Notice:

This Notice describes the privacy practices of CRH and applies to all workforce members authorized to create health information, including:

- All departments and units of CRH
- All employees, staff, and personnel
- Medical staff and credentialed providers
- Students, trainees, and volunteers
- Business associates performing services on our behalf

These individuals and entities will follow the terms of this Notice and share your health information with each other as necessary for treatment, payment, and healthcare operations described below.

Our Commitment to Your Privacy

We understand that your health information is personal and sensitive. We are committed to protecting it. This Notice explains how we may use and disclose your health information, your rights regarding your information, and our legal obligations to you.

How We May Use and Disclose Your Health Information

Uses for Treatment, Payment, and Healthcare Operations The following describes the ways we may use and disclose your health information for treatment, payment, and healthcare operations without your written authorization:

Treatment: We may use and disclose your health information to provide, coordinate, or manage your healthcare and related services. For example, we may share your information with doctors, nurses, technicians, medical students, or other personnel involved in your care. We may also disclose information to people outside our organization who may be involved in your care, such as family members, other healthcare providers, or social service agencies.

Payment: We may use and disclose your health information to bill and collect payment for the services we provide. For example, we may share information with your health insurance company to obtain payment for your healthcare. We may also tell your health plan about a treatment you are going to receive to determine whether it will be covered.

Healthcare Operations: We may use and disclose your health information for our business operations. For

example, we may use your information to evaluate the quality of care you received, to train our staff, or to conduct business planning and management activities. We may also combine health information about many patients to make decisions about what services to offer and whether new treatments are effective.

Important Exception for Substance Use Disorder (SUD) Records:

The treatment, payment, and healthcare operations uses described above apply to most of your health information. However, if you are receiving substance use disorder treatment, federal law (42 CFR Part 2) provides additional protection for those records.

In most instances, we will need additional written consent from you before we can use or disclose SUD patient records for treatment, payment, or healthcare operations, unlike other health information.

Please review the “Notice of Privacy Practice–Part 2 Patient Notices” for additional information about these enhanced protections.

Other Uses and Disclosures We May Make Without Your Authorization

We may also use or disclose your health information for the following purposes without your authorization:

Public Health Activities: To prevent or control disease, injury, or disability; to report births and deaths; to report suspected abuse or neglect; to report reactions to medications or problems with medical devices; and to notify people about recalls of products they may be using.

Health Oversight Activities: To federal or state agencies that oversee our activities, such as for audits, inspections, investigations, or licensure.

Lawsuits and Legal Proceedings:

In response to a court order, subpoena, discovery request, or other lawful process.

Law Enforcement: To law enforcement officials for purposes such as identifying or locating a suspect or missing person, reporting crimes, or complying with a court order or subpoena.

Coroners and Medical Examiners:

To coroners or medical examiners to identify a deceased person or determine cause of death, and to funeral directors as necessary.

Organ and Tissue Donation: To organizations that handle organ, eye, or tissue procurement or transplantation.

Research: For research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal.

To Avert a Serious Threat: When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

For military and veterans' activities, national security and intelligence activities, protective services for the President, or for correctional institutions and law enforcement custody.

Workers' Compensation: For workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Uses and Disclosures That Require Your Authorization

We will obtain your written authorization before using or disclosing your health information for purposes other than those described in this Notice. Specifically, we must obtain your authorization for:

Substance Use Disorder (SUD) Counseling Notes: SUD counseling notes are process notes recorded by

an SUD counselor during individual or group counseling sessions and kept separate from your medical record. Under federal law (42 CFR Part 2), we need separate written consent from you to use or disclose SUD counseling notes, even for your treatment. You have the right to access your SUD counseling notes (42 CFR §2.23), unlike psychotherapy notes which we can withhold from you under HIPAA.

Please review the "Notice of Privacy Practice Part 2 Patient Notices" for additional information about these enhanced protections.

Uses and disclosures for marketing purposes. We need your authorization before we can use or disclose your health information to market products or services to you, with limited exceptions.

Disclosures that constitute a sale of protected health information. We need your authorization if we receive payment in exchange for disclosing your health information, with certain exceptions.

Your Right to Revoke Authorization:

If you provide us with written authorization, you may revoke that authorization at any time by submitting a written revocation to the address below. The revocation will not affect any actions we took before we received your revocation.

HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Important Information About Redisdisclosure

Potential for Redisdisclosure: Once we disclose your health information to someone outside our organization, that information may be redisdisclosed by the recipient and may no longer be protected by federal privacy law. We cannot control how others use information after we disclose it to them.

Additional Information About Use and Disclosure

Fundraising We may contact you to raise funds for our organization and its

operations. We would only use basic contact information such as your name, address, phone number, and the dates you received treatment or services. You have the right to opt out of receiving fundraising communications. Each fundraising communication will include instructions on how to opt out.

For SUD Program participants:

Please review the "Notice of Privacy Practice–Part 2 Patient Notices" for additional information about these enhanced protections.

Protection for SUD Records in Legal Proceedings

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

If we create or maintain substance use disorder treatment records protected by 42 CFR Part 2 and intend to use such records for fundraising, we will provide you with a clear and conspicuous opportunity to opt out of receiving fundraising communications BEFORE we use your SUD records for fundraising purposes.

Please review the "Notice of Privacy Practice–Part 2 Patient Notices" for additional information about these enhanced protections.

Individuals Involved in Your Care (Optional)

Unless you object, we may disclose your health information to a family member, friend, or other person you indicate is involved in your care or payment for your care. We may also notify your family about your location, general condition, or death, or disclose such information to an entity assisting in disaster relief.

Facility Directory (Optional) We may include limited information about you in our facility directory while you are a patient. This information may include your name, location in our facility, general condition, and religious affiliation. Directory information (except religious affiliation) may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy. You have the right to restrict or prohibit these disclosures.

Appointment Reminders (Optional) We may use and disclose your health information to contact you as a reminder that you have an appointment.

Treatment Alternatives and Health-Related Services (Optional) We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives or health-related benefits and services that may be of interest to you.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

Right to Request Restrictions You have the right to request restrictions on certain uses and disclosures of your health information. For example, you could ask that we do not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request except in one situation: if you pay out-of-pocket in full for a healthcare item or service.

You can ask us not to share information about that item or service with your health plan for payment or healthcare operations purposes. We will agree to this request unless we are required by law to share the information. We will need a written request that includes:

- What information do you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply

To request a restriction, contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Right to 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. We will accommodate reasonable requests. We will not ask you the reason for your request.

To request confidential communications, contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Right to Access, Inspect, and Copy Your Health Information

You have the right to access, inspect, and obtain a copy of your health information that may be used to make decisions about your care. This usually includes medical and billing records but does not include psychotherapy notes or certain other information.

Right to Request Amendment

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. 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.
- We may also deny your request if the information was not created by us, is not part of the information kept by us, is not part of the information you would be permitted to inspect and copy or is accurate and complete.

To request an amendment, contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Right to an Accounting of Disclosures You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we have made of your health information. This does not include disclosures for treatment, payment, or healthcare operations, disclosures made to you, or disclosures you authorized.

- Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for providing these lists.

To request an accounting, contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive the Notice electronically. You may request a copy of this Notice at any time.

To obtain a copy, visit codyregionalhealth.org or contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

Special Access Rights for Substance Use Disorder Records:

If you are receiving substance use disorder treatment, you have the right to access your SUD treatment records, INCLUDING your SUD counseling notes (42 CFR §2.23). This right is broader than HIPAA’s treatment of psychotherapy notes, which we can withhold from you. We may only restrict your access to SUD counseling notes if a qualified professional determines, based on professional judgment.

- We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the denial be reviewed.

- If we maintain your health information electronically, you may request an electronic copy. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

To request access to your records, contact HealthInformationMgmt@codyregionalhealth.org
HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

For SUD Program participants: Please review the “Notice of Privacy Practice–Part 2 Patient Notices” for additional information about these enhanced protections.

HITECH Notification Requirements:

Under HITECH, CRH 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 CRH is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Covered Entity Duties We are required by law to:

- Maintain the privacy of your health information
- Provide you with this Notice of our legal duties and privacy practices
- Notify you if we experience a breach of your unsecured health information
- Follow the terms of the Notice currently in effect

Changes to This Notice: We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain, including information created or received before

we made the change. If we make a material change to this Notice, we will:

- Post the revised Notice in our facility
- Make the revised Notice available on our website
- Provide you with a copy of the revised Notice upon request

How to File a Complaint

Complaints If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

To file a complaint with us please contact our compliance team at compliance@codyregionalhealth.org.

To file a complaint with the U.S. Department of Health and Human Services: Office for Civil Rights, U.S. Department of Health and Human Services Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> Phone: 1.877.696.6775

This Privacy Notice is effective as of 2/17/2026.

Part 2 Program Patient Notice

This notice describes: How Health Information About You May Be Used And Disclosed

- Your Rights With Respect To Your Health Information
- How To File A Complaint Concerning A Violation Of The Privacy Or Security Of Your Health Information, Or Of Your Rights Concerning Your Information

You Have A Right To A Copy Of This Notice (In Paper Or Electronic Form) And To Discuss It With Health Information Management AT 307.578.2780 or HealthInformationMgmt@codyregionalhealth.org IF YOU HAVE ANY QUESTIONS.

In this Part 2 Program Patient Notice, your “health information” means your substance use disorder (“SUD”) treatment record.

Introduction and Applicability

The Notice of Privacy Practice–Part 2 Program Notice applies specifically to individuals who are the subject of records protected under 42 C.F.R. Part 2. Part 2 limits the use or disclosure of SUD treatment records that would otherwise be permissible under HIPAA without your authorization.

Who Will Follow This Notice: This Notice describes the privacy practices of CRH and applies to all workforce members authorized to create health information, including:

- All departments and units of CRH
- All employees, staff, and personnel
- Medical staff and credentialed providers
- Students, trainees, and volunteers
- Business associates performing services on our behalf

These individuals and entities will follow the terms of this Notice and share your health information with each other as necessary for treatment, payment, and healthcare operations described below.

Our Commitment to Your Privacy

We understand that your health information is personal and sensitive. We are committed to protecting it. This Notice explains how we may use and disclose your health information, your rights regarding your information, and our legal obligations to you.

Your Rights

(1) Consent to most uses and disclosures of your health information

You may provide a single consent for all future uses or disclosures for treatment, payment and health care operations.

SUD Counseling Notes: SUD counseling notes are notes documented by an SUD counselor or mental health professional during individual, group, joint, or family SUD counseling sessions that are kept separate from your SUD and medical record.

“SUD Counseling Notes” do not include the following:

- medication prescription and monitoring
- counseling session start & stop times
- modalities and frequencies of treatment furnished
- results of clinical tests
- summaries of diagnosis, functional status, treatment plan(s), symptoms, prognosis, and progress to date

Under federal law (42 CFR Part 2), we need additional written consent to use or disclose SUD counseling notes, even for your treatment (unless the person who wrote the SUD counseling notes uses the notes for your treatment).

Your written consent to use or disclose SUD counseling notes cannot be combined with a consent to disclose any other Part 2 records.

(2) Ask us to limit the information we disclose You can ask us not to use or disclose certain health information for treatment, payment, or health care operations after you have provided consent for those purposes. We may deny your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still disclose your information in the event you need emergent care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to disclose that information for the purpose of payment to our health care operations with your health insurer. We will abide by the request unless a law requires disclosure of that information.

(3) Receive a copy of this Privacy Notice You may request of paper copy of this Privacy Notice at any time, even if you have agreed to receive this Privacy Notice electronically. We will provide you with a paper copy of this Privacy Notice promptly.

(4) Discuss this notice with someone in our Part 2 Program You may ask questions or obtain more information about this Privacy Notice and our privacy practices by contacting:

HealthInformationMgmt@
codyregionalhealth.org

HIM 707 Sheridan Ave,
Cody, WY 82414
307.578.2780

(5) Choose in advance whether to receive fundraising communications You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications. We will provide you with a clear and conspicuous opportunity to opt out of receiving fundraising communications BEFORE we use your information for fundraising purposes.

(6) You may elect someone to act on your behalf. If someone has the authority to act as your personal representative (for example, someone who has your medical power of attorney; someone is your legal guardian), that person may exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act on your behalf before any action is taken.

We may use or disclose your information without your consent for very limited purposes:

(7) File a complaint if you believe your privacy rights have been violated To file a complaint with us please contact our compliance team at compliance@codyregionalhealth.org.

To file a complaint with the U.S. Department of Health and Human Services:
Office for Civil Rights, U.S. Department of Health and Human Services
Phone: 1.877.696.6775
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

CRH’s Uses and Disclosures

We are required to:

- Obtain your written consent for most uses and sharing your information
- Maintain the privacy and security of your information
- Promptly notify you if a breach occurs that may have compromised

the privacy or security of your information

- Follow the duties and privacy practices as described in this notice and give you a copy of it
- Withhold using or disclosing your information other than as described in this notice unless you provide us written consent. If you consent, you may change your mind and withhold consent at any time. You must notify us in writing of your decision to withhold consent.

With your written consent, we will generally use or disclose your health information in the following ways:

(1) Treatment We may use and disclose your health information with other health care professionals who treat you. For example, a doctor treating you for a chronic condition may ask a professional who has previously treated you about your health condition or medications you are taking to avoid complications.

(2) Payment We may use and disclose your health information to bill and receive payment from health plans or other entities. For example, we may give information about you (for example, your name) to your health insurance plan so it will pay for your services.

(3) Health Care Operations We may use and disclose your health information to run our Part 2 program, improve your care, and contact you when necessary. For example, we may use health information about you to manage your treatment and services.

CRH Uses and Disclosures That Do Not Require Your Consent

We may use or disclose your information without your consent for very limited purposes. We have to meet many conditions in the law before we can disclose your information for these purposes:

(1) Communication within our program and with our contractors We may use and disclose your information with our

program or with contractors who help us run our program.

(2) Medical emergencies We may use your or disclose your information during a medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We may also disclose your identifying information to assist the U.S. Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

(3) Scientific Research (with additional protection) We may use or disclose your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about their research.

(4) Audits (management & financial) and evaluations of our program We may use or disclose your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities as authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree to not use the information against you.

(5) Public health purposes We may disclose health information that does not identify you for certain situations, such as (1) preventing disease or (2) reporting adverse reactions to medications.

(6) Reporting certain crimes committed at our facility or against our personnel We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

(7) Reporting suspected child abuse and neglect We will only report the information as required by law.

(8) Assisting cause of death inquiries We may disclose patient identifying information about a deceased patient as required or allowed

by laws that collect information relating to cause of death.

We may also use and disclose your information in the following ways:

- To whomever you name in a consent form to disclose your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring when required by law

Redislosure According to HIPAA

When you consent to uses and disclosures for all future treatment, payment, and health care operations, we may disclose your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and disclose your information again without your consent for the purposes that HIPAA allows.

Please note: Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement)(see below).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings:

- We will not use or disclose your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or disclose your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.

- We will only use or disclose your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or disclose your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Change to the Terms of this Privacy Notice

We are required to follow the terms of this Privacy Notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in Health Information Management, 707 Sheridan Ave, Cody, WY 82414 or codyregionalhealth.org

This Privacy Notice is effective as of 2/17/2026.