NOTICE OF PRIVACY PRACTICES
This notice describes how your medical information may be used or disclosed, and how you can access this information. PLEASE REVIEW THIS CAREFULLY.

Our Pledge Regarding Your Medical Information
Cheyenne Regional Medical Center and Cheyenne Regional Medical Group (collectively referred to as “CRMC” or “Cheyenne Regional”) are committed to protecting the privacy of your medical information. This notice tells you the ways in which we may use and disclose your medical information. It also describes your rights as a patient.

Who is Required to Follow This Notice
The privacy practices described in this notice must be followed by all Cheyenne Regional healthcare professionals, employees, medical staff, trainees, students and volunteers.

How We May Use and Share Medical Information About You
We use electronic record systems to manage your care. As permitted by law, Cheyenne Regional may share medical information about you to carry out your treatment, payment, or operations. Although this list is not exhaustive, some of the ways we are permitted to use and disclose your information without asking for your consent are as follows:

- **Health Information Exchange:** We may share information that we obtain or create about you with other healthcare providers or other healthcare entities, such as your health plan or health insurer, as permitted by law. Also, we may disclose information to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location.

- **Right to an Accounting of Disclosures:** We may send you a copy of your medical and billing records kept by or for CRMC (ii) is not part of the information which you would be permitted to inspect and/or copy, or (iii) is determined by us to be accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to receive a list of certain disclosures we have made of your protected health information if you request one to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment and healthcare operations purposes, or those disclosures made directly to you or with your consent.

- **Right to Be Notified in the Event of a Breach:** We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with this Notice or results in unlawful disclosure of your information. If your request is denied, we will give you a written explanation of why we did not make the amendment and explain your rights.

- **Right to a Copy of This Notice:** You have the right to get a paper copy of this Notice even if you have electronic access to it. To get a paper copy of this Notice, you may contact the Privacy Office at the address listed at the end of this notice. You must state the time frame for which you want to receive the accounting. We will still send you a notice in a 12-month period will be free, and we may charge you for additional copies.

- **Personal Representatives, Minors and Guardians:** If you have given someone the legal authority to exercise your rights and choices about your health information, we will honor those requests once we verify their authority. This Notice also applies to minors and some disabled adults who lack the same privacy protections for their medical information. However, because they usually cannot make healthcare decisions for themselves, a parent or guardian can make decisions on their behalf and may access the patient’s medical records.

- **Questions or Complaints:** If you feel a complaint if you feel we have violated your rights by contacting us using the information below.

- **For more information see:**

Changes to this Notice
We reserve the right to change this Notice at any time. Any change would apply to medical information we already have about you, as well as information we receive in the future. We will post a copy of this Notice throughout CRMC and on the CRMC website at: cheyenneregional.org/privacy-policy.

Questions or Complaints
You may file a compliant if you feel we have violated your rights by contacting us using the information below.

- You can also file a compliant with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20200, by calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

This Notice of Privacy Practices applies to:
Cheyenne Regional Medical Center and Cheyenne Regional Medical Group
Cheyenne Regional Privacy Officer
234 East 23rd St.
Cheyenne, WY 82001
(307) 633-7925
gladys.ayokosok@crmcwy.org

This Notice is effective January 1, 2023.