

Notice of Privacy Practices

This notice describes how your medical information may be used or disclosed, and how you can access this information. Please read it carefully.

Our Pledge Regarding Your Medical Information

Cheyenne Regional Medical Center and Cheyenne Regional Medical Group (collectively referred to as "Cheyenne Regional") is committed to protecting the privacy of your medical information. This Notice tells you how 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 without your consent in specific situations. 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 through Health Information Exchanges (HIEs) in which we participate. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Cheyenne Regional primary care physician or hospital, if they participate in the HIE as well.

You have the right to opt out of the HIE. However, even if you do, some of your health information will remain available to certain healthcare entities as permitted by law.

- **Treatment:** We may use or disclose medical information about you for medical treatment or other treatment-related services. We may also share medical information about you with our personnel or non-Cheyenne Regional providers, agencies or facilities to provide or coordinate the different care and services you may need, such as prescriptions, lab work, x-rays or transportation. For example, we may notify your primary care provider that you were seen in the emergency room to facilitate your follow up appointment.
- **Billing:** We may use and disclose your medical information to bill and collect payments for treatment and services that you received at Cheyenne Regional from you, an insurance company or another third party. For example, we may share your medical information with your health insurance plan:
 - For care received at Cheyenne Regional
 - To get approval before doing a procedure
 - For your health plan to make sure they have paid the right amount to Cheyenne Regional
- **Healthcare Operations:** We may use and disclose medical information about you for Cheyenne Regional's operations. These uses and disclosures are made to enhance quality of care and for medical staff activities, Cheyenne Regional health sciences education and other teaching programs and general business activities.
- **Substance Use Disorder Records (42 CFR Part 2 Records):** Cheyenne Regional may disclose your PHI in accordance with applicable law to comply with a court or administrative order, subpoena, discovery request or other lawful process, provided the court has appropriate jurisdiction over Cheyenne Regional. Notwithstanding the above, in the event Cheyenne Regional receives and maintains substance use disorder records about you, subject to the confidentiality protections of 42 CFR Part 2 ("Part 2 records"), Cheyenne Regional may not use or disclose such Part 2 records for purposes of civil, criminal, administrative or legislative proceedings against you without your written consent or an appropriate court order.
- **With Law Enforcement and Other Officials:** We may share your medical information with a law enforcement official as authorized or required by law:
 - In response to a court order, subpoena, warrant, summons or similar process
 - To identify or find a suspect, fugitive, material witness or missing person
 - If you are suspected of being the victim of a crime. (We generally do this with your permission.)
 - Because of a death we believe may have been caused by a crime
 - Because of criminal conduct at the hospital
 - In an emergency: to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
 - If you are under the custody of the police or other law enforcement official
- **Organized Healthcare Arrangements:** We may also allow access to your information to those healthcare providers and their authorized representatives that are members of an organized healthcare arrangement with Cheyenne Regional. The members of such an arrangement are operationally or clinically integrated and may participate jointly in utilization review, quality assessment and improvement or payment activities.
- **Hospital Directory:** If you are admitted to the hospital, we may include certain limited information about you in the hospital directory to allow your family and friends to reach you. Directory information is only released to people who ask for you by name. If you object to your information being included in the hospital directory, you must inform the admission staff or your caregivers.

- **To Inform Family Members and Friends Involved in Your Care or Paying for Your Care:** We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know to make decisions. If you become incapacitated or incompetent, your health information will be handled in the same manner as if you were competent. If an authorization or objection is required, your personal representative or surrogate healthcare decision-maker will be treated in the same manner as you would be treated.

- **Additional Uses and Disclosures of Your Medical Information:** We may use or disclose your medical information without your authorization (permission) to the following individuals or for other purposes permitted or required by law, including but not limited to the following:
 - To inform you of benefits or services we may provide
 - In the event of a disaster to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location
 - To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
 - To authorized federal officials for intelligence, counterintelligence or other national security activities
 - To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
 - To the military if you are a member of the armed forces and we are authorized or required by law to do so
 - To workers' compensation or similar programs providing benefits for work-related injuries or illnesses
 - To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials
 - To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services
 - To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public entities, or to defend ourselves against a lawsuit brought against us

- **Other Uses of Medical Information:** Other uses and disclosure of medical information not covered by this Notice will be made only with your written authorization. Most uses and disclosures involving psychotherapy notes and for marketing purposes fall within this category and require your authorization before we may use your medical information for these purposes.

- **Use of Unsecure Electronic Communication:** If you choose to communicate with us or any Cheyenne Regional providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same way the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide your email address or cell phone number to your healthcare provider, we may send you emails or text messages related to appointment reminders, surveys or other general informational communications. For your convenience, these messages may be sent unencrypted.

Your Rights Regarding Medical Information About You

The records of your medical information are the property of Cheyenne Regional. You have the following rights regarding your medical information:

- **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and/or receive a copy (electronic or paper) of your medical and billing records or any other records used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party. We request that you submit your request in writing to your caregiver or the appropriate medical records department.

We may charge you a reasonable fee for providing you a copy of your records. We may deny access to certain medical information under certain circumstances. You have the right to request a review of the denial.

- **Right to Request an Amendment of Your Medical Information:** If you believe that the information in your electronic health record is incorrect or incomplete, you may ask us to amend the information by contacting Cheyenne Regional Health Information Management (HIM) using the contact information listed at the end of this Notice. Your written request must state why the amendment is needed. Cheyenne Regional will respond to your request within the time limits required by law. If we accept your request, Cheyenne Regional will notify you and will amend your records.

While we cannot change the record by taking anything out, we will, however, add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical 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.

We may deny your request if the medical information (i) was not created by Cheyenne Regional; (ii) is not part of the medical and billing records kept by or for Cheyenne Regional; (iii) is not part of the information which you would be permitted to inspect and/or copy; or (iv) 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 medical information in the six (6) years prior 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.

You are required to submit your request for an accounting of disclosures in writing to HIM (contact information listed at the end of this notice). You must state the timeframe for which you want to receive the accounting. The first accounting you request in a 12-month period will be free and we may charge you for additional requests in that same period.

- **Right to Request 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. If you want us to communicate with you in a specific way, you should give us details on how to contact you. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have on file.

- **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 the law and results in it being compromised. We will follow what is required under the privacy laws to let you know if your information has been shared in error.

- **Right to a Paper Copy of this Notice:** You have the right to get a paper copy of this Notice even if you have agreed to receive it electronically. Copies of this Notice will be available throughout Cheyenne Regional facilities by contacting the Compliance Office as provided at the end of this Notice or the Cheyenne Regional website provided at the end of this Notice.

- **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 such requests once we verify their authority. This Notice also applies to minors and some disabled adults. They enjoy 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. Parents or guardians can permit the use and disclosure of medical information. Parents or guardians may also hold all the rights listed in this Notice, including the right to inspect and copy and the right to amend.

There are, however, some situations where minors can make independent healthcare decisions without parental or guardian knowledge or permission. It is important to note in these situations that the minor may be the only one to permit the use and release of medical information. The minor may hold all rights listed in this Notice with respect to an independent healthcare decision. Minors, however, should be aware that if they are on their parents' health insurance plan and do not want Cheyenne Regional to send medical information to the health insurance plan (even for independent healthcare decisions), the minor must notify Cheyenne Regional in advance and arrange for cash payment for services (at the time of service).

Changes to this Notice

We reserve the right to change this Notice at any time. Any change could 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 Cheyenne Regional facilities and on the website at: <https://www.cheyenneregional.org/privacy-policy/>

Questions or Complaints

You can file a complaint if you feel we have violated your rights by contacting us using the information in the lower right column.

You can also file a complaint 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., 20201, by calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

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 our office and on our website.

This Notice of Privacy Practices applies to:

Cheyenne Regional Medical Center
Cheyenne Regional Medical Group

Cheyenne Regional Privacy Officer

214 East 23rd St.
Cheyenne, WY 82001
(307) 432-6625
gladys.ayokosok@crmcwv.org

Health Information Management

214 East 23rd St.
Cheyenne, WY 82001
(307) 633-7925

This Notice is effective January 1, 2025.



Cheyenne Regional
Medical Center

We Inspire Great Health!