Brent D. Sherard, M.D., M.P.H., Director and State Health Officer **Governor Dave Freudenthal**

State of Wyoming
Department of Health

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Updated April 13, 2006

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 Notice is available in alternate formats that meet guidelines for the Americans with Disabilities Act (ADA). Contact the Wyoming Department of Health at: Phone, 307.777.7656, TTY 307.777.5648 or FAX 307.777.7439.

The Wyoming Department of Health (WDH) provides many types of health related services, such as Public health plans, Public Health Nursing, and Preventative Health. WDH is required to protect the information we collect by Federal and State law. This information is called, "protected health information" or PHI.

This Notice of Privacy Practices will tell you how WDH may use or disclose protected health information. Not all situations will be described. WDH is required to give you a notice of our privacy practices. WDH is required to follow the terms of the notice currently in effect.

In the future, WDH may change its Notice of Privacy Practices. Any changes will apply to information WDH already has, as well as any information WDH receives after changes have been made. A copy of the new notice will be posted at the WDH facility as required by law. You may ask for a copy of the current notice anytime you visit a WDH facility, or get it on-line at: wdh.state.wy.us/wdh.

WDH May Use and Disclose Information Without Your Authorization

- **For Treatment**. WDH may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

- **For Payment**. WDH may use or disclose information to receive payment or to pay for the health care services you receive. For example, WDH may provide PHI to bill your health plan for health care provided to you.

- **For Health Care Operations**. WDH may use or disclose information in order to manage its programs and activities. For example, WDH may use PHI to review the quality of the services you receive.

- **Appointments and Other Health Information**. WDH may send you reminders for medical care or checkups. WDH may send you information about health services that may be of interest to you.

- **For Public Health Activities**. WDH is the public health agency that keeps and updates vital records and tracks some diseases.

- **For Health Oversight Activities**. WDH may use or disclose information to inspect or investigate health care providers.

- **As Required by Law and For Law Enforcement**. WDH will use and disclose information when required or permitted by federal or state law or by a court order.

- **For Government Programs**. WDH may use and disclose information for public benefits under other government programs.

- **To Avoid Harm**. WDH may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

- **For Research**. WDH uses information for studies and to develop reports. These reports do not identify specific people.

- **Disclosures to Family, Friends and Others**. WDH may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

- **For other situations**. WDH will ask for your written authorization before using or disclosing information. You may cancel this authorization in writing at any time. WDH cannot take back any uses or disclosures already made with your authorization.

- **Other Laws Protect PHI.** Many WDH programs have other laws for the use and disclosure of information about you. For example, you must give written authorization for WDH to use and disclose your mental health and chemical dependency treatment records.

Your PHI Privacy Rights

- **Right to See and Get Copies of Your Records**. In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

- **Right to Request to Correct or Update Your Records**. You may ask WDH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request. WDH is not required to agree to the request.

- **Right to Get a List of Disclosures**. You have the right to ask WDH for a list of disclosures of your PHI, made after April 14, 2003. You must make the request in writing. This list will not include information that was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures of PHI**. You have the right to ask WDH to limit how your information is used or disclosed. You must make the request in writing and tell WDH what information you want to limit and to whom you want the limits to apply. WDH is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.

- **Right to Revoke Permission**. If you are asked to sign an authorization to use or disclose information, you may cancel the authorization at any time. You must make the request in writing. This will not affect information already shared by WDH.

- **Right to Choose How We Communicate with You**. You have the right to ask WDH to share information with you in a certain way or in a certain place. For example, you may ask WDH to send information to your work address instead of your home address. You must make this request in writing. You do not need to explain the basis for your request.

- **Right to File a Complaint**. You have the right to file a complaint if you do not agree with how WDH has used or disclosed information about you.

- **Right to Get a Paper Copy of this Notice**. You have the right to ask for a paper copy of this notice at any time.

How to Contact WDH to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact your local WDH program office to:

- ✓ Ask to look at or copy your records.
- ✓ Ask to correct or change your records.
- ✓ Ask to limit how information about you is disclosed.
- ✓ Ask for a list of the times WDH disclosed information about you.
- ✓ Ask to cancel your authorization to disclose information.
- ✓ File a complaint.

WDH may deny your request to look at, copy or change your records. If WDH denies your request, WDH will send you a letter that tells why your request is being denied and how to ask for a review of the denial. You will also receive information about how to file a complaint with WDH or with the U.S. Department of Health and Human Services.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how WDH has used or disclosed your information. Your benefits will not be affected by any complaints you make. WDH cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

For More Information

If you have any questions about this Notice or need more information, please contact the WDH Compliance Officer.

De Anna Greene, HIPAA Compliance Officer
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401 Hathaway Building
Cheyenne, WY 82002
Phone: (307) 777-8664
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