

**REPRODUCTIVE HEALTHCARE OF THE BIG HORNS
NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: APRIL 14, 2003**

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.

The Reproductive Healthcare of the Big Horns (RHBH) collects information about your health that is private. RHBH is required to protect this information by Federal and State law. This information is called "protected health information" or PHI.

The notice of Privacy Practices will tell you how RHBH may use or disclose information about you. Not all situations will be described. RHBH is required to give you a notice of our privacy practices for the information we collect and keep about you. RHBH is required to follow the terms of the notice currently in effect.

In the future, RHBH may change its Notice of Privacy Practices. Any changes will apply to information RHBH already has, as well as any information RHBH receives after changes have been made. A copy of the new notice will be posted at each RHBH site and facility and provided as required by law. You may ask for a copy of the current notice anytime you visit RHBH, or get it online at www.wyhc.org.

RHBH MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

- For Treatment: RHBH may use or disclose information with health care providers who are involved in your health care at the Family Planning Clinic in which you are currently enrolled as a client.
- For Payment: RHBH may use or disclose information to get payment or to pay for health care services you receive. For example, RHBH may provide PHI to bill your health plan for health care provided to you.
- For Health Care Operations: RHBH may use or disclose information in order to manage its programs and activities. For example, RHBH may use PHI to review the quality of the services you receive.
- Appointments and Other Health Information: RHBH may send you reminders for medical care or checkups. RHBH may send you information about health services that may be of interest to you.
- Public Health Activities: RHBH keeps records in order to track some diseases.
- As Required by Law and for Law Enforcement: RHBH will use and disclose information when required or permitted by federal or state law or by a court order.
- For Abuse Reports and Investigations: RHBH is required by law to receive and investigate reports of abuse.
- To Avoid Harm: RHBH may disclose PHI to law enforcement in order to avoid a serious threat to health and safety of a person or the public.
- For Research: RHBH uses information for studies and to develop reports. These reports do not identify specific people.

Other Uses and Disclosures Require Your Written Authorization

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

- We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services, i.e., a company that performs billing services.
- We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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, electronic or paper records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- Right to Request or Correct or Update Your Records. You may ask RHBH 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.
- Right to Get a List of Disclosures. You have the right to ask RHBH 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 the times that information 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 that RHBH limit how your information is used or disclosed. You must make the request in writing and tell RHBH what information you want to limit and to whom you want the limits to apply. RHBH 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 can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- Right to Choose How We Communicate With You. You have the right to ask that RHBH share information with you in a certain way or in a certain place. For example, you may ask RHBH to send information to your work address instead of your home address. You must make this request in writing. You do not have 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 the manner in which RHBH 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 RHBH to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact your local Title X Family Planning Program office or the RHBH Privacy Officer at the address listed at the end of this Notice to:

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

RHBH may deny your request to look at, copy, or change your records. If RHBH denies your request, RHBH will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with RHBH 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 RHBH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. RHBH 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,
Rob Johnston, Executive Director, Wyoming Health Council
400 East First Street, Suite 313 Casper, WY 82601
Phone: 307-439-2033 Email: rjohnston@wyhc.org

I have read/reviewed and been given a copy of this Notice of Privacy Practices.

Client/Patient

Date

Witness