

## State of Wyoming Department of Health

### NOTICE OF PRIVACY PRACTICES

Original Implementation Date: April 14, 2003

Revision Effective Date: July 1, 2013

**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). To request an alternate format, contact the Wyoming Department of Health (WDH) by telephone at (307) 777-7656, by teletype at (307) 777-5648, or by facsimile at (307) 777-7439.

The WDH provides many types of health-related services, programs (e.g., children's special health), and plans (e.g., Medicaid) which require collection or creation of sensitive client information, also known as protected health information (PHI). WDH is required by both state and federal law to maintain the privacy of its clients' PHI, to provide notice of its legal duties and privacy practices with respect to PHI to its clients, and to notify affected individuals following a breach of unsecured PHI.

This notice of privacy practices (NoPP) describes how WDH may use or disclose your PHI. WDH is required to follow the terms of its most current NoPP. WDH may change its NoPP. A copy of the new NoPP will be posted at all WDH facilities and on the WDH website as required by law. Changes to the NoPP may apply to both your existing and future PHI and records. You can obtain a copy of the current NoPP from any WDH facility or on-line at [www.health.wyo.gov](http://www.health.wyo.gov).

#### **Use and Disclosures Without Your Authorization**

- **For treatment.** WDH may use or disclose PHI to health care providers who are involved in your health care. For example, PHI may be shared to create and carry out a plan for your treatment.
- **For payment.** WDH may use or disclose PHI 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 PHI to manage its programs and activities. For example, WDH may use PHI to review the quality of the services you receive.
- **For underwriting purposes.** WDH, in its capacity as a health plan, may use or disclose PHI for underwriting purposes. However, WDH may not use PHI that is genetic information for such purposes.
- **For appointments and informative purposes.** 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 may use or disclose PHI to maintain vital records and track some diseases as required by law.
- **For health oversight activities.** WDH, in its capacity as a health oversight agency, may use or disclose PHI to inspect or investigate health care providers. WDH may disclose PHI to another health oversight agency for oversight activities authorized by law (e.g., to a health oversight agency conducting an audit of WDH).
- **As required by law and for law enforcement.** WDH may disclose PHI when required by law or court order, or pursuant to law enforcement investigations.
- **For government programs.** WDH may disclose PHI to other government programs that manage eligibility for public benefits/assistance.
- **To avoid harm.** WDH may disclose PHI to law enforcement to avert a serious threat to the health and safety of a person or the public.
- **For research.** WDH may use PHI to conduct studies and develop reports. However, these reports do not identify specific people.
- **To family, friends, and others.** WDH may disclose PHI to your family or other persons involved in your medical care.

#### **Uses and Disclosures That Require Your Written Authorization**

- **For situations not previously listed.** WDH will ask for your written authorization before using or disclosing your PHI. You may revoke this authorization in writing at any time. WDH cannot take back any uses or disclosures already made with your authorization.
- **Uses and disclosures which specifically require your authorization.** Except in limited circumstances, WDH must obtain your written authorization prior to any uses or

disclosures of psychotherapy notes, of PHI for marketing purposes, or of PHI for the sale of that PHI. For marketing or sale of PHI, the authorization must inform you if WDH will receive direct or indirect payment from a third party.

- **Other laws protect PHI.** Many WDH programs are subject to additional laws regarding the use and disclosure of your health information. 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.** If you feel your records are inaccurate, you may ask WDH to change or add missing information. 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 within the last six (6) years. You must make the request in writing.
- **Right to request restrictions on uses or disclosures of your PHI.** You have the right to ask WDH to restrict how your PHI is used or disclosed. You must make the request in writing and tell WDH what PHI you want to restrict and to whom you want the restriction to apply. WDH is generally not required to agree to a requested restriction. However, WDH must agree to your request to restrict uses and disclosures of PHI to a health plan (e.g., health insurance company) when you or someone other than the health plan has paid WDH for a health care item or service, unless the use or disclosure is required by law. Once a restriction is implemented, you can request either verbally or in writing that the restriction be terminated.
- **Right to revoke permission.** If you are asked to sign an authorization to use or disclose your PHI, you may cancel the authorization at any time. You must make the request in writing. This will not affect PHI 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 reason 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 your PHI.
- **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 Restrict Your 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 restrict uses or disclosures of your PHI.
- ✓ Ask for a list of the times WDH disclosed your PHI.
- ✓ Ask to revoke your authorization to disclose PHI.
- ✓ 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 explaining 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 report a problem with how WDH has used or disclosed your PHI. 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 you believe is unlawful.

## **For More Information**

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

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WDH Privacy/Compliance Officer  
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Region VIII - Office for Civil Rights  
U.S. Department of Health and Human  
Services  
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