

## Notice of Privacy Practices

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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

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### St John's Health and Affiliates

At St John's Health, we believe that your health information is personal. We keep records of the care and service that you receive at our facilities. We are committed to keeping your Protected Health Information private and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of St John's Health and its affiliated facilities. This notice applies to all of the Protected Health Information that identify you and the care you receive at St John's Health operated facilities, including The Living Center and affiliated physician practices and clinics.

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### Our Legal Responsibility

St Johns Health, and affiliated facilities are legally required to protect the privacy of your health information. This is called "protected health information" (PHI). PHI includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We have an obligation to provide you with this notice about our privacy practices that explain how, when, and why we

use and disclose your PHI. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. ( You can view or print a current copy of this notice from our website at [www.stjohns.health](http://www.stjohns.health))

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### How St John's Health and Affiliates may Use or Disclose Your Health Information

St John's Health and it's affiliates use and disclose Protected Health Information for many different reasons, which are listed below:

**1. For treatment, payment, or health care operations.** Treatment includes sharing information among health care providers involved with your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists

or other consultants in order to make a diagnosis. We may disclose your medical information as required by your insurance or other payment sources to receive payment for treatment. We may use your health information for health care operations, such as to improve the quality of care, or to contracted accountants, attorneys, or consultants.

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**2. The Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name and unit in the hospital. The directory information may also be released to people who ask for you by name. You may opt out of the hospital directory in writing.

**3. Notification and Communication with family or patient representative.** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care, about your location, your general condition or in the event of your death. **If possible we will give you the opportunity to agree or object prior to making this notification.**

**4. As Required by Law.** We may release your information as required by law.

**5. Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report births or deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. (If you agree or as required by law).

**6. Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

**7. Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

**8. Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing

person, complying with a court order or subpoena and other law enforcement purposes, regardless of hospital directory preference.

**9. Deceased person information.** We may disclose your health information to coroners, medical examiners, funeral directors, or others previously involved in your care unless you previously request a restriction.

**10. Organ donation.** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs or tissues.

**11. Research.** In certain circumstances we may provide PHI in order to conduct research.

**12. Public Safety.** We may provide PHI to law enforcement or persons able to prevent or lessen harm in order to avoid a threat to the health or safety of a person or the public.

**13. Military & National Security.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also disclose your PHI for reasons of national security.

**14. Worker's Compensation.** We may provide PHI in order to comply with worker's compensation laws.

**15. Appointment Reminders and Health Benefits or Services.** We may disclose PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**16. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

**17. Change of Ownership.** In the event that St Johns Medical Center and affiliated facilities is sold or merged with another organization, your health information/ record will become the property of a new owner.

**18. Fundraising.** St Johns Health may use your protected health information for fund raising communications. You may opt out of fund raising communications by contacting St Johns Health Foundation Director, St. John's Medical Center P.O. Box 428, 625 East Broadway Jackson, WY 83001.

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**19. School Immunizations.** St John's Health may release immunization records to schools without written permission.

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### When St Johns Health and affiliated facilities May Not Use or Disclose Your Health Information

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. Authorization forms are available upon request.

If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any further uses and disclosures.

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### Your Rights Regarding Medical Information About You

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. You may also delegate another individual to receive a copy of your protected health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to: Health Information Management (HIM) St Johns Health, P.O. Box 428, Jackson, WY 83001. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Privacy Breach Notification.** You have a right to receive notifications whenever a breach of unsecured protected health information occurs.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask the HIM department to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the HIM Manager. In addition you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

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**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the HIM Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

***We are not required to agree to your request.*** However, St. John's Health will always agree to a request to restrict a release to an insurance provider if you pay the bill at the time of service.

**Sale and Marketing of Protected Health Information.** St. John's Health will not use or disclose any protected health information for marketing purposes or sell your protected health information without your prior authorization.

To request restriction, you must make your request in writing to: **The Director of Marketing, St. John's Health, 625 E. Broadway PO Box 428, Jackson, Wyoming 83001.** You may ask for a restriction of PHI form at the registration desk. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**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.

To request confidential communications, you must make your request in writing to the Privacy Officer. You may ask for a confidential communication form at the registration desk. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a current copy of this notice at our website, [www.stjohns.health](http://www.stjohns.health) To obtain a paper copy of this notice, write to:

**The Privacy Officer  
St. John's Health  
625 E Broadway  
PO Box 428  
Jackson, WY 83001**

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### How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint in writing with the hospital or with the Office of Civil Rights. To file a complaint with the hospital, write to:

Richelle Heldwein, CRO, CCO  
Chief Risk & Compliance Officer  
(307)739-7286  
[rheldwein@tetonhospital.org](mailto:rheldwein@tetonhospital.org)  
St. John's Health  
P.O. Box 428 625 East Broadway  
Jackson, WY 83001

Office for Civil Rights, DHHS  
1961 Stout Street- Room 1426  
Denver, CO 80294  
(303) 844-2024  
(303) 844-3436 (TDD)  
(303) 844-2025 FAX

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### You Will Not Be Penalized for Filing a Complaint

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St. John's Health and affiliated facilities considers the protection of your health information a high priority, and you will not be penalized for filing a

complaint. If you feel that you have received undue treatment for filing a complaint, please use the above contact information to report the incident.