Powell Valley Healthcare

www.pvhc.org

777 Ave H
Powell, WY 82435

Organization Privacy Officer; Jamie Buck
(307) 754-1132 or jbuck@pvhc.org

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.

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Your Rights *continued*

Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
	  • We are not required to agree to your request, and we may say "no" if it would affect your care.
	• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
	  • We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can 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, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Health information exchanges (HIEs) are networks of electronic health information contributed by various providers. By seeing records of past care received at other locations in an HIE, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment. You do not have to participate in an HIE to receive care from us, though note that opting out of an HIE does not stop us from using or sharing your information as described in the Notice of Privacy Practices.

Wyoming is an Opt-Out state. While participation in HIEs are encouraged, you may opt-out of the sharing of your health information. To opt-out, please notify the registration department of this choice.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 web site.

This Notice of Privacy Practices applies to the following organizations.

Powell Valley Healthcare, Inc, Powell Valley Hospital, Powell Valley Clinic, Powell Valley Long Term Care Center and The Heartland Assisted Living

Organization Privacy Officer; Jamie Buck (307) 754-1132 or jbuck@pvhc.org

Translation Availability at Powell Valley Healthcare

English: For Limited English Proficiency (LEP), Deaf, and Hard of Hearing patients, interpreter services are available at no charge. Please ask your Powell Valley Healthcare representative for assistance with translation or TTY services.

Spanish: Para pacientes con dominio limitado del inglés (LEP), sordos o con dificultades auditivas, hay servicios de interpretación gratuitos. Solicite ayuda con la traducción o los servicios TTY a su representante de Powell Valley Healthcare.

Simplified Chinese (for Mandarin dialect): 对于英语水平有限 (LEP)、聋哑及听力障碍患者，我们提供免费口译服务。如需翻译或 TTY 服务，请联系您的 Powell Valley Healthcare 代表。

Korean: 영어 구사 능력이 제한적(LEP), 청각 장애, 난청 환자분들은 무료로 통역 서비스를 이용하실 수 있습니다. 통역이나 TTY 서비스 이용에 대한 지원은 파웰 밸리 헬스케어 담당자에게 문의해 주세요.

Vietnamese: Đối với bệnh nhân có trình độ tiếng Anh hạn chế (LEP), khiếm thính và khiếm thính, dịch vụ thông dịch được cung cấp miễn phí. Vui lòng yêu cầu đại diện Powell Valley Healthcare của bạn hỗ trợ về dịch vụ biên dịch hoặc TTY.

Russian: Для пациентов с ограниченным знанием английского языка (LEP), глухих и слабослышащих пациентов услуги переводчика предоставляются бесплатно. Обратитесь к представителю Powell Valley Healthcare за помощью с переводом или услугами TTY.

Ukrainian: Для пацієнтів з обмеженим володінням англійською мовою (LEP), глухих та слабочуючих пацієнтів послуги перекладача доступні безкоштовно. Будь ласка, зверніться до представника Powell Valley Healthcare за допомогою з перекладом або послугами TTY.

Burmese: အကန့်အသတ်ရှိသော အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှု (LEP)၊ နားမကြား၊ နားမကြားသော လူနာများအတွက်၊ စကားပြန်ဝန်ဆောင်မှုများကို အခကြေးငွေ မယူဘဲ ရရှိနိုင်ပါသည်။ ဘာသာပြန်ခြင်း သို့မဟုတ် TTY ဝန်ဆောင်မှုများအတွက် အကူအညီအတွက် သင်၏ Powell Valley ကျန်းမာရေးစောင့်ရှောက်မှု ကိုယ်စားလှယ်ကို တောင်းဆိုပါ။

Updated 06.04.2025

Romanian: Pentru pacienții cu competență limitată în limba engleză (LEP), surzi și cu deficiențe de auz, serviciile de interpretare sunt disponibile gratuit. Vă rugăm să solicitați asistență reprezentantului Powell Valley Healthcare cu privire la traducere sau servicii TTY.

Thai: ภาษาอังกฤษ: สำหรับผู้ป่วยที่มีความสามารถทางภาษาอังกฤษจำกัด (LEP) หูหนวก และหูตึง สามารถใช้บริการล่ามได้ฟรี โปรดขอความช่วยเหลือเกี่ยวกับบริการแปลหรือ TTY จากตัวแทน Powell Valley Healthcare

Hakha Chin: Mirang holh thiamnak a tlawmmi (LEP), hnachet, le theihnak a harmi mizaw hna caah, holhlet riantuannak cu man pek hau loin hmuh khawh a si. Na Powell Valley Ngandamnak Zohkhenhnak palai kha holh lehnak asiloah TTY riantuannak ah bawmhnak hal.

Arabic:) والصم، وضعاف السمع، تتوفر خدمات الترجمة LEPللمرضى ذوي الكفاءة المحدودة في اللغة الإنجليزية (
الفورية مجانًا. يُرجى طلب المساعدة من ممثل Powell Valley Healthcare في خدمات الترجمة أو خدمات TTY

Pashto:) کانړه او د اورېدو کمزوري ناروغانو لپاره، د ژباړې LEPانګلیسي: د انګلیسي ژبې محدود مهارت (
خدماتو لپاره د مرستې لپاره د پاول ویلی روغتیا پاملرنې TTYخدمتونه وړیا شتون لري. مهرباني وکړئ د ژباړې یا استازي څخه پوښتنه وکړئ.

Tagalog: Ang mga serbisyo ng interpretasyon ay magagamit nang walang bayad sa mga limitadong pasyenteng may kasanayan sa English (LEP). Makipag-ugnayan sa iyong kinatawan ng Powell Valley Healthcare para sa tulong.

Portuguese: Para pacientes com proficiência limitada em inglês (LEP), surdos e com deficiência auditiva, oferecemos serviços de intérprete gratuitos. Peça ajuda ao seu representante da Powell Valley Healthcare com serviços de tradução ou TTY.