

**NOTICE OF PRIVACY PRACTICES  
OF  
CHEYENNE ORTHOPAEDICS, PC**

**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.**

**Effective: APRIL 14,2003**

**If you have any questions or requests, please contact:**

**Cheyenne Orthopaedics, PC  
Physicians Office Plaza  
2301 House Avenue, Suite 505  
Cheyenne, Wyoming 82001  
(307) 632-9261**

## **A. We Have A Legal Duty to Protect Health Information About You**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. If we participate in an “organized health care arrangement” (defined in subsection B.3 below), the providers participating in the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

## **B. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances**

### **1. We may use and disclose PHI about you to provide health care treatment to you.**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services.

### **2. We may use and disclose PHI about you to obtain payment for services.**

For example, if you have a broken leg, we may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed.

### **3. We may use and disclose PHI about you for health care operations, which include and are for the purpose of reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.**

**4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.**

Those circumstances include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the disclosure is for law enforcement purposes.* For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- *When the use and/or disclosure relates to organ, eye or tissue donation purposes.*
- *When the use and/or disclosure relates to medical research.* Under certain circumstances, we may disclose PHI about you for medical research.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

**5. You can object to certain uses and disclosures.**

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share your name, your room number, and your general condition (critical, serious, etc.) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to the Office Administrator, Cheyenne Orthopaedics, PC, at the address or telephone number listed on the front of this Notice, who may ask you to provide your objection in writing.

#### **6. We may contact you to provide appointment reminders.**

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

#### **7. We may contact you with information about treatment, services, products or health care providers.**

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

#### **8. We may contact you for fundraising activities.**

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for our facility and its operations. We would only release contact information and the dates you received treatment or services at our facility. If you do not want to be contacted in this way, you must notify in writing the Office Administrator, Cheyenne Orthopaedics, PC, at the address or telephone number listed on the front of this Notice.

### **\*\* ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION \*\***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting the Office Administrator, Cheyenne Orthopaedics, PC, at the address or telephone number listed on the front of this Notice. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

## **C. You Have Several Rights Regarding PHI About You**

### **1. You have the right to request restrictions on uses and disclosures of PHI about you.**

We are not required to agree to your requested restrictions, and any restriction we comply with must be reasonable. However, even if we agree to your request, in certain situations your restrictions may not be followed. You may request a restriction by contacting the Office Administrator, Cheyenne Orthopaedics, PC, at the address or telephone number listed on the front of this Notice.

### **2. You have the right to request different ways to communicate with you.**

For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests.

### **3. You have the right to see and copy PHI about you.**

### **4. You have the right to request amendment of PHI about you.**

Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request under certain circumstances. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by contacting the Office Administrator, Cheyenne Orthopaedics, PC at the address or telephone number listed on the front of this Notice.

### **5. You have the right to a listing of disclosures we have made.**

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may request a listing of disclosures by contacting the Office Administrator of Cheyenne Orthopaedics, PC, at the address or telephone number listed on the front of this Notice.

### **6. You have the right to a copy of this Notice.**

You have the right to request a paper copy of this Notice at anytime. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

## **D. You May File A Complaint About Our Privacy Practices**

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the office administrator:

Cheyenne Orthopaedics, PC  
Physicians Office Plaza  
2301 House Avenue, Suite 505  
Cheyenne, Wyoming 82001  
(307) 632-9261

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

**E. Effective Date of this Notice**

This Notice of Privacy Practices is effective on APRIL 14, 2003.