

# HIPAA Notice of Privacy Practices for Johnson County Healthcare Center includes:

Johnson County Memorial Hospital, Family Medical Center, Amie Holt Care Center, Susie Bowling Lawrence Hospice, and Johnson County Healthcare Center Home Health.

Website: [www.jchealthcare.com](http://www.jchealthcare.com); Phone: (307) 684-5521; Address: 497 West Lott St., Buffalo, WY 82834

Privacy Officer – Laurie Hansen, Phone: (307) 684-6138 and Email: [laurieh@jchealthcare.com](mailto:laurieh@jchealthcare.com).

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	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Ask us to correct your medical record	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>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.</li> <li>We will say "yes" to all reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Get a list of those with whom we've shared information	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"> <li>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.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li> <li>You can file a complaint by sending a letter to:                             <ul style="list-style-type: none"> <li>Centralized Case Management Operations</li> <li>U.S. Department of Health and Human Services</li> <li>200 Independence Avenue, S.W.</li> <li>Room 509F HHH Bldg.</li> <li>Washington, D.C. 20201</li> </ul> </li> <li>calling 1-877-696-6775,</li> <li>visiting <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a></li> <li>Email to <a href="mailto:OCRComplaint@hhs.gov">OCRComplaint@hhs.gov</a></li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## 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
- 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	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none"> <li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**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: <https://www.hhs.gov/hipaa/for-individuals/index.html>

**HIPAA Hotline: (307) 684-6236**

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

### 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:  
<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.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.

Effective Date of This Notice: October 1, 2013, revised April 2017

## I Speak Language Identification - 15 top Non-English languages spoken in Wyoming

- |   |            |
|---|------------|
| <input type="checkbox"/> 如果你看過在方框內打勾或者說中國話。   | Chinese    |
| <input type="checkbox"/> Mark this box if you read or speak English.                          | English    |
| <input type="checkbox"/> Cochez cette case si vous lisez ou parler français.                  | French     |
| <input type="checkbox"/> Markieren Sie dieses Kästchen, wenn Sie Deutsch lesen oder sprechen. | German     |
| <input type="checkbox"/> આ બોક્સ ચિહ્નિત કરો જો તમે વાંચી અથવા ગુજરાતી ભાષા બોલે છે.          | Gujarati   |
| <input type="checkbox"/> Tandai kotak ini jika Anda membaca atau berbicara bahasa Indonesia.  | Indonesian |
| <input type="checkbox"/> Segnare questa casella se si legge o parlare italiano.               | Italian    |
| <input type="checkbox"/> マークこのボックスあなたが読んでも日本語を話します。   | Japanese   |
| <input type="checkbox"/> 당신이 읽을 경우가 상자를 표시하거나 한국어를 구사합니다.                                     | Korean     |
| <input type="checkbox"/> Markhor díí saad ládǎǎ' ni óltá doodaii' yálti' Bilagáana bizaad.    | Navajo     |
| <input type="checkbox"/> पढ्न भने यो बाकस चिनो वा नेपाली बोल्छन्।                             | Nepali     |
| <input type="checkbox"/> دننک یم تبحص یم سراف ای و مدن اوخ امش رگا جب حج نی ای یرانگ مناشین   | Persian    |
| <input type="checkbox"/> Отметьте эту опцию, если вы читаете или говорить по-русски.          | Russian    |
| <input type="checkbox"/> Marque esta casilla si leer o hablar español.                        | Spanish    |
| <input type="checkbox"/> Mark esta kahon kung basahin mo o magsalita Tagalog.                 | Tagalog    |
| <input type="checkbox"/> HỘP esta Đánh dấu nếu bạn đọc hoặc nói tiếng Việt.                   | Vietnamese |
| <input type="checkbox"/> Sign Language (American)   |            |





### Discrimination is Against the Law

Johnson County Healthcare Center (JCHC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. JCHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### Johnson County Healthcare Center:

- Provides free aids and services to people with disabilities to communicate effectively with us including free language services to people whose primary language is not English, such as:
  - ▶ Qualified interpreters and sign language interpreters through DT Interpreting
  - ▶ Written information in other formats or languages (large print, accessible electronic formats, other formats)

If you need these services, contact Laurie Hansen. If you believe that JCHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax or email with/to:

Laurie Hansen, Director of Administration  
497 West Lott St.  
Buffalo, WY 82834  
Telephone number (307) 684-6138; Fax (307) 684-5385; Email: [laurieh@jchealthcare.com](mailto:laurieh@jchealthcare.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak \_\_\_\_\_ language assistance services, free of charge, are available to you. Call 1-866-237-0173, give your name, Johnson County Healthcare Center and Access Code 82801. Video sign language: <https://jchc-jchealthcare.bluestreamhealth.com>. Click on Access Code and Type in jchealthcare1 and your name for user if requested.

#### 繁體中文 (Chinese):

注意：如果你講中國語言協助服務，免費的，都可以給你。撥打1-866-237-0173，提供您的姓名，約翰遜縣醫療中心和接入代碼82801。視頻手語：<https://jchc-jchealthcare.bluestreamhealth.com>。如果請點擊和訪問代碼輸入您的姓名和jchealthcare1用戶。

#### Français (French):

ATTENTION: Si vous parlez des services d'assistance en langue française, gratuitement, sont à votre disposition. Appelez 1-866-237-0173, donnez votre nom, Johnson County Centre de soins de santé et le code d'accès 82801. langue des signes de la vidéo: <https://jchc-jchealthcare.bluestreamhealth.com>. Cliquez sur et Code d'accès Entrez votre nom et jchealthcare1 pour l'utilisateur demandé.

#### Deutsch (German):

ACHTUNG: Wenn Sie die deutsche Sprache Hilfsdiensten, kostenlos sprechen, stehen Ihnen zur Verfügung. Rufen Sie 1-866-237-0173, geben Sie Ihren Namen, Johnson County Healthcare Center und Zugangscode 82801. Video Zeichensprache: <https://jchc-jchealthcare.bluestreamhealth.com>. Klicken Sie auf und Zugriffscode Geben Sie Ihren Namen und jchealthcare1 für Benutzer, falls gewünscht.

#### ગુજરાતી (Gujarati):

ધ્યાન: તમે ગુજરાતી ભાષા સહાય સેવાઓ, વિના મૂલ્યે વાત, તો તમે કરવા માટે ઉપલબ્ધ છે. 1-866-237-0173 પર કોલ કરો, તમારું નામ, જોહ્નસન કાઉન્ટી હેલ્થકેર સેન્ટર અને એક્સેસ કોડ 82801. વિડિઓ ઉશારાની ભાષા આપી: <https://jchc-jchealthcare.bluestreamhealth.com>. વપરાશકર્તા માટે તમારા નામ અને jchealthcare1 પર ક્લિક કરો અને એક્સેસ કોડ લખો જો વિનંતી કરી હતી.

#### Bahasa Indonesia (Indonesian):

PERHATIAN: Jika Anda berbicara layanan bantuan bahasa Indonesia, gratis, tersedia untuk Anda. Hubungi 1-866-237-0173, memberikan nama, Johnson Kesehatan Pusat County Kode Akses bahasa isyarat 82801. Video: <https://jchc-jchealthcare.bluestreamhealth.com>. Klik dan Kode Akses Ketik nama Anda dan jchealthcare1 bagi pengguna jika diminta.



#### Italiano (Italian):

ATTENZIONE: Se si parla servizi di assistenza lingua italiana, a titolo gratuito, sono a vostra disposizione. Chiamata 1-866-237-0173, date il vostro nome, Johnson County Healthcare Center e codice di accesso 82801. video linguaggio dei segni: <https://jchc-jchealthcare.bluestreamhealth.com>. Clicca su e accesso Tipo Codice nel tuo nome e jchealthcare1 per l'utente, se richiesto.

#### 日本語 (Japanese):

注意：あなたは無料で、日本語支援サービスを、話す場合は、あなたにご利用いただけます。あなたの名前を付け、1-866-237-0173に電話、ジョンソン郡医療センターおよびアクセスコード82801。動画の手話：<https://jchc-jchealthcare.bluestreamhealth.com>。要求された場合、ユーザーのために自分の名前とjchealthcare1上をクリックし、アクセスコードを入力します。

#### 한국어 (Korean):

주의: 당신은 무료로 한국어 지원 서비스를 말하는 경우 사용할 수 있습니다. <https://jchc-jchealthcare.bluestreamhealth.com>: 당신의 이름, 존슨 카운티 의료 센터 및 액세스 코드 82801. 비디오 수화를 제공, 1-866-237-0173를 호출합니다. 요청이있는 경우 사용자 이름과 jchealthcare1에 클릭하고 액세스 코드를 입력합니다.

#### Diné Bizaad (Navajo):

D77 baas ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'two'd66', t'11 jik'eh, 47 n1 h0l=, koj8' h0d77Inih Béésh bee hane'é 1-866-237-0173, yeiyi'aah yízhí, Johnson County Healthcare Center dóó 82801. Ála' yálti' <https://jchc-jchealthcare.bluestreamhealth.com> dóó bii' Access Code alth-ah-a tech jchealthcare1 dóó bii' user alth-ah-a tech yízhí ládǫ́ǫ́' jo-kayed-goh.

#### नेपाली (Nepali):

ध्यानाकर्षणः तपाईं नेपाली भाषा सहायता सेवाहरू, निःशुल्क कुरा भने, तपाईं उपलब्ध छन्। कल 1-866-237-0173, तपाईंको नाम, जनसन काउन्टी हेल्थकेयर केन्द्र र पहुँच कोड 82801. भिडियो साइन भाषा दिन: <https://jchc-jchealthcare.bluestreamhealth.com>। अनुरोध यदि प्रयोगकर्ताको लागि आफ्नो नाम र jchealthcare1 मा पहुँच कोड टाइप मा क्लिक गर्नुहोस् र।

#### پښتو (Persian):

توسنناج اړ دوخ دان 1-866-237-0173، خس اېب دن تسه اېش سورتسرد رد دن دنک یم تسبحص ناگئوار، سرفراف نابز کدک تادوخ اوش رگا: دجوت نوسنناج اړ دوخ دان 1-866-237-0173، یه یی ااه ییژی، Johnson County Healthcare Center دوو 82801. آلا' یالتي' <https://jchc-jchealthcare.bluestreamhealth.com> دوو بئو' Access Code alth-ah-a tech jchealthcare1 دوو بئو' user alth-ah-a tech ییژی لادوگو' جو کایه د گوه.

#### Русский (Russian):

ВНИМАНИЕ: Если говорить услуги Russiain помощи языка, бесплатно, доступны для вас. Звоните 1-866-237-0173, свое имя, Johnson County Healthcare центр и код доступа 82801. Video язык жестов: <https://jchc-jchealthcare.bluestreamhealth.com>. Нажмите на и Access Type Code свое имя и jchealthcare1 для пользователя, если требуется.

#### Español (Spanish):

Atención: Si habla español 1866-237-0173, indique su nombre, Johnson County Healthcare Center y el código de acceso 82801. Lenguaje de signos de video: <https://jchc-jchealthcare.bluestreamhealth.com>. Haga clic en Código de acceso y escriba jchealthcare1 y su nombre para el usuario si así lo solicita.

#### Tagalog (Tagalog – Filipino):

PAUNAWA (Pansin): Kung nagsasalita ka ng Tagalog (Pilipino), mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tumawag sa 1-866-237-0173, ibigay ang iyong pangalan, Johnson County Healthcare Center Paglapit kowd 82801. ng video karatula na wika Mga: <https://jchc-jchealthcare.bluestreamhealth.com>. Mag-click sa Paglapit kowd at I-type ang jchealthcare1 at ang iyong pangalan para sa user kung hiniling.

#### Tiếng Việt (Vietnamese):

Chú ý: Nếu bạn nói dịch vụ hỗ trợ ngôn ngữ tiếng Việt, miễn phí, có sẵn cho bạn. Gọi 1-866-237-0173, cho biết tên của bạn, Trung tâm Y tế Quận Johnson và mã truy cập ngôn ngữ ký hiệu 82801. Video: <https://jchc-jchealthcare.bluestreamhealth.com>. Click vào và truy cập Loại Mã tên và jchealthcare1 của bạn cho người dùng nếu có yêu cầu.