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.

Sheridan Memorial Hospital respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing care and services to you. Your protected health information includes your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

For treatment:
- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be provided. We may also, as appropriate or requested, provide information to other health care providers. This will help them stay informed about your care.

For payment:
- Health plans need information from us about your medical care and services provided. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.
- You have the right to have your provider restrict certain protected health information from disclosure to health plans when you pay out of pocket, in full for the care and request such a restriction.

For health care operations:
- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may use and disclose your information to conduct or arrange for services including: Medical quality review by your health plan; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.
- Entities that maintain psychotherapy notes will only use or disclose notes with the individual's authorization.

Health Information Rights
The health information and billing records we create, obtain and store are the property of Sheridan Memorial Hospital. The protected health information in it, however, generally belongs to you. You have a right to:
- Receive, read, and ask questions about this Notice. Ask us to restrict certain uses and disclosures. In order to restrict use, you must deliver a request in writing to us. We are not required to grant the request, but we will comply with any request once granted.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information. Request that you be allowed to see and receive a copy of your protected health information. Under certain circumstances some record access may be denied. Forms are available here for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances. You may request a change to your health information. You may also write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing. Please cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation will not affect information that has already been released and will not affect any action taken prior to receiving it.
Our Responsibilities

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our medical records department to pick one up.

To ask for help or voice a complaint

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may call the Compliance Hotline at: (307) 673-2410. If you believe your privacy rights have been violated, you may discuss your concerns through our Compliance Hotline at (307) 673-2410 or by email at HIPAA-Compliance@sheridanhospital.org. You may also file a written complaint with the U.S. Secretary of Health and Human Services.

Notification of family and others

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

Some of the ways that we may use and disclose your protected health information without your authorization are as follows:

- With medical researchers—if the research has been approved and has policies to protect your privacy.
- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties. To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products. To comply with workers’ compensation laws—if you make a workers’ compensation claim.
- For public health and safety purposes as allowed or required by law.
- To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others. For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities for example, we may share health information with the Department of Health. For disaster relief purposes for example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- To the military authorities of U.S. and foreign military personnel for example, the law may require us to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order. For specialized government functions for example, we may share information for national security purpose.

Marketing/Fundraising:

- The use and disclosures of any health information for marketing purposes and a disclosure that constitutes the sale of PHI require an authorization.
- We may contact you for fundraising opportunities. If you choose to, you have the right to opt out of receiving these fundraising communications.

Breach: An individual has a right to receive notifications whenever a breach of his or her unsecured PHI occurs.

Other uses and disclosures of protected health information: Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Website: We have a website that provides information about us. For your benefit, this Notice is on the website at the following address: www.sheridanhospital.org.