



Code of Conduct

1401 W. 5th Street

Sheridan, Wyoming 82801

(307) 672-1000

Sheridan Memorial Hospital (SMH) prides itself in providing quality, competent, and excellent patient-centered care. To help achieve our organizational vision, we are committed to holding all members of SMH to the highest legal and ethical standards. Those SMH Members include everyone from the Board of Directors, to senior level administrative staff, physicians, vendors, and all employees.

This Code of Conduct serves as a guide to SMH Members regarding the responsibility we all share to provide quality patient-centered health care and to conduct all patient care and business activities ethically, with integrity, and consistent with applicable laws and regulations. It is also intended to help SMH Members recognize, understand, and fulfill their responsibilities in preventing and detecting violations of SMH policies and procedures, regulations, and the law.

This Code of Conduct provides a summary of the conduct expected of all SMH Members. SMH Members should also consult specific SMH policies and procedures which apply to their duties at SMH. All SMH Members are responsible for being familiar with, and abiding by, this Code of Conduct and other policies and procedures governing their conduct at SMH.

MISSION OF THE COMPLIANCE DEPARTMENT

The Compliance Department is committed to preventing, detecting, and resolving improper, unethical, and illegal conduct, and violations of law, regulations, and policies and procedures. Through an effective Compliance Program, the Compliance Department will help maintain the integrity of the organization by requiring compliance with applicable regulations and laws and evaluating the effectiveness of the Compliance Program and any policy and procedure through independent investigations and audits.

SMH MEMBER CONDUCT

SMH Members shall adhere to the following conduct:

1. **Non-retaliation:** SMH will not take any adverse action or retribution against any employee due to the good faith reporting of a suspected violation or issue.
2. **Scope of Practice:** Conducting NO activity that is outside of your profession's scope of practice.
3. **Duty to Report Illegal and Unethical Activity:** SMH Members shall obey and report any suspected violations of the following:
 - a. Federal, state, and local laws and government regulations
 - b. Health system policies and procedures
 - c. Organizational rules and regulations
 - d. Compliance Program
 - e. Code of Conduct
4. **Clinical Documentation:** All clinical professional services will be documented in the medical record, and all documentation will comply with applicable payer regulations. At a minimum, the medical record should establish medical necessity and only reflect treatment for services actually rendered.
5. **Accurate Coding and Billing:** All clinical professional services will be coded to accurately reflect the documentation in the medical record. All claims shall be submitted in compliance with applicable payer regulations or requirements.
6. **Fraud Waste and Abuse:** SMH is dedicated to the detection and prevention of health care fraud, waste, and abuse and ensures that all SMH Members are educated regarding federal and state false claims statutes and regulations and the role of such laws in preventing and detecting fraud, waste, and abuse.
7. **Cooperation in Government Investigations:** SMH Members will not knowingly and willfully:
 - a. Falsify, conceal, or cover up a material fact
 - b. Make any false, fictitious, or fraudulent statement or representation, or



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- c. Make or use false writing or documents known to contain false, fictitious, or fraudulent statements in information submitted to the government; this includes submitting claims for services not medically necessary or not actually provided.
8. **Conspiracy to Commit Fraud:** SMH Members will not conspire to defraud any government agency or healthcare benefit program in any manner, for any reason.
9. **Emergency Medical Treatment and Active Labor Act (EMTALA):** No person shall be denied emergency medical treatment or denied medical services when in active labor, regardless of his or her ability to pay.
10. **Health Insurance Portability and Accountability Act (HIPAA):** SMH Members shall not disclose any protected health information without proper consent from the patient, for any purpose outside of treatment, payment, or hospital operations.
11. **Other Applicable Laws, Regulations, Policies and Procedures:** SMH Members shall be familiar with, and abide by, other laws, regulations, policies and procedures governing their conduct at SMH.

REPORTING VIOLATIONS

SMH Members should feel confident in reporting any transaction or conduct which is, or may be a violation of any SMH policies and procedures, this Code of Conduct, or any federal, state or local law. For compliance issues, SMH Members may report concerns to any of the following resources:

- Immediate supervisor (SMH employees only)
- Anonymous Reporting Hotline: 307-673-2410
- Compliance and Privacy Officer at 307-672-1000
Email: HIPAA-compliance@sheridanhospital.org
Mail: Attn: Compliance and Privacy Officer
1401 W 5th Street
Sheridan, WY 82801

Any good faith reports regarding violations of SMH policies and procedures, this Code of conduct, and any federal, state, or local law are subject to SMH's policy on Non-Retaliation. It is important to note, however, that any abuse of this system to knowingly report false information subjects the employee to disciplinary action. Failure to follow SMH policies and procedures, this Code of Conduct and any federal, state, or local law may be grounds for disciplinary action.

Anyone, including SMH Members, may use the anonymous reporting hotline for any known or perceived violations of this Code of Conduct, or any SMH policy and procedure, or any federal, state or local laws.

CONFIDENTIALITY

At the request of the reporting party, and to the extent we are able, we will maintain the anonymity of the person who reports the violation. However, when the law compels us to do so, we will disclose the identity of the reporting party.

CONCLUSION

This Code of Conduct is about both empowerment to do the right thing, and accountability when errors are found. SMH Members are expected to take the initiative and obtain answers for their questions. No concern is too small or unimportant if it is believed to involve violations of SMH policies and procedures, regulations, or the law.



Confidentiality Attestation

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Sheridan Memorial Hospital (SMH) recognizes the importance of the protection of confidential information concerning patients, their families, medical staff, co-workers and the operations of the Hospital. It is the intent of SMH and the undersigned individual to maintain the privacy of Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the privacy regulations published by the U.S. Department of Health and Human Services (DHHS), and any other applicable State and Federal laws and/or regulatory agency rules and regulations.

“Confidential Information” denotes all information acquired by an individual in the course and scope of their employment and/or their association with SMH whether that information is obtained by discussion (direct or overheard), consultation, examination, treatment, and or direct access to records.

It is the obligation of the undersigned individual to maintain the confidentiality and privacy of PHI to the best of their ability and to divulge/share only the minimum amount of PHI necessary for another authorized individual with a valid “need to know” to do their assigned tasks.

As a member and/or affiliate of Sheridan Memorial Hospital’s workforce, I


(Print Name) _____ do hereby agree that I will:

1. Protect the confidentiality of patient and hospital information.
2. Not divulge/share unauthorized information to any source.
3. Not access or attempt to access information other than that information which I have authorized access to, and a need to know, in order to complete my assigned tasks.
4. Report breaches of this confidentiality agreement by others to the SMH Compliance Officer.

I have read and agree to adhere to the conditions of this confidentiality attestation. I also acknowledge that any violation of the above conditions may result in disciplinary action.

SIGNATURE


DATE

 SHERIDAN MEMORIAL HOSPITAL	Number 09313.100	Title <i>Fraud, Waste, and Abuse Detection and Prevention</i>		
Departments Affected: <i>Hospital-wide</i>		Effective Date 10/23/20	Revision Date 10/23/23	Page 1 of 4
Approvals: 1. Committee – 10/22/20 2. Leadership – 10/22/20 3. Officer – 10/23/20		Policy Author: Lynn Smith, Compliance and Privacy Officer		

- I. **POLICY:**** Sheridan Memorial Hospital (SMH) is dedicated to the detection and prevention of health care fraud, waste, and abuse and ensures that all employees, including management, and any contractors or agents are educated regarding federal and state false claims statutes and regulations and the role of such laws in preventing and detecting fraud, waste, and abuse.


II. **DEFINITIONS**

- A. **Abuse:** practices that are inconsistent with accepted sound fiscal, business, or medical practices, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
- B. **False Claims Laws:** State and federal laws and regulations enacted to combat fraud and abuse in government health care programs and includes the Federal False Claims Act, Wyoming’s Medicaid False Claims Act, and Wyoming’s Medicaid Program Integrity Regulations.
- C. **Federal False Claims Act:** any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds, or knowingly retains an overpayment of such funds more than 60 days, is liable for significant penalties and fines. Fines include a penalty of up to three times the damages, civil penalties ranging from \$11,665 to \$23,331 per false claim and the costs of the civil action against the entity that submitted the false claims. The False Claims Act applies to claims submitted by healthcare providers to Medicare or Medicaid.
 - 1. *Qui Tam Provision:* the False Claims Act allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government to recover funds paid as the result of the false claims. If the suit is ultimately successful, the whistleblower that initially brought the suit may be awarded a percentage of the funds recovered. The United States Government may elect to join the qui tam suit. In this case, if the suit is successful, the percentage of the funds awarded to the whistleblower is lower because the Government will take over the expenses of the suit. However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower’s share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the false claim, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.
 - 2. *Qui Tam Protections:* the Federal False Claims Act protects a whistleblower from retaliation by his or her employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment as a result of the employee’s lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court

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and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney's fees.

- D. **Fraud:** an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.
- E. **Waste:** overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system.
- F. **Wyoming's Medicaid False Claims Act:** prohibits any person or entity from submitting a false or fraudulent claim to the State of Wyoming. The state law makes it unlawful for any person or entity to commit any of the following acts in relation to the Wyoming Medicaid program: (1) knowingly present or cause to be presented a false or fraudulent claim for payment or approval; (2) knowingly make, use or cause to be made or used, a false record or statement material to a false or fraudulent claim; (3) be a beneficiary of an inadvertent submission of a false claim who subsequently discovers the falsity of the claim and fails to both disclose the false claim and make satisfactory arrangements for repayment to the State or affected political subdivision within ninety (90) days after discovery of the false claim; or (4) conspire to commit any of the foregoing violations.
 - 1. *Qui Tam Lawsuits Not Permitted.* Unlike the federal False Claims Act, this state law does not permit qui tam suits. Only the Attorney General or a district attorney may bring a civil action. Violations of this state law result in liability to the State for the costs of a civil action brought to recover any penalties or damages, a civil penalty of not less than \$1,000 but not more than \$10,000 for each violation, and three times the amount of damages the State sustains because of the act of that person. This liability shall be reduced if the person committing the violation substantially cooperates with the Attorney General's investigation and produces all information known about the violation within 45 days after the information is requested.
 - 2. *Whistleblower Protections.* The state law contains an employee protection provision that prohibits an employer from retaliating against an employee or agent of the employer for lawfully disclosing information regarding or furthering a false claims action against the employer. Any employee, contractor or agent of a person being investigated for a violation of the shall be entitled to recover all economic damages suffered if that employee, contractor or agent is discharged, demoted, suspended, threatened, harassed or in any other manner retaliated against in the terms and conditions of employment because of lawful acts taken in good faith by the employee or others in an action reported, filed or investigated. An employee, contractor or agent may bring suit for any

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such damages up to three years after the date when the retaliation occurred.

- G. **Wyoming's Medicaid Program Integrity Regulations** address the identification and investigation of suspected fraud, theft, or abuse by providers or recipients. The Division of Health Care Financing in the Wyoming Department of Health is responsible for the detection and investigation of suspected fraud, theft, or abuse by providers or recipients, and presentment of false or duplicate claims, presentment of claims for services not medically necessary, or false statements or representation of material facts by providers. In such instances, the Division will make the determination as to what action is necessary, including recovering excess payments, imposing sanctions such as suspension from the Medicaid program, or referring the matter to the Wyoming Attorney General, United States Department of Health and Human Services, the Wyoming Medicaid Fraud Control Unit, or other appropriate authorities for possible civil or criminal action.

III.


PROCEDURES

A. Education

1. All SMH staff are educated on the False Claims Laws annually, and upon beginning employment as provided in 05202.100 Employee Orientation & Education.
2. Contractors receive a copy of this policy upon contract initiation.

B. **Detection and Prevention.** SMH uses internal and external activities and controls to detect and prevent fraud, waste, and abuse:

1. SMH coding staff members review claims to ensure they are complete, accurate, reflect reasonable and necessary services, and comply with federal health care requirements, by:
 - a. Auditing medical records to ensure proper submission of selected charges, ICD-10 PCS, ICD-10 CM, HCPCS, and CPT Codes.
 - b. Auditing medical records to ensure all documents are complete and to ensure compliance with CMS guidelines.
 - c. Ensuring that the diagnosis accurately reflects the care and treatment rendered.
 - d. Performing a comprehensive review to ensure the presence of all component parts (e.g. patient and record identification, signatures and dates, and all other necessary data in is present in all reports for the treatment rendered.
 - e. Analyzing provider documentation to ensure the appropriate level of care is assigned using the correct Current Procedural Terminology (CPT) codes.
 - f. Querying providers for higher specificity and obtaining additional clarifying documentation, as needed.
2. Claims are audited prior to submission to insurers by a claim scrubber.
3. Periodic post processing review of claims by a third party.

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4. Prior authorization standard work to verify member eligibility, covered service verification, appropriate order, diagnosis codes, and other information as needed.
5. Regular education of SMH coding staff on billing and coding updates.
6. Regular reviews of the Office of Inspector General exclusion lists.
7. Employee Handbook contains an explanation of the False Claims Laws, the rights of SMH staff members to be protected as whistleblowers, and SMH's policies and procedures for detecting and preventing fraud, waste, and abuse.
8. SMH staff must comply with state and federal laws and regulations, 09300.100 Compliance Program – Code of Conduct.
9. Practitioner initial appointment for medical staff privileging
10. Utilization management practices as provided in the Utilization Management Plan.
11. Monitoring of patient complaints or grievances, 09005.100 Patient Complaints or Grievances.
12. Non-retaliation policy and procedure prohibiting retaliation against SMH staff members who report in good faith, 09303.100 Non-Retaliation.
- C. **Reporting Suspected Violations of False Claims Laws**
 1. SMH staff must report compliance concerns, including those regarding Fraud, Waste, and Abuse, and the False Claims Laws.
 2. The SMH internal process for reporting and investigating compliance concerns is provided in 09306.100 Compliance and Privacy Violations Reporting and Investigation.
 3. Suspected violations of this policy or the False Claims Laws can also be reported anonymously to The Compliance Hotline 307-672-2410.

IV. ATTACHMENTS: None

V. RESOURCES

- A. Administrative Remedies for False Claims and Statements, 31 U.S.C. §§ 3801 – 3812 (www.govinfo.gov).
- B. Criminal Penalties for acts involving Federal health care programs, 42 U.S.C. §§ 1320a-7b (www.govinfo.gov).
- C. Federal False Claims Act, 31 U.S.C. §§ 3729 – 3733 (www.govinfo.gov).
- D. Wyoming Medicaid False Claims Act, Wyo. Stat. §§ 42-4-301 et seq. (www.wyoleg.gov 2020).
- E. Investigations and Disciplinary Proceedings, Wyo. Stat. § 33-26-402 (www.wyoleg.gov 2020).
- F. Department of Health, Chapter 16: Medicaid Program Integrity. (<https://rules.wyo.gov>)
- G. Social Security Act, 42 U.S.C. 1396a(a) (www.govinfo.gov).

VI. DISCLAIMER (As applicable): Clinical situations may warrant adaptation due to unique patient characteristics and will be evaluated on a case-by-case basis.

Safety: SMH CODES Quick Reference

Code **RED** = ***Fire alarm***

In a fire situation, **RACE** and **PASS**:

Rescue	Pull
Alarm	Aim
Confine	Squeeze
Extinguish	Sweep

Code **GREEN** = ***Missing Patient or Elopement***

Search all areas of the hospital with description.

Code **PINK** = ***Missing Infant***

Stand in an exit, checking that no one leaves with infant.

Code **ARMSTRONG** = ***Unruly Patient/Visitor***

Security & NVCI trained employees respond to area for show of force and will restrain when necessary.

Code **SILVER** = ***Armed Individual with Violent Behavior***

Clear the Hall. Run to Safety – Take cover behind closed doors and away from windows to remain out of view – Fight back as last option.

Code **YELLOW** = ***Disaster***

Respond to normal work or volunteer area and wait for instructions. Department Manager will get a headcount and assign duties accordingly.

Code **BLUE** = ***Unresponsive Person***

Basic Life Support (BLS) administered by “Code Blue” member.

SMH Security Staff

SMH Security Staff are on campus 24 hours a day, 7 days a week and are located in the Emergency Dept.

Cell phone: (307) 315-3472

On-campus extension: 5855

Please note: Security is happy to escort staff to/from vehicles.



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Compliance Program

- SMH has a Compliance Program that helps the organization establish processes to prevent, detect, and resolve violations of law, regulations, and policies, improper conduct, and inappropriate business practices.
- It's common in several different industries, including:
 - Athletics
 - Aviation
 - Nuclear Power
 - Oil & Gas
 - And Healthcare

2

Compliance Program Elements

- Standards of Conduct / Policies & Procedures
- Designated Officer, Committee
- Education & Training
- Monitoring & Auditing
- Response & Prevention
- Enforcement & Discipline
- Open Lines of Communication

3

YOU support compliance at SMH by:

- Reading and understanding the Code of Conduct and other policies and procedures that relate to your work.
- Remembering each of us is responsible for compliance and business integrity at SMH.
- Asking questions if you do not understand what is expected of you, and reporting your concerns.

SEEKING GUIDANCE

SMH offers a number of resources to support you in upholding your commitment to integrity by doing the right thing. They are able to help you resolve a situation where you are unsure or need clarity. Consulting these resources will help you avoid making a poor decision:

- The Code of Conduct
- Your supervisor or member of the leadership team
- Policies, procedures, and regulations
- The Compliance and Privacy Officer

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Code of Conduct

The Code of Conduct serves as a roadmap when making choices on behalf of SMH. Your compliance with the Code is an expectation and a condition of your employment. *You will be asked to read and electronically acknowledge the Code of Conduct after you complete this training.*

Reporting a Concern

You have a responsibility under the Code of Conduct to raise issues of concern.

You are expected to report anything you believe is unethical or that violates the law.

Whenever possible, you should bring your concerns to your direct supervisor. If you are not comfortable doing that, you can move to the next level of management or you should do one of the following:

- Contact the Compliance and Privacy Officer 304-675-2626
- Call the SMH Compliance Hotline at 307-673-2410.

If you wish to report anonymously, you should raise your concern through the Hotline and to the extent permitted by law your identity will not be disclosed.

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Investigations

Every issue reported will be investigated timely and fully. Depending on the issue, the Compliance Department will investigate in partnership with other departments as appropriate.

Non-Retaliation

SMH values an environment in which we feel safe to report any suspected concerns. SMH does NOT tolerate any form of retaliation against a person for reporting an issue in good faith or for participation in an internal governmental investigation. (See 09303.100 Non-Retaliation Policy)

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Fraud and Abuse

The FALSE CLAIMS ACT prohibits health care providers from knowingly submitting a false claim for payment to the federal government (Medicare). If we discover that we have submitted a false claim, then SMH must report and repay the overpayment within 60 days.

Example: Submitting a claim to Medicare for medical services that were never actually provided or documented.

Qui Tam / Whistleblower Law Suits: Private entities may sue the hospital under the False Claims Act on behalf of the government. The Government may or may not intervene. Qui tam relator: receives a percentage of any recovery and recovers costs and attorney fees.

The CRIMINAL HEALTH CARE FRAUD STATUTE prohibits knowingly and willfully executing or attempting to execute, a scheme or artifice in connection with the delivery of or payment for health care benefits, items, or services to defraud any health care benefit program; or obtain (by false pretenses, representations or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

Example: Intentionally submitting claims for services that were not medically necessary.

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The STARK LAW prohibits a physician from making a referral for certain health services to an entity in which the physician (or a member of their immediate family) has an ownership / investment interest or compensation arrangement unless an exception applies. Violations of the Stark Law include fines, repayment of claims and potential exclusion from participation in the Medicare program.

Example: A provider refers a Medicare beneficiary for a designated health service to a business in which the provider has an investment interest.

The ANTI-KICKBACK STATUTE prohibits health care providers from knowingly and willfully offering to pay, solicit, or receive remuneration to induce referrals for items or services covered by the Medicare program. Violations of the Anti-Kickback Statute include fines, repayment of claims and potential exclusion from participation in the Medicare program.

Example: A provider receives cash in exchange for referrals.

The CIVIL MONETARY PENALTIES LAW prohibits submitting false or fraudulent claims, misrepresenting facts relevant to services, or engaging in other fraudulent practices; Violating Anti-Kickback Statute or Stark law; Violating EMTALA; Failing to report and repay an overpayment; Failing to grant timely access; Misusing "HHS", "CMS", "Medicare", "Medicaid", etc.; Failing to report adverse action against providers; Offering inducements to program beneficiaries; Offering inducements to physicians to limit services; and Submitting claims for services ordered by, or contracting with, an excluded entity.

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SMH requires you to report fraud and abuse concerns by:

- Talking to your manager or supervisor
- Contacting the Compliance Officer, at 307-675-2626
- Calling the Compliance Hotline 307-673-2410



Remember - staff who knowingly fail to report a violation may be subject to disciplinary action including termination

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Emergency Medical Treatment & Active Labor Act (EMTALA)

EMTALA requires that all Medicare participating hospitals that provide emergency services:

- Not deny treatment to anyone based on an inability to pay
- All patients that present with an Emergency Medical Condition must:
 - Be stabilized; if unable to stabilize the patient's condition within capability (including on call medical professionals), or if the patient requests: OR
 - Be transferred to a higher level of care

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What is HIPAA?

- A federal regulation that protects patients health information
 - Protected Health Information (PHI) includes names, dates of birth, addresses, Dx, billing information, etc.
 - PHI is anything that identifies, or is likely to identify a patient
- HIPAA allows healthcare providers to access and use PHI for three purposes only:
 - Treatment - As a member of the patient's treatment team, you may access PHI
 - Payment - To verify or process payments
 - Operations - Audits & Investigations
- Under all other circumstances, PHI cannot be accessed or disclosed.

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HIPAA Violations

- Discussing patient information with anyone other than those providing care
- Sending a fax with discharge instructions to the wrong fax number
- Losing printed patient information, e.g. patient list
- Accessing the record of a friend/coworker who is not under your care
- Discussing patient information in a public area
- Accessing a patient's chart who is not under your care
- Accessing your own chart

Mistakes and Accidents Count!

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What to do if you have a HIPAA Violation...

- Notify your supervisor
- Supervisor completes necessary forms
- Compliance Officer Investigates
- Process / Procedure review
- Possible Disciplinary Action
- If HIPAA Violation is determined to be a Breach, further steps are taken

HIPAA Breach Consequences

- Notice letter sent to patient
 - HHS notified and may trigger an investigation by the Office for Civil Rights
 - If more than 500 individuals are affected then breach notice will be posted for 90 days on website
- Process / Procedure review
- Possible Disciplinary Action

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Sample Data Breach Notification

Wyoming Medical Center takes the privacy of our patients very seriously and strives to protect the privacy of each patient. Although there is little risk to patients, Wyoming Medical Center wants to inform the public of a recent incident which allowed unauthorized access to limited protected patient health information (PHI) affecting 3,184 patients.

On Feb. 25, 2016, Wyoming Medical Center discovered that an unauthorized third party had access to two organizational email accounts. No evidence exists to indicate that PHI was viewed or copied from the compromised email accounts. Because the unauthorized party only had access to the email accounts for 15 minutes, we believe that no PHI was viewed or acquired. If the unauthorized party did view patient information, they would have had access to view patient names, medical record numbers, account numbers, dates of hospital service, dates of birth and limited medical information.

Wyoming Medical Center took immediate steps to secure the email accounts. Although this is a serious breach, the information potentially disclosed did not include patients' addresses, Social Security Numbers or insurance information.

Because of the limited information contained within the compromised email accounts, there is little to no risk to patients who may have been affected.

In light of this recent event, Wyoming Medical Center is reviewing our internal email safeguards and policies to protect against future incidents. Wyoming Medical Center has reported this event to the Office for Civil Rights, the government agency that oversees HIPAA privacy compliance (Health Insurance Portability and Accountability Act Privacy Law).

If you were personally affected, and we have your current address, you will be receiving a letter informing you of this breach. Should you have any questions, please contact Wyoming Medical Center's Privacy Office at 307-577-2545 or 800-822-7201 extension 2545.

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Accessing Protected Health Information

- SMH permits employees to use SMH information systems (PowerChart, SurgiNet, Revenue Cycle etc.) as required for job-related duties for the purposes of treatment, payment, or health care operations.
- When accessing electronic health records remember that accessing PHI for curiosity or personal use (including you or a family member) is prohibited.

QUESTIONS on whether or your access is appropriate?
Check before you look by asking for guidance from your
manager, HIM, or the Compliance Department

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Protected Health Information (PHI)

All of us are responsible for safeguarding our patients PHI. Here are steps to follow before communicating:

- Is the information PHI?
 - PHI is any information about health status, provision of health care, or payment for health care that is created or collected by the covered entity (hospital, clinic, pharmacy etc.) , and can be linked to a specific individual.
 - It include things like, dates of service, date of birth, address, phone numbers, medications, MRN, social security number, age, and gender.
- Who is authorized to receive the information and how much do they need?
 - Authorized – Is this person authorized to receive the information though a Business Associate Agreement(BAA) , patient authorization etc.
 - Need to know – Is the information needed for treatment, operations or payment
 - Minimum necessary – How much information is needed in order to complete the task

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▪ How should PHI be communicated?

- Portals –Consider Portals first! Portals are designed to allow access to PHI and should always be considered first before using email.
- Email – All emails that are **not** interoffice emails (“@sheridanhospital.org) need to be encrypted. Avoid using Outlook Web Access and personal email accounts when communicating PHI.
 - To encrypt your Outlook work email, you must type **-secure-** or **-encrypt-** in the subject line before sending.
- Fax – Faxing must include an SMH cover sheet and can be used only for some PHI, such as, reports, lab results, information needed for the current continuance of care.
- Face-to-Face - Be aware of your surroundings! Avoid public areas such as, hallways, waiting rooms, bathrooms and lunch room. Try and speak in low voices to keep conversation from being overheard.



Substance Use Disorder Program

The SMH *Internal and Addiction Medicine Clinic* (IAMC) is operated by Dr. Jason Ackerman. The IAMC is a Substance Use Disorder (SUD) Program under 42 CFR Part 2. The purpose of Part 2 regulations is to protect substance use disorder patients from any unintended bias associated with their substance use disorder.

SUD Program regulations -

- MORE restrictive than HIPAA!
- ONLY SMH providers and staff who are directly treating patients for an SUD may access and use SUD patient records.
- All other SMH staff members should not access or use SUD patient records (e.g. SUD Clinic Notes – IAMC Clinic Notes).



Law Enforcement & Attorney Requests for Health Information

- Direct ALL law enforcement and attorney requests for health information to Health Information Management (HIM) or Compliance or Legal.
- This includes paper requests, phone calls, and in person requests.
- Do NOT respond to any questions, instead state: "I am required to direct your inquiry to Health Information Management. Their phone number is 307-672-1070."

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Questions?

Compliance Officer

Robbi Morris

307-675-2626

Anonymous Reporting Hotline

307-673-2410

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Observer Attestation/Acknowledgement

My signature below acknowledges that I have read, reviewed, completed the forms and submitted the required documentation from the Contractors Onboarding packet. I agree to comply with the standards contained therein as part of my association with Sheridan Memorial Hospital. When my time ends at Sheridan Memorial Hospital, I will return any SMH equipment immediately. I also acknowledge that any violation of the Sheridan Memorial policies, Code of Conduct, HIPAA, and any federal, state or local laws may be grounds for disciplinary action, up to and including termination.

- SMH Personnel Form
- Policies:
 - Code of Conduct
 - Confidentiality Agreement
 - Fraud, Waste, and Abuse Detection and Prevention Policy
 - Safety Training: SMH Codes Quick Reference
 - Healthcare Compliance and HIPAA Training

Print

Date

Signature

Date

Health Survey & Immunization Status

Name: _____ Date: ____/____/____

Date of Birth: ____/____/____

1. Have you had or do you have...
(If you do not know, please leave unanswered.)

- | | | |
|--|------------------------------|-----------------------------|
| a. HIV Infection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Hepatitis B | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Hepatitis C | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Cirrhosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Splenectomy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Congenital Immunodeficiency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Leukemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Lymphoma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Measles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Mumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Rubella | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Chickenpox | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. If you have NOT had chickenpox were you
exposed to a sibling or child with chickenpox? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Please list below any other infection control-related conditions, illnesses, or
treatments: | | |

2. Have you had the following vaccines and/or titers?
(Please attach documentation of immunization or immunity for vaccines you have received.)

- | | | |
|--|------------------------------|-----------------------------|
| a. Measles, Mumps, and Rubella (MMR) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. MMR titer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Hepatitis B Vaccine (HBV) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. HBV Titer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Varicella Zoster (Chickenpox) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Laboratory Evidence of Varicella Immunity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Recent Vaccine (Smallpox) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. COVID-19 Vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- i. Other Vaccines or Titers: _____

3. Have you had ...

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| a. TB test in the last 12 months (<i>provide documentation</i>) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. BCG vaccine for TB | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Been fitted for an N95 Mask | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Had changes in weight for facial shape since fitting..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. Had a history of TB disease | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. Had a positive TB test..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g. Received treatment for a positive TB test or TB | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Please describe treatment: _____

4. Are you allergic to latex? ☐ Yes ☐ No

5. Please list and describe anything else you want the hospital to know about your health: _____

All employee health information is kept confidential under HIPAA and OSHA regulations.

You are responsible for updating your health information as it changes.

Employee Signature: _____ Date: ____/____/____

Reviewed by: _____ Date: ____/____/____

Facilities OSHA Respirator Medical Evaluation Questionnaire

Name (please print): _____ Department: _____

Date: _____ Weight: _____ lbs. Age: _____ Sex: _____ Height: _____

Job Title: _____

The type of respirator you will use is: half and/or full face-piece type

Have you worn a respirator? ☐ Yes ☐ No

If yes, what type? _____

Questions 1 - 9 must be answered by every employee who has been selected to wear any type of respirator.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: ☐ Yes ☐ No

2. Have you ever had any of the following conditions?

- a. Seizures (fits) ☐ Yes ☐ No
- b. Diabetes (sugar disease): ☐ Yes ☐ No
- c. Allergic reactions that interfere with your breathing: ☐ Yes ☐ No
- d. Claustrophobia (fear of closed-in places): ☐ Yes ☐ No
- e. Trouble smelling odors: ☐ Yes ☐ No

3. Have you ever had any of the following pulmonary or lung problems?

- a. Asbestosis ☐ Yes ☐ No
- b. Asthma ☐ Yes ☐ No
- c. Chronic bronchitis ☐ Yes ☐ No
- d. Emphysema ☐ Yes ☐ No
- e. Pneumonia ☐ Yes ☐ No
- f. Tuberculosis ☐ Yes ☐ No
- g. Silicosis ☐ Yes ☐ No
- h. Pneumothorax (collapsed lung) ☐ Yes ☐ No
- i. Lung cancer ☐ Yes ☐ No
- j. Broken ribs ☐ Yes ☐ No
- k. Any chest injuries or surgeries ☐ Yes ☐ No
- l. Any other lung problems about which you have been told? ☐ Yes ☐ No

Explain: _____

4. Do you currently have any of the following symptoms of pulmonary or lung illness:

- a. Shortness of breath ☐ Yes ☐ No
- b. Shortness of breath when walking fast on level ground, up a slight hill or incline ☐ Yes ☐ No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground ☐ Yes ☐ No
- d. Have to stop for breath when walking at your own pace on level ground ☐ Yes ☐ No

- e. Shortness of breath when washing or dressing yourself ☐ Yes ☐ No
- f. Shortness of breath that interferes with your job ☐ Yes ☐ No
- g. Coughing that produces phlegm (thick sputum) ☐ Yes ☐ No
- h. Coughing that wakes you early in the morning ☐ Yes ☐ No
- i. Coughing that occurs mostly when you are lying down ☐ Yes ☐ No
- j. Coughing-up blood in the last month ☐ Yes ☐ No
- k. Wheezing ☐ Yes ☐ No
- l. Wheezing that interferes with your job ☐ Yes ☐ No
- m. Chest pain when you breathe deeply ☐ Yes ☐ No
- n. Any other symptoms that you think may be related to lung problems ☐ Yes ☐ No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack ☐ Yes ☐ No
- b. Stroke ☐ Yes ☐ No
- c. Angina ☐ Yes ☐ No
- d. Heart failure ☐ Yes ☐ No
- e. Swelling in your legs or feet (not caused by walking) ☐ Yes ☐ No
- f. Heart arrhythmia (heart beating irregularly) ☐ Yes ☐ No
- g. High blood pressure ☐ Yes ☐ No
- h. Any other heart problems about which you have been told ☐ Yes ☐ No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest ☐ Yes ☐ No
- b. Pain or tightness in your chest during physical activity ☐ Yes ☐ No
- c. Pain or tightness in your chest that interferes with your job ☐ Yes ☐ No
- d. In the past two years have you noticed your heart skipping or missing a beat ☐ Yes ☐ No
- e. Heartburn or indigestion that is not related to eating ☐ Yes ☐ No
- f. Any other symptoms that you think may be related to heart or circulation problems ☐ Yes ☐ No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems ☐ Yes ☐ No
- b. Heart problems ☐ Yes ☐ No
- c. Blood pressure ☐ Yes ☐ No
- d. Seizures ☐ Yes ☐ No
8. If you have used a respirator, have you had any of the following problems? If you have never used a respirator, go to question 9.
- a. Eye irritation ☐ Yes ☐ No
- b. Skin allergies or rashes ☐ Yes ☐ No
- c. Anxiety ☐ Yes ☐ No
- d. General weakness or fatigue ☐ Yes ☐ No
- e. Any other problem that interferes with your use of a respirator ☐ Yes ☐ No
9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire? ☐ Yes ☐ No

Questions 10 - 15 must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA).

10. Have you ever lost vision in either eye (temporarily or permanently): ☐ Yes ☐ No

11. Do you currently have any of the following vision problems?

- a. Wear contact lenses: ☐ Yes ☐ No
- b. Wear glasses: ☐ Yes ☐ No
- c. Color blind: ☐ Yes ☐ No
- d. Any other eye or vision problem: ☐ Yes ☐ No

12. Have you ever had an injury to your ears, including a broken eardrum:

☐ Yes ☐ No

13. Do you currently have any of the following hearing problems?

- a. Difficulty hearing: ☐ Yes ☐ No
- b. Wear a hearing aid: ☐ Yes ☐ No
- c. Any other hearing or ear problem: ☐ Yes ☐ No

14. Have you ever had a back injury:

☐ Yes ☐ No

15. Do you currently have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: ☐ Yes ☐ No
- b. Back pain: ☐ Yes ☐ No
- c. Difficulty fully moving your arms and legs: ☐ Yes ☐ No
- d. Pain or stiffness when you lean forward or backward at the waist: ☐ Yes ☐ No
- e. Difficulty fully moving your head up or down: ☐ Yes ☐ No
- f. Difficulty fully moving your head side to side: ☐ Yes ☐ No
- g. Difficulty bending at your knees: ☐ Yes ☐ No
- h. Difficulty squatting to the ground: ☐ Yes ☐ No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: ☐ Yes ☐ No
- j. Any other muscle or skeletal problem that interferes with using a respirator: ☐ Yes ☐ No

Physician/Designee Signature

Employee Signature

Date

Date

For Infection Control Only:

Questionnaire review: ☐ No medical exceptions noted. No additional medical follow-up indicated. Employee medically able to wear half and full face tight fitting masks.
☐ Yes, medical exceptions noted. **(Request for medical clearance for respirator use form to physician).**

Date: _____ Physician: _____

Date Response Received: _____

Employee is medically exempt from wearing respirator.
(Medical Clearance form attached).

☐ Yes ☐ No

Tuberculosis Risk Screening Questionnaire

(Information will remain confidential)

EMPLOYEE INFORMATION

Name: _____ Job Title: _____ Gender: _____

Date of Birth: _____ Birth Place: ☐ United States ☐ Other (please identify country) _____

Address: _____ City: _____ State: _____ Zip: _____

Primary phone/contact number: _____ Work extension: _____

Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino

Race: ☐ White ☐ Black/African American ☐ Native American/Alaskan Native ☐ Asian ☐ Unknown ☐ Other _____

PREVIOUS TB SCREENING AND/OR TREATMENT

Have you ever had a TB skin test (or IGRA): ☐ YES ☐ NO Date of last test _____ Result: ☐ Positive ☐ Negative

Have you ever received treatment for TB infection or disease: ☐ YES ☐ NO If **YES**, provide dates (including start/stop dates), location, and medications of treatment: _____

Have you had vaccine for TB (BCG): ☐ YES ☐ NO If **YES**, provide country and date of vaccine: _____

Note: This vaccine is not given in the United States

In the last 30 days, have you had a live viral vaccine (e.g. MMR, Chickenpox, Flu, or Yellow Fever)? ☐ YES ☐ NO Date: _____

TB SYMPTOM REVIEW

Symptom assessment conducted annually serves as a review for all employees

Pulmonary TB System Assessment

Yes	No	Signs and Symptoms	Yes	No	Signs and Symptoms
		Prolonged cough (>2-3 weeks) with or without production of sputum that might be bloody			Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
		Chest pain			Unexplained weight loss
		Chills			Weakness or easily fatigued
		Unexplained fevers			Loss of appetite
		Night sweats			Other _____

If you answered **YES** to any of the above questions, please explain in more detail: _____

Yes	No	Have You Been Employed In Any of the Following (if YES, indicate facility including state)
		Correctional/Detention _____
		Hospital/Health Care _____
		Homeless Shelter _____
		Long Term Care _____
		Mental Health _____
		Other _____

Yes	No	Behavioral Risk (please identify country or facility as necessary)
		Have you ever been a patient in a high-risk congregate setting (Long-term care facilities, mental institutions)?
		Have you ever been confined or incarcerated in a detention or correctional facility?
		Have you ever been homeless or lived in a homeless shelter?
		Have you ever used illicit or recreational drugs?
Yes	No	Travel Risk
		Do you spend a significant amount of time with someone who was born outside of the United States? If NO, skip to Contact Investigation. If YES, What country is the person from you spend significant time with:
		Have you traveled in a high risk country (Latin America, the Caribbean, Africa, Asia, Eastern Europe, Russia)? Please specify _____
		While traveling outside the United States did you routinely have contact with hospital, prison, or homeless populations?
		While traveling outside the United States did you do mission, healthcare, or disaster relief work?

Please indicate: Year (s) of travel _____

Duration of stay _____

Yes	No	Contact Investigation
		Have you been exposed to, or are you involved in a contact investigation for someone with TB? If YES , please provide dates and details _____ _____

Presence of the following clinical conditions or immunocompromising conditions can increase the risk for progression to active TB disease if already infected with latent TB.

Yes	No	Clinical/Immunocompromising Conditions	Description
		HIV Infection	
		Silicosis	
		Diabetes Mellitus	
		Chronic renal failure/end-stage renal disease	
		Hematologic/reticuloendothelial disease	
		Cancer of the head, neck, or lung	
		Low body weight (10% or more below ideal body weight)	
		Prolonged corticosteroid use	
		Other immunosuppressive therapy (e.g. prednisone or tumor necrosis factor-alpha antagonists)	
		Organ transplantation	
		Intestinal bypass or gastrectomy	
		Chest radiograph findings suggestive of previous TB infection	

Employee Certification

I hereby certify that the answers that I have given on the Tuberculosis Risk Screening Questionnaire are true to the best of my knowledge. I understand that this information is used by my employer to assess risk for TB infection/disease and that I may be asked to complete further follow-up, including TB testing, based on my answers on this form.

Employee Signature: _____ Date: _____

For Employee Health Only:

	No Risk Identified – No Test Required
	Risk Identified – Testing Needed: PPD Appointment _____ IGRA Lab Request Faxed _____
	Other Follow-Up Needed: _____

Nurse Signature: _____ Date: _____