

your rights, responsibilities & protections



**Iverson** MEMORIAL
HOSPITAL

AN AFFILIATE OF UCHealth

your rights, responsibilities & protections

EFFECTIVE DATE

This notice is effective February 27, 2023.



AN AFFILIATE OF UCHealth

at ivinson,
we promise to be
trusted partners
in **world-class**
healthcare.

we seek to
be the best at
what we do for
our **family, friends**
and **neighbors.**

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notice of privacy practices

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.

about this notice

We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our Notice that is currently in effect.

uses and disclosures we may make without written authorization

We may use or disclose your health information for certain purposes without your written authorization, including the following:

1. **Treatment.** We may use or disclose your information for purposes of treating you. For example, we may disclose your information to another health care provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we offer.
2. **Payment.** We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.
3. **Healthcare Operations.** We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use information to train or review the performance of our staff or make decisions affecting the practice.
4. **Other Uses or Disclosures.** We may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:
 - a. To avoid a serious threat to your health or safety or the health or safety of others.
 - b. As required by state or federal law such as reporting abuse, neglect or certain other events.
 - c. As allowed by workers compensation laws for use in workers compensation proceedings.
 - d. For certain public health activities such as reporting certain diseases.
 - e. For certain public health oversight activities such as audits, investigations, or licensure actions.
 - f. In response to a court order, warrant or subpoena in judicial or administrative proceedings.
 - g. For certain specialized government functions such as the military or correctional institutions.
 - h. For research purposes if certain conditions are satisfied.
 - i. In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
 - j. To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
 - k. With Health Information Exchanges. We participate in CORHIO and WyFI, you may opt-out of participation by submitting a request to each exchange.
 - i. <https://www.corhio.org/for-patients/your-choices>
 - ii. https://health.wyo.gov/healthcarefin/wyoming_frontier_information_wyfi/opt-out-opt-in/

disclosures we may make unless you object

Unless you instruct us otherwise, we may disclose your information as described below.

1. To a member of your family, friend, or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
2. To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.
3. To contact you with hospital news and updates, or to raise funds for our facility. You may opt out of receiving these communications at any time by notifying the Privacy Officer identified below.

uses and disclosures with your written authorization

Other uses and disclosures not described in this Notice will generally be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek permission to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective for disclosures that have already occurred based on the authorization.

your rights concerning your protected health information

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

1. You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
2. We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
3. You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
4. You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.

5. You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
6. You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

organized health care arrangement

Iverson Memorial Hospital (IMH) participates in an organized health care arrangement with Laramie Fire Department (LFD) to offer emergency transportation services. This notice of privacy practices covers how IMH and LFD handles your protected health information in those situations. IMH and LFD may share protected health information with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized health care arrangement.

changes to this notice

We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint.

contact information

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Privacy Officer	Deanna Allen
Phone	(307) 755-4616
Address	Iverson Memorial Hospital 255 North 30th Street Laramie, Wyoming 82072
E-mail	dallen@iversonhospital.org

patient rights and responsibilities

patient rights

When you are a patient at Ivins Memorial Hospital (IMH), you have the right to:

1. Receive quality care that is considerate and respectful of your dignity, personal values, beliefs, and life philosophy.
2. Receive care in a safe environment and be free from all forms of abuse or harassment.
3. Effective communication, regardless of language or other barriers.
4. Expect a clear, concise explanation of your condition and proposed treatment, including unanticipated outcomes by a licensed practitioner.
5. Be involved in planning your care and to understand appropriate care options following your hospital care.
6. Receive an assessment and appropriate pain management plan in the safest way possible.
7. Refuse treatment up to and including withholding life-sustaining treatment to the extent permitted by law and to be informed of the medical consequences of your decisions.
8. Expect that communications and records, pertaining to your care be treated as confidential, and have access to this information.
9. Be free from restraints of any form that are not medically necessary, including ones that are used as a means of coercion, discipline, convenience by the staff or retaliation.
10. Expect personal privacy during care and with regard to your medical record.
11. Know in advance of any experimental, research or educational activities involved in your treatment. You can refuse to participate in any such activity.
12. Transfer to another facility, if we are unable to meet your request or health care needs. If so, you will be informed of risks, benefits, and alternatives.
13. Create advance directives (living will, health care proxy, durable power of attorney for healthcare) and have staff comply with them.
14. Have an authorized representative exercise your rights if you are unable to participate in your care or treatment decisions.
15. Be informed of your rights and responsibilities in a simple and easy to understand manner.
16. See your medical record, request amendments to, and obtain information on disclosures within the guidelines of the law.
17. Seek a medical ethics consultation if ethical issues arise.
18. Request access to protective and advocacy services.
19. Have your own doctor and a family member/ representative notified promptly of your admission to the hospital as requested.
20. Designate visitors who will receive the same visitation privileges as your immediate family members, regardless of whether the visitors are legally related to you.
21. Express any complaints and concerns, including those about patient care and safety. Before starting care or treatment, you have the right to request information about the hospital's general billing procedures and obtain an estimate of charges.
22. Receive a copy of your bill after your discharge. You may request an explanation of charges, regardless of who is paying the bill.

patient responsibilities

When you are a patient at Iverson Memorial Hospital, you have the responsibility to:

1. Participate in decisions about your care.
2. Provide accurate and complete information about your current health, past illnesses, hospitalizations, medicines (including herbals), advance directives, and other matters related to your care.
3. Tell your doctor or nurse when you have pain, and let them know what helps you feel better and what does not.
4. Inform your physician or nurse if you have concerns about your treatment.
5. Follow treatment instructions and notify your physician or nurse if the designated treatment plan cannot be followed, or when unexpected outcomes arise.
6. Be considerate of others and their privacy.
7. Respect the property of others.
8. Understand your insurance coverage and requirements such as preauthorization, deductibles and co-payments.
9. Provide information to help us process your bill for payment. Ultimately, you are responsible for your hospital bill.

Speak Up! program

The Speak Up! program urges patients to take an active role in preventing health care errors by becoming involved and informed participants on their health care team.

1. Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.
2. Pay attention to the care you are receiving. Make sure you're getting the right treatments and medicines by the right health care professionals. Do not assume anything.
3. Educate yourself about your diagnosis, tests and your treatment plan.
4. Ask a trusted family member to be your advocate.
5. Know what medicines (including herbals) you take and why. Medication errors are the most common health care mistake.
6. Use a hospital, clinic, surgery center or other type of health care institution that undergoes quality inspections. For example, The Joint Commission inspects Iverson Memorial Hospital to confirm they meet the Joint Commission quality standards.
7. Participate in all decisions about your treatment. You are the center of the health care team.



SHELBY
EMERGENCY
DEPARTMENT
REGISTERED NURSE

quality management

Our Patient Representative serves as a liaison between patients, the care team and the hospital.

If you or your family have questions or concerns about your hospitalization please call (307) 755-4623. A complaint that cannot be resolved by the Patient Representative shall be referred to the Chief Executive Officer (CEO) of the hospital. The CEO (or designee) shall conduct an additional investigation and shall provide the complainant with the results in writing within a reasonable time.

Regardless of whether the patient or family member has first used the hospital's grievance system, a complaint may be made to the Wyoming Department of Health:

Phone (307) 777-7123
Mail Wyoming Department of Health
Healthcare Licensing and Surveys Division
6101 Yellowstone Rd, Suite 186C
Cheyenne, Wyoming 82002

If you have any concerns about patient safety or quality of care, you may contact the Joint Commission:

E-mail complaint@jointcommission.org
Phone (800) 792-5636
Fax (630) 792-5636
Mail Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

accessing your records

Your medical records in the custody of Iverson Memorial Hospital shall be available to you at reasonable times and upon reasonable notice. You may request to inspect or receive copies of your records Monday through Friday between 8:30am and 4:30pm, except legal holidays. IMH requests 24 hour notice to view your medical record. As part of the request, you must sign an authorization form and the medical records staff will require proof of identity (government issued ID) before permitting you to inspect or receive copies of a medical record. The Medical Records staff shall provide your records within a reasonable time, not to exceed 10 days (or 30 days if the records are stored off-site.) You have the right to appeal access to records issues to the Wyoming Department of Health. There is no charge for inspection of a medical record. If you request copies, there will be a small charge for copying expenses.

non-discrimination

Treatment shall be provided regardless of a patient's age, sex, race, color, creed, national origin, sexual orientation, or disability.

Treatment at Iverson Memorial Hospital shall be provided based on the hospital's ability and capacity to care for the patient's health care needs. In compliance with all federal, state and local laws, there shall be no discrimination in services based on the patient's age, sex, race, color, creed, national origin, sexual orientation, or disability. Emergency medical treatment will be made without regard to the patient's ability to pay for service.

Concerns about discrimination in the provision of services should be directed to the IMH Quality Manager at (307) 755-4623, the IMH Compliance Officer at (307) 755-4616, the IMH CEO at (307) 755-4600 or the Office of Civil Rights Regional Manager at (800) 368-1019, TDD (800) 537-7697.

The civil rights statutes that provide protection against unlawful discrimination on the basis of race, color, national origin, disability and age include title IV of the Civil Right Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

your rights and protections against surprise medical billing

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

what is “balance billing” or “surprise billing”?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

you're protected from balance billing for

EMERGENCY SERVICES

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

CERTAIN SERVICES AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

when balance billing isn't allowed, you also have these protections

1. You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
2. Generally, your health plan must:
 - a. Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - b. Cover emergency services by out-of-network providers.
 - c. Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - d. Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact CMS at 1 (800) 985-3059.

Visit <https://cms.gov/nosurprises/consumers> for more information about your rights under federal law.

you have the right to receive a "good faith estimate" explaining how much your health care will cost

Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate,

Visit <https://www.cms.gov/nosurprises/consumers>,

Email FederalPPDRQuestions@cms.hhs.gov,

or Call 1 (800) 985-3059.

PRIVACY ACT STATEMENT

CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

promise

Trusted partners in world-class healthcare.

health elevated.

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