

University Hospitals Health System

UHHS 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.

If you have any questions about this Notice, please contact the UHHS Privacy Officer at:

UHHS Privacy Officer
W.O. Walker Center
Suite 1131
10524 Euclid Avenue
Cleveland, Ohio 44106
Phone: 216-983-1300

WHO WILL FOLLOW THIS NOTICE:

This Notice describes the practices of University Hospitals Health System and each of the health care providers listed at the end of this Notice (each provider is referred to in this Notice as "Provider") relating to your medical information and the practices of:

- any health care professional authorized to enter information into your medical record;
- if Provider is a hospital, all departments and units of Provider;
- all employees, volunteers, staff of Provider and other Provider personnel; and
- any other entities, sites and locations that have agreed to participate with Provider as part of an organized health care arrangement for purposes of complying with the Health Insurance Portability and Accountability Act of 1996 and regulations passed thereunder, commonly known as HIPAA. A complete list of these entities, sites and locations is provided at the end of this Notice, although this list may change from time to time. In addition, these entities, sites and locations may share medical information with each other for purposes of treatment, payment and certain health care operations related to the organized health care arrangement.

USES OR DISCLOSURES OF YOUR MEDICAL INFORMATION

Provider understands that medical information about you and your health is personal. Provider is committed to protecting your medical information. Provider will create a record of the care and services you receive from Provider. This record is necessary in order to provide you with quality care and to comply with legal requirements. This Notice applies to all of the records of your care generated by Provider or on Provider's premises. If Provider is a hospital, your personal doctor

may have different policies or notices regarding use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which Provider may use and disclose your medical information. This Notice also describes your rights and certain obligations of Provider regarding the use and disclosure of your medical information.

Provider is required by HIPAA to:

- maintain the privacy of your medical information in compliance with legal requirements;
- give you this Notice of Provider's legal duties and privacy practices with respect to your medical information; and
- follow the terms of this Notice that are currently in effect.

Generally, Provider may not use or disclose your medical information without your permission, except as otherwise permitted under HIPAA or other applicable law. Further, once your permission has been obtained, Provider must use or disclose your medical information in accordance with the specific terms of your permission. The following are the circumstances under which Provider is permitted by law to use or disclose your medical information.

USE OR DISCLOSURE OF YOUR MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION

Without your authorization, HIPAA allows Provider to use or disclose your medical information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, Provider is permitted to disclose your medical information within and among its workforce and other entities that have agreed to be bound by these policies in order to accomplish these same purposes. However, even with your authorization, Provider is still required to limit such uses or disclosures to the minimal amount of medical information that is reasonably required to provide those services or complete those activities.

The following categories describe different ways that Provider uses and discloses medical information. For each category of uses or disclosures, this Notice will explain what Provider means and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways in which Provider is permitted to use and disclose information without your authorization should fall within one of the categories.

- **For Treatment.** Provider may use medical information about you to provide you with medical treatment or services. Provider may disclose medical information about you to doctors, nurses, technicians, volunteers, medical students, residents, other Provider personnel or members of its workforce who are involved in taking care of you on Provider's premises. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that arrangements can be made for appropriate meals. Different departments of Provider also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. Provider also may disclose medical information about

you to people outside of Provider who may be involved in your medical care after you leave Provider, such as family members, clergy or others whom Provider uses or who you or another responsible party have selected to provide services that are part of your care.

- **For Payment.** Provider may use and disclose medical information about you so that the treatment and services you receive from Provider can be billed to, and payment can be collected from, you, an insurance company or third party payer. For example, Provider may need to give your health plan information about surgery you received so your health plan will pay Provider or reimburse you for the surgery. Provider may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** Provider may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run Provider, to comply with accreditation and other standards and to make sure that all Provider patients receive quality care. For example, Provider may use your medical information to review its treatment and services and to evaluate the performance of Provider staff in caring for you. Provider may also combine medical information about many Provider patients to decide what additional services Provider should offer, what services are not needed, and whether certain new treatments are effective. Provider may also disclose information to doctors, nurses, technicians, medical students, residents, professional students, trainees or practitioners in health care, non-health care professionals and other Provider personnel or members of its workforce for review, education, teaching and learning purposes. Provider may also combine the medical information it has with medical information from other providers to compare how Provider is doing and to see where Provider can make improvements in its care and services. Provider may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning your identity or the identity of any specific patient.

In addition, under HIPAA, Provider may use and disclose medical information, without your authorization, as follows:

- **To Send You Treatment Reminders and Information About Treatment Alternatives or Health-Related Benefits and Services.** Provider may contact you as a reminder that you have an appointment for treatment or medical care with Provider or inform you about or recommend possible treatment options, alternatives or health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** Provider may contact you in an effort to raise money for Provider and its operations. Provider may disclose medical information to a foundation related to Provider so that the foundation may contact you in raising money for Provider. Provider would only release (i) contact information, such as your name, address and phone number; (ii) demographic information, such as your age, gender, insurance status and employer name; and (iii) the dates you received treatment or services from Provider. If you do not want Provider to contact you for fundraising efforts, you must notify the UHHS Privacy Officer in writing.
- **Provider Directory.** Provider may include certain limited information about you in the Provider directory while you are a patient on Provider's premises. This information may

include your name, location in Provider (e.g., floor, unit or wing), your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name (either in person or by telephone, electronic mail, etc.). This is so your family, friends and clergy can visit you and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you would like to restrict or prohibit Provider's use or disclosure of your information for the Provider directory, you must notify the UHHS Privacy Officer in writing, or, if Provider is a Hospital, you may notify Provider's Admissions Department orally at the time of your admission to Provider.

- **Individuals Involved in Your Care or Payment for Your Care.** Provider may release medical information about you to a family member, personal representative or friend who is involved in your medical care or who helps pay for your care. Provider may also tell these persons about your condition and your location in Provider or attempt to locate or identify your family, representative or friends. In addition, Provider may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Further, Provider may make disclosures to a parent, guardian or other person acting in place of a parent if such person has the authority to act on behalf of a minor. Additionally, Provider may make disclosures to a person appointed by you as your durable power of attorney for health care.
- **Research.** Under certain circumstances, Provider may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before Provider uses or discloses medical information for research, the project will have been approved through this research approval process. Provider may, however, disclose your medical information to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs) so long as the medical information they review is not removed from Provider's premises. Provider may also disclose the medical information of decedents for a research project, so long as the information is necessary for the research.
- **Public Health Activities.** Provider may disclose information about you for public health activities, such as:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to collect or report reactions to medications, food supplements or dietary supplements;
 - to collect or report product problems or defects;

- to notify persons of recalls, replacements or repairs relating to products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Disclosures About Victims of Abuse, Neglect or Domestic Violence.** Provider may disclose medical information to notify the appropriate government authority if Provider believes a patient has been the victim of abuse, neglect or domestic violence. Provider will only make this disclosure if the patient agrees or when required or authorized by law.
- **Health Oversight Activities.** Provider may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **As Required by Law.** Provider will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** Consistent with Ohio law, Provider may use and disclose certain medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. In addition, Provider may use and disclose medical information if Provider believes that the use or disclosure is necessary for law enforcement to identify or apprehend an individual who has escaped from a correctional institution or from custody.
- **Organ and Tissue Donation.** Provider may use or disclose information to an organ procurement or transplant organization or other similar entity.
- **Workers' Compensation.** Provider may release information about you as authorized by (or as necessary to comply with) workers' compensation laws. For example, Provider may release information to a party responsible for payment of workers' compensation benefits and to an agency responsible for administering and/or adjudicating claims for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Law Enforcement or Judicial or Governmental Proceedings.** Provider may disclose medical information for law enforcement purposes or for judicial or governmental proceedings. For example, Provider may disclose medical information:
 - to report certain types of wounds or injuries;
 - in response to a court order or court-ordered subpoena (or court-ordered discovery request) or in response to a subpoena or discovery request if the patient privilege has been waived;
 - in response to a court-ordered warrant, subpoena or summons issued by a judicial officer, or a governmental request (including a governmental subpoena or summons) if certain standards are satisfied;

- in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, but only certain types of information may be disclosed;
 - to provide information about the victim of a crime, although Provider would try to obtain the individual's consent unless the individual is incapacitated or except under certain limited circumstances;
 - about an individual that has died to a law enforcement official for the purpose of alerting law enforcement of the death if the Provider has a suspicion that such death may have resulted from criminal conduct;
 - about criminal conduct that occurred on Provider's premises; and
 - in emergency circumstances to report a crime; the location of the crime or victims of the crime; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** Provider may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. Provider may also release medical information to funeral directors as necessary to carry out their duties.
 - **For Specific Government Functions.** Provider may release medical information of military personnel (and foreign military personnel) in certain situations, and Provider may release the medical information of inmates to correctional facilities in certain situations. Provider may also release medical information for national security reasons, such as the protection of the President of the United States or for national security activities.

OHIO LAW MAY BE MORE STRINGENT THAN HIPAA

Certain provisions of Ohio law may be more stringent than HIPAA or may be, in the future, determined to be more stringent than HIPAA. If such provisions are more stringent than HIPAA, then, according to HIPAA, Provider must comply with the more stringent provisions of Ohio law.

OTHER USES OF MEDICAL INFORMATION REQUIRE AUTHORIZATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to Provider will be made only with your written authorization. If you give Provider authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, Provider will no longer use or disclose medical information about you for the reasons covered by your written authorization, unless you authorized disclosure for a research study and your information is needed to protect the integrity of the study.

You understand that Provider is unable to take back any disclosures which Provider has already made with your authorization, and that Provider is required to retain its records of the care which Provider provides to you. All notices that you are revoking your authorization must be in writing

and delivered by U.S. mail, in person, or by other reasonable means to the UHHS Privacy Officer.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information which Provider maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and have a copy made of the medical information contained in your designated record set. A “designated record set” contains medical and billing records and any other records that Provider uses for making decisions about you. Usually, you have the right to access medical and billing records, subject to certain limitations. For example, you do not have the right to obtain information if its disclosure would have an adverse effect on you or if the information is compiled by Provider in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the UHHS Privacy Officer. If you request a copy of the information, Provider may charge a reasonable, cost-based fee to cover the costs associated with your request.

Provider may deny your request in very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. Provider will comply with the outcome of the review.

- **Right to Amend.** If you feel that the medical information in the designated record set which Provider maintains about you is incorrect or incomplete, you may ask Provider to amend the information. You have the right to request an amendment for as long as the information is kept by or for Provider.

To request an amendment, you must make the request in writing and submit it to the UHHS Privacy Officer. In addition, you must provide a reason that supports your request.

Provider may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Provider may deny your request if you ask Provider to amend information that:

- was not created by Provider, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the medical information kept by or for Provider;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- **Right to an Accounting of Certain Disclosures.** You have the right to request an accounting of certain disclosures which Provider made of your medical information within the six years prior to your request. This right applies to disclosures for purposes

other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made to you, with your authorization, for a facility directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

To request this list or an accounting of the disclosures of your medical information, you must submit your request in writing to the UHHS Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, Provider may charge you a reasonable, cost-based fee for the cost of providing the list. Provider will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Provider uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information Provider discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that Provider not use or disclose information about a surgery you had.

Provider is NOT required to agree to your request. If Provider does agree, Provider will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the UHHS Privacy Officer. In your request, you must tell the UHHS Privacy Officer: (i) what information you want to limit; (ii) whether you want to limit Provider's use, disclosure or both; and (iii) to whom you want the limits to apply, for example, disclosure to your spouse or your former clergy.

- **Right to Request Change in Communications.** You have the right to request that Provider communicate with you about your medical information in a certain way or at a certain location. For example, you can ask that Provider only contact you at work or by mail.

To request a change in the manner or method of how Provider communicates with you about your medical information, you must make your request in writing to the UHHS Privacy Officer. Provider will not ask you the reason for your request. Provider will use reasonable efforts to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask Provider to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at www.uhhs.com.

To obtain a paper copy of this Notice, please contact the UHHS Privacy Officer.

CHANGES TO THIS NOTICE

Provider reserves the right to change this Notice. Provider reserves the right to make the revised or changed Notice effective for all medical information which Provider already has about you as well as any information Provider receives or creates in the future. The Notice will prominently display its effective date. Provider will post a copy of its current Notice at Provider's location and at www.uhhs.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Provider or with the Secretary of the Department of Health and Human Services. To file a complaint with Provider, contact the UHHS Privacy Officer. All complaints must be submitted in writing.

You will not be penalized by Provider on the grounds that a complaint was filed.

The following entities, sites and locations listed below have adopted this Notice and agree to adhere to the standards expressed in this Notice:

Bolwell Health Center
Case Research Institute and Iris S. and Bert L. Wolstein Research Building
Center for Human Genetics
Children's Research Foundation of Cleveland
Jeffrey A. Goldstein, M.D., Inc.
Jerold S. Goldberg & Michael P. Powers, University Oral & Maxillofacial Surgeons, Inc.
Hanna House Skilled Nursing Center
Lake/University Ireland Cancer Center, Inc.
Laurelwood Associates (aka Laurelwood Associates, Inc.)
MacDonald Physicians, Inc.
Ohio Physical Therapy & Sports Medicine, Inc.
Otis Moss, Jr. – University Hospitals Medical Center
Pathology Associates of University Hospitals, Inc.
Pediatric Urgent Care Center
UHHS – Bainbridge Health Center
UHHS – Berea Health Center
UHHS – Brown Memorial Hospital
UHHS – Chagrin Highlands Medical Center
UHHS – Geauga Regional Hospital
UHHS – Laurelwood Counseling Centers
UHHS – Laurelwood Hospital
UHHS – Madison Clinic
UHHS – Memorial Hospital of Geneva
UHHS – Parkway Medical Center
UHHS – Richmond Heights Hospital, Inc.
UHHS – Saint Michael Hospital, Inc.
UHHS – Twinsburg Urgent & Primary Care Center
UHHS – Westlake Medical Center
UHHS Mednet Medical Centers (including University Mednet Bedford Health Center, University Mednet Euclid Health Center and University Mednet Mentor Health Center)
UHHS Provider and Central Verification Organization, Inc.
UHHS Rainbow Specialty Centers
University Anesthesiologists of NE Ohio, Inc.
University Anesthesiologists, Inc.
University Cardiac & Thoracic Surgical Group, Inc.
University Faculty Practice Association, Inc.

University Family Medicine Foundation, Inc.
University Foley Elderhealth Center at Fairhill Center for Aging
University Genetics
University Health Center at Landerbrook
University Hospital Dermatology Associates, Inc.
University Hospitals Faculty Services, LTD.
University Hospitals Health Care Enterprises, Inc. University Hospitals Health System - Heather Hill, Inc.
University Hospitals Health System – Heather Hill Home Health, Inc.
University Hospitals Health System – Heather Hill Rehabilitation Hospital, Inc.
University Hospitals Health System Bedford Medical Center
University Hospitals Home Care Services, Inc.
University Hospitals Laboratory Services Foundation
University Hospitals Management Services Organization, Inc.
University Hospitals of Cleveland (including Lerner Tower, Mather Pavilion, Lakeside Hospital, Rainbow Babies & Children’s Hospital, University Ireland Cancer Center, University MacDonald Women’s Hospital, University Psychiatric Center at Hanna Pavilion)
University Hospitals Physicians I Corporation
University Hospitals Physicians I, LTD
University Hospitals Physicians II Corporation
University Hospitals Physicians II, LTD
University Hospitals Professionals Limited, L.L.C.
University Imaging, Inc.
University Mednet Physicians, LLC
University Mednet, Inc.
University Neurologists Association, Inc.
University Neurosurgeons of Cleveland, Inc.
University Ophthalmologists, Inc.
University Orthopaedic Associates, Inc.
University Otolaryngology-Head and Neck Surgery, Inc.
University Physicians, Inc.
University Plastic Surgery Associates, Inc.
University Primary Care Practices, Inc.
University Psychiatrists of Cleveland, Inc.
University Radiation Medicine Associates, Inc.
University Radiologists of Cleveland, Inc.
University Suburban Health Center
University Surgeons, Inc.
University Urologists of Cleveland, Inc.
University Vascular Surgeons, Inc.
University Willoughby Health Center
Westlake Surgery Center