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We may release PHI to a
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NOTE: A large print version of this Notice is available upon request.
This Notice will tell you about the ways in which CASE WESTERN RESERVE UNIVERSITY ("CWRU") employee welfare benefits plan(s) (collectively “the Plan”) protects, uses and discloses your protected health information ("PHI"). This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI. If you have any questions about this Notice of Privacy Practices (“Notice”), please contact CWRU’s Privacy Officer, at CASE WESTERN RESERVE UNIVERSITY, Compliance Office, 10900 Euclid Avenue, Cleveland, Ohio 44106. For privacy questions about the Case Western Reserve Plan, please contact the Benefits Privacy representative at 216-368-5049.

PHI means any information, transmitted or maintained in any form or medium, which CWRU creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services and that identifies you or could be used to identify you. We maintain your PHI in a record we create of the services and items you receive from CWRU. This Notice applies to all of those records created, received or maintained by CWRU.
We are required by law to: make sure that PHI is kept private; give you this Notice of our legal duties and privacy practices with respect to your PHI; and comply with the currently effective terms of this Notice.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU.
The following paragraphs describe different ways that we use and disclose PHI.

Use for Treatment, Payment, or Health Care Operations
We are permitted to use and disclose your PHI (1) to provide treatment to you, (2) to be paid or request payment for our services, and (3) to conduct health care operations. This section of this Notice discusses each of these types of uses and disclosures of PHI.

For Treatment. We may use PHI about you to provide you with health care treatment or services. For example, we may use your PHI when conducting plan operations. We may disclose PHI about you to CWRU personnel, as well as to doctors, nurses, hospitals, clinics, or other health care providers who are involved in your care. For example, a doctor treating you for a medical condition may need to know the medications which have been prescribed for you, or the services and items that have been provided to you. CWRU may also share PHI about you in order to coordinate health care services and items that you may need.

For Payment. We may use and disclose PHI about you so that the services and items that you receive from CWRU may be billed to and payment may be collected from you, an insurance company, or a third party payor. For example, we may need to give information about the services or items that you received so that the plan can pay your providers or reimburse you for the services or items.

For Health Care Operations. We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to make sure you receive quality care. For example, we may use PHI to review treatment and services and to evaluate the performance of staff in providing services to you. We may also disclose information to doctors, nurses, hospitals, clinics, and other health care providers, for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the names of the specific individuals.

Other Uses and Disclosures of PHI
Listed below are a number of other ways that CWRU is permitted or required to use or disclose PHI. This list is not exhaustive. Therefore, not every use or disclosure in a category is listed.

Appointments Reminders. We use and disclose protected health information to contact you as a reminder that you have an appointment with us.

Individuals Involved in Your Care or Payment for Your Care. We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose PHI about you to a person or entity assisting in an emergency so that your family can be notified about your condition, status and location.

As Required By Law. We will disclose PHI about you when required to do so by federal, state, or local law.

Public Health Risks. We may disclose PHI about you for public health activities, including to prevent or control disease or, when required by law, to notify public authorities concerning cases of abuse or neglect.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official as permitted by law.

Coroners and Medical Examiners. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, we might disclose PHI to be used in a research project involving the effectiveness of certain procedures. In some cases, we might disclose PHI for research purposes without your knowledge or approval. However, such disclosures will be made only if approved through a special process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with an individual’s need for privacy of their PHI.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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.

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you, such as disease prevention, health care and benefits available to you. We may also work with other agencies, health care providers, and companies to provide wellness and prevention programs.

Workers’ Compensation. We may release PHI about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Fundraising. We may use and disclose certain PHI about you for fundraising purposes. Any such disclosure of PHI will be limited in scope and disclosed only to CWRU personnel or agents, to our business associates or to a charitable organization which is obligated to act for the benefit of CWRU. If you do not want CWRU to contact you about fundraising, you may opt out by notifying the CWRU Privacy Officer or Benefits Privacy representative. Further information about disclosures for fundraising purposes may be found in CWRU’s HIPAA Policies and Procedures, “Fundraising.”

Other uses and disclosures will be made only upon your written
You have the right to inspect and copy your PHI maintained by the Plan. Generally, this information includes health care, health payments, and billing records. You do not have a right of access to (1) psychotherapy notes; (2) information prepared in anticipation of or for use in, a civil, criminal, or administrative action; and (3) PHI maintained by CWRU that is subject to the Clinical Laboratory Improvements Amendments (“CLIA”) of 1988, 42 U.S.C. 263a, if access to the individual would be prohibited by law, or (b) exempt from CLIA pursuant to 42 CFR 493.3(a)(2). Under certain circumstances, you also do not have a right of access to information created or obtained in the course of research involving treatment or received from someone other than a health care provider under a promise of confidentiality.

To inspect and copy PHI maintained by the Plan, you must submit your request in writing or by email with verification of requestor to CWRU’s Privacy Officer or the Benefits Privacy representative. You may request an electronic or paper copy. We may charge a fee for the costs of copying, transmitting electronically, mailing or other supplies associated with your request. We may deny your request to inspect and copy your PHI for the reasons set forth above or under certain other limited circumstances. If you are denied access to PHI other than for a reason stated above, you will receive a written denial. You may request that the denial be reviewed. Thereafter, a licensed health care provider chosen by CWRU will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We will comply with the outcome of the review.

You also have the right to revoke such authorization, in writing, except where we have previously taken action in reliance on your prior authorization or if the authorization was a condition to obtaining insurance or health plan coverage and applicable law provides the insurer or health plan with the right to contest a claim under the policy.

The Plan will not use PHI that is genetic information for underwriting purposes.

You have the right to request that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to CWRU’s Privacy Officer or the Benefits Privacy representative. We will comply with the request of the right to restrict confidential communications.

You have the right to receive notice from CWRU when a breach of your PHI that was unsecured has occurred.

We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the revised or changed privacy practices applicable to PHI we already have about you as well as any information we receive in the future. A copy of our current notice will be posted as a link on the Benefits website. Prior to a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in this Notice, we will promptly revise the Notice. The Notice will contain the effective date on the first page.

If you believe your privacy rights have been violated, you may file a complaint with CWRU or with the Secretary of the Department of Health and Human Services. To file a complaint with CWRU, write to Privacy Officer, CWRU Compliance Office, 10090 Euclid Avenue, Cleveland, OH 44106-7048. All complaints must be in writing. We will not penalize or retaliate against for filing a complaint.

Changes to This Notice are made as necessary to ensure that information we receive in the future is protected in compliance with the regulations and any changes in such regulations.
OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to retract any disclosures we have already made with your authorization, and that we are required to retain our records of the Plan relating to claims, coordination of benefits, payments by the Plan and related matters.