

CASE WESTERN RESERVE UNIVERSITY

NOTICE OF PRIVACY PRACTICES

Effective Date: March 19, 2014

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice will tell you about the ways in which CASE WESTERN RESERVE UNIVERSITY (“CWRU”) 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.

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 performing dental procedures. 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 your health plan information about the services or items that you received so that your health plan will pay us 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 our treatment and services and to evaluate the performance of our 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.

- **Appointment Reminders.** We may 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 dental 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.
- **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 disclose 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. Further information about disclosures for fundraising purposes may be found in CWRU's HIPAA Policies and Procedures, "Fundraising."

Patient wishes to opt out of providing consent for fundraising

Other uses and disclosures will be made only upon your written authorization. Specifically, use or disclosures of PHI will be made only upon your written authorization for the following:

- for marketing purposes;
- for the disclosure of psychotherapy notes;
- for the sale of your PHI.

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

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.

Certain provisions of Ohio law may now, or in the future, impose greater restrictions on uses and/or disclosures of PHI or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this Notice, CWRU must comply with those provisions.

When required to do, the Plan will disclose only the minimum amount of PHI necessary to accomplish the intended purpose of a use, disclosure or request for PHI.

NOTE: A large print version of this Notice is available upon request.

YOUR RIGHTS REGARDING PHI

You have the following rights with respect to your PHI:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI maintained by CWRU. Generally, this information includes health care 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 (a) 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 CWRU, you must submit your request in writing or by email with verification of requestor to CWRU’s Privacy Officer. 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.

- **Right to Request Amendment.** You may ask us to amend the PHI we have about you. You have the right to request an amendment for so long as the information is kept by or for CWRU. To request an amendment to your PHI, your request must be made in writing and submitted to CWRU’s Privacy Officer. In addition, you must provide a reason that supports your request. We will generally make a decision regarding your request for amendment no later than 60 days after receipt of your request. However, if we are unable to act on the request within this time, we may extend the time for 30 more days but we will provide you with a written notice of the reason for the delay and the approximate time for completion. If we deny your requested amendment, we will provide you with a written denial.

We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not required to agree to your request if you ask us to amend PHI that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the PHI kept by or for CWRU; is not part of the PHI which you would be permitted to inspect and copy; or is already accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures of PHI we have made about you. We do not have to list certain disclosures such as those made for the purposes of treatment, payment, or healthcare operations, pursuant to a prior authorization by you or for certain law enforcement purposes.

To request this list or accounting of such disclosures, your request must be submitted in writing to CWRU’s Privacy Officer. Your request must also state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should also specify the format of the list you prefer (i.e. on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restriction of Uses and Disclosures.** You have the right to request that we restrict the uses and disclosures of PHI about you to carry out treatment, payment or health care operations and/or to individuals involved in your care. We cannot restrict disclosures required by law or requested by the federal government to determine if we are meeting our privacy protection obligations. *We are not required to agree to your request, except that we will comply with your request regarding disclosure of PHI to a health plan if you paid for the service out-of-pocket and in full.* If we do agree to your request to restrict uses and disclosures, we will comply with your request unless the information is needed to provide you emergency health care treatment. To request restrictions, you must make your request in writing to CWRU's Privacy Officer. Your request must specify (1) what PHI you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (i.e., disclosures to your spouse). We may terminate our agreement to the restriction if you orally agree to the termination and it is documented, you request the termination in writing, or we inform you that we are terminating our agreement with respect to any information created or received after receipt of our notice.
- **Right to Request Confidential Communications.** You also have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask 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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Receive Notice Electronically.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice, please write to or call CWRU's Privacy Officer.
- **Right to Breach Notification.** You have the right to receive notice from CWRU when a breach of your PHI that was unsecured has occurred.

CHANGES TO THIS NOTICE

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 at CWRU. 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.

COMPLAINTS

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, 10900 Euclid Avenue, Cleveland, OH 44106-7048**. All complaints must be in writing. ***You will not be penalized or retaliated against for filing a complaint.***

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 care that we provided to you.

**ACKNOWLEDGMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of CWRU's Notice of Privacy Practices.

Date: _____

Or Legal Representative

Signature of Patient, Guardian or Legal Representative

Printed Name of Patient, Guardian or Legal Representative

Relationship of Guardian or Legal Representative to Patient

The individual or the individual's legal representative did not provide a written acknowledgment of receipt of this Notice of Privacy Practices. The following explains the good faith efforts to obtain the written acknowledgment and the reasons why the acknowledgment was not obtained: _____

