

University Health & Counseling Services  
Notice of Privacy Practices

Case Western Reserve University Health and Counseling Services (UHCS) is required by law to maintain the privacy of your medical records and to give you this notice that describes our privacy practices. This notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services.

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.

**I. Introduction**

This Notice of Privacy Practice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical information. Medical information is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**II. Our Responsibilities**

Health and Counseling Services is required to: maintain the privacy of your medical information; provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you; abide by the terms of this notice; notify you if we are unable to agree to a restriction you have requested in writing; accommodate reasonable requests you make in writing to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and this Notice and to make the new provisions effective for all medical information we maintain. Upon your request, we will provide you with a revised Notice. We will not use or disclose your medical information without your authorization, except as described in this notice.

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **III. Examples of how we may use and disclose medical information about you**

We use and disclose your medical information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your medical information without your authorization, including for treatment, payment of health services, health care operations and certain other situations. Specifically, we may use and disclose your protected information as follows:

#### **Treatment**

We will use and disclose your medical information to provide, coordinate, or manage your health care and any related services. For example, physicians and other health care providers who may be treating you or consulting on your treatment will have access to your medical information. Medical information may also be provided to a physician whom you have been referred to insure that the physician has the necessary information to diagnose or treat you.

#### **Payment**

Your medical information will be used to obtain payment for services that are provided to you. This may include use and disclosure of medical information for certain activities that your health plan may need to take before it approves or pays for services.

#### **Healthcare Operations**

Your medical information may be used or disclosed in order to support UHCS operations. This may include operational activities such as quality assessment activities, training and supervision of staff members, licensing or arranging for other business activities. We may share your medical information with third party “business associates” that perform various activities in support of our operations. When we contract for these services, your medical information may be disclosed so that they can perform the job they have been asked to do. To protect your information, we require all business associates to provide assurances that they will safeguard the information.

#### **Personal Communications**

We may also contact you: to remind you that you have an appointment; to tell you about or recommend possible treatment options or alternatives that may be of interest to you; to inform you about benefits or services that we provide; as part of our fundraising activities.

#### **Communications with Individuals Involved in your Care or Payment for your Care**

If you provide us with authorization, health professionals such as a doctor or a nurse, using their professional judgment, may disclose to a family member, other relative, close

personal friend or any other person you identify, medical information relevant to that person's involvement in your care or payment related to your care. If circumstances do not permit prior authorization, (for example in an emergency or if you are unconscious or otherwise unable to give consent) we will make our best judgment as to whether such disclosures are in your best interest.

### **Food and Drug Administration (FDA)**

We may disclose to the FDA, or persons under the jurisdiction of the FDA, medical information relative to adverse events with respect to food, medicines, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

### **Worker's Compensation**

We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose medical information. We also may disclose medical information about you to people preparing to conduct a research project. They may be looking for patients with specific medical needs or for certain information. The medical information they review will be kept confidential. Often, you will need to give permission before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

### **Public Health**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### **Law Enforcement**

We may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

### **Legal Proceedings**

We may disclose medical information in the course of judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent disclosure is expressly authorized), and in response to a subpoena, discovery request or other lawful process.

**Decedents** We may disclose medical information regarding an individual's death to coroners, medical examiners, or funeral directors consistent with applicable law.

**Notification**

We may use and disclose medical information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

**Serious Threat to Health or Safety**

We may use and disclose medical information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Uses and Disclosures of Medical Information with your Authorization**

We will obtain your written authorization before using or disclosing your medical information for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your medical information, except to the extent that we have already taken action in reliance on the authorization.

**IV. Your Health Information Rights**

You have rights regarding your health information that are specified in state and federal law. You have the right to:

- Obtain a paper copy of the Notice of Privacy Practices upon request. To obtain a paper copy, please contact Health Services.
- Request a restriction on certain uses and disclosures of your information. We are not required to agree to the request, but will attempt to accommodate reasonable requests.
- Inspect and obtain a copy of your health record upon written request. If you request a copy, please be aware that we may charge a fee for the costs of providing the copy.
- Amend your health record in certain circumstances upon written request.
- Obtain an accounting of certain disclosures of your health information upon written request.
- Receive confidential communications of your health information by alternative means or at alternative locations upon written request.
- Revoke in writing your authorization to use or disclose health information except to the extent that actions have already been taken.

**V. For More Information or to Report a Problem**

If you have questions or would like additional information about UHCS' privacy practices, you may contact our Privacy officer in writing at (University Health and Counseling Services, 2124 Cornell Rd, Dental Research Building, 1st floor, Cleveland, OH 44106) or by email at [uhcs@case.edu](mailto:uhcs@case.edu). If you believe your privacy rights have been violated, you

can file a complaint with the Privacy Officer or with the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.