



**CITY OF CLEVELAND
DEPARTMENT OF PUBLIC HEALTH**

Notice of Privacy Policy

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 our Privacy Contact Officer at:
Kathy Rothenberg-James (216) 664-2362**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or 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. "Protected health information" 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.

We are required to abide by the terms of this Notice of Privacy Practices. We are required by law to maintain the privacy of protected health information to provide individuals with notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following breach of unsecured protected health information. We may change our notice, at any time. The new notice will be effective for all protected health information maintained at that time. Upon your request, we will provide you with any revised Notice of Privacy Policy by accessing our website: http://www.clevelandhealth.org/legal/privacy_policy.php, or calling the department at 216-664-2362 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment.

I. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by our physician, nurses, staff and others outside of our department that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be used and disclosed to pay your health care bills and to support the operation of the department.

Following are examples of the types of uses and disclosures of your protected health care information that the Department is permitted to make. This list is not meant to be exhaustive, but to describe the types of uses and disclosures our department might make to carry out your treatment.

- A. **Treatment:** We will use and disclose your protected health information to provide and coordinate your health care and any related services. This includes the coordination or management of care with a third party that has already obtained your permission to have access to your protected information. For example, we would disclose your protected health information, as necessary to a health agency (e.g. Medicaid) that provides care to you. We will also disclose protected health information to physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.



- B. **Payment:** Your protected health information will be used, as needed, to obtain payment for health care services. This may include certain activities that your health insurance plan may undertake to approve or pay for the health care services we recommend for you such as; making a determination of eligibility coverage for insurance benefits and undertaking utilization review activities. For example, we may provide Medicaid with part of your protected health information to obtain approval for reimbursement.
- C. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information to support the audit activities of the department. The activities include, but are not limited to, quality assessment activities, employee review activities, and training of medical students.

For example, we may disclose your protected health information to medical school students at one of our clinics. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also disclose your protected health information, if necessary, to contact you to remind you of your appointment and any follow ups necessary.

We will share your protected health information with third party "business associates" that provide services and activities (e.g., billing) for the department. Whenever an arrangement between our department and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected information.

If we intend to contact you for fundraising, you have a right to opt out of fundraising communications.

II. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted by law as described below. Authorization is required for: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of Protected Health Information for marketing purposes; and (3) disclosures that constitute a sale of Protected Health Information; as well as other uses and disclosures not described in the Notice of Privacy Practices.

You may revoke authorization, at any time, in writing, as provided by §164.508(b)(5), except to the extent that the department has taken an action in reliance on the use or disclosure indicated in the authorization.

III. Other Permitted and Required Uses and Disclosures That May Be Made With Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, relative, a close friend or any other person you identify, your protected health information that relates to that person's involvement in your health



care. If you are unable to agree or object to disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts who coordinate uses and disclosures to family or other individuals involved in your health care.

IV. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- A. Required By Law:** We may use or disclose your protected health information to the extent that disclosure is required by law. The use or disclosure will be made in compliance with the law and limited to the relevant requirements of the law. You will be notified, as required by law, of all uses or disclosures.
- B. Public Health:** We may disclose your protected health information for public health activities for purposes to a public health authority that is permitted by law to collect or receive the information and disclosure will be made for the purpose of controlling disease, injury, or disability.
- C. Communicable Disease:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading the disease or condition.
- D. Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies using this information include government agencies that oversee the health care system, governmental programs, other government regulatory programs and civil rights laws.
- E. Abuse or Neglect:** We may disclose your protected health information to a public health agency authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect, or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be consistent with the requirements of applicable federal and state laws.
- F. Food and Drug Administration:** We may disclose your protected health information to a private company required by the Food and Drug Administration to report adverse events, product problems, biologic product deviations, track products; to enable product recalls; to make recommended replacements, or to conduct post marketing surveillance, as required.
- G. Legal Proceedings:** We may disclose protected health information in the course of any judicial administrative proceeding, in response to an order of a court or administrative tribunal or in response to a subpoena.
- H. Law Enforcement:** We may also disclose protected health information, so long as applicable requirements are met, for law enforcement purposes.
- I. Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes,



determining cause of death or for a medical examiner to perform other duties authorized by law.

- J. **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information.
- K. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person or the public.
- L. **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you, and when deemed necessary by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500 et seq.

V. Your Rights

Following is a statement of your rights with respect to your protected health information and a description of how you may exercise these rights.

- A. **You have the right to inspect and copy your protected health information.** This means to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" are medical and billing records and any other records that your Provider uses to make decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact Officer if you have questions about access to your medical record.

- B. **You have the right to request a restriction of your protected health information.** You may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care and for notification purposes as described in this Notice of Privacy Practices. Your request must state the restriction requested and to whom you want the restriction to apply.

If you paid out-of-pocket in full for the healthcare item or service, you have a right to restrict certain disclosures of Protected Health Information to your health plan.

The department is not required to agree to a restriction that you may request. If the department or physician believes it is in your best interest to permit use and disclosure



of your protected health information, your protected health information will not be restricted. You may request a restriction by putting your request in writing, attention to the Privacy Contact Officer.

- C. **You have the right to request to receive confidential communications from us by alternate means or at an alternative location.** We will accommodate reasonable requests. We may make this accommodation by asking you for information as to how payment will be handled or other method of contract. We will not request an explanation from you for the basis of the request. Please make this request in writing to our Privacy Contact Officer.
- D. **You may have the right to have your physician or the department amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your requested amendment. If we deny your request for amendment, you have the right to file a statement of your disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact Officer to determine if you have questions about your medical record.
- E. **You have the right to receive an accounting of certain disclosures we have made if we disclose your protected public health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive information is subject to certain exceptions, restrictions and limitations.
- F. **You have the right to obtain a paper copy of this notice from us,** upon request, even if you agreed to accept this notice electronically.

VI. Complaints

You may file a complaint to us or to the Secretary of Health and Human Services if you believe your rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact Officer about the complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact Officer, Kathy Rothenberg-James at (216) 664-2362 or via email at [krothenberg@city.cleveland.oh.us](mailto: krothenberg@city.cleveland.oh.us) for further information about the complaint procedures.

This updated notice was published and becomes effective on September 23, 2013.