



GREATER CLEVELAND PSYCHIATRY

HIPAA NOTICE OF PRIVACY PRACTICES

The purpose of this Notice is to describe how Greater Cleveland Psychiatry uses your protected health information as permitted with the Health Insurance Portability and Accountability Act (HIPAA) and related rules and regulations

Definitions:

Individually Identifiable Health Information is health and demographic information collected from an individual (in any form or medium) that is created or received by Greater Cleveland Psychiatry and relates to the past, present, or future physical or mental health or condition of an individual, their health care or payment for the health care. The information also identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information (PHI) is Individually Identifiable Health Information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Protected Health Information excludes Individually Identifiable Health Information in education records covered by the Family Educational Rights and Privacy Act (20U.S.C. 1232g), in records described at 20 U.S.C. 1232g(a) (4)(B)(iv), in employment records held by Greater Cleveland Psychiatry in its role as employer, and regarding a person who has been deceased for more than fifty (50) years.

Our Responsibilities:

Federal law requires that we maintain the privacy of your PHI and provide you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain. We will promptly revise this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. The new notice will be available upon request and on our website. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new notice in which the material change is reflected.

How We May Use or Disclose PHI For Treatment, Payment, and Health Care Operations:

Greater Cleveland Psychiatry may use or disclose your PHI as permitted by law without your specific authorization. The following are examples of how PHI may be used. These examples are not exhaustive but to demonstrate some instances.

For Treatment. We may use and disclose your PHI to coordinate or manage your care within Greater Cleveland Psychiatry and with other clinicians or organizations involved in your care, including physicians, other health care professionals, contracted service providers, or related organizations.

For Payment. We may include PHI in invoices to collect or provide payment to or from third parties for the care you receive through Greater Cleveland Psychiatry.

To Conduct Health Care Operations. We may use and disclose PHI for our operations to support business activities and improve the quality of care we provide. Greater Cleveland Psychiatry may undergo reviews of the agency to determine compliance with regulations and this could include PHI. We have quality improvement programs and conduct internal reviews as well which may include PHI. Health care operations may also include activities designed to improve health or reduce health care costs, protocol development, professional review and performance evaluation, medical reviews, legal services, and business management and administrative activities.

Business Associations: We may share PHI with third-party business associates” that perform other activities such as billing, accounting, legal services). When such an arrangement is made between Greater Cleveland Psychiatry and a third-party business associate, a written contract is made that contains terms that will protect PHI.

Appointment Reminders and Communication: We may use and disclose your PHI to contact you as a reminder that you have an appointment. We may also communicate with you on the phone and leave a message with someone who answers the phone number listed. Communication may also occur electronically.

Treatment Alternatives:

We may use or disclose your PHI to advise you or recommend possible service options or alternatives that might be of benefit to you.

Disclosures You May Authorize Us to Make:

We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of therapy notes require your authorization. We may not use or disclose PHI for marketing, or in any manner which would constitute a sale, without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

Other Specific Uses or Disclosures:

When Legally Required. We will disclose your PHI when required by any law.

In the Event of a Serious Threat to Life, Health, or Safety. We may, as permitted by law and ethical standards of conduct, disclose your PHI if we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety or the health and safety of the public.

When There Are Risks to Public Health. We may disclose PHI for public activities as allowed by law to prevent or control disease, injury or disability, report disease, adverse reactions to

medications, injury, birth or death, suspected abuse or neglect, conduct public health surveillance, investigations, and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect, or Domestic Violence. We may, as permitted by law, disclose PHI if we believe someone is a victim of abuse, neglect, or domestic violence.

To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action.

Response to Lawsuits and Disputes. We may disclose PHI in response to a subpoena or other court order such as a warrant or summons.

For Law Enforcement Purposes. As permitted or required by law, we may disclose PHI about you for certain law enforcement purposes.

For Research Purposes. We may use your PHI for research. Research projects are subject to an approval process and PHI will not be used for research until the special approval process is completed.

For Specific Government Functions. Federal regulations may require or authorize us to use or disclose PHI to facilitate specified government functions relating to functions relating to military and veterans; national security and intelligence activities; protective services for the President and others, medical suitability determinations; and inmates and law enforcement custody.

For Worker's Compensation. We may use or disclose your PHI for workers' compensation or similar programs.

Transfer of Information at Death. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties as permitted by law.

Organ Procurement Organizations. We may disclose your PHI to organ or tissue procurement organizations, banking, or transplantation of organs for tissue donation and transplant.

For Fundraising Efforts. We may contact you for fundraising efforts, but you have the right to opt out of such communications.

Your Rights with Respect To PHI:

Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on your disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or abide by it unless the request concerns disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to health care service for which the provider has been paid out of pocket in full.

Right to Receive Confidential Information. You have the right to request that we confidentially communicate with you. We will accommodate reasonable requests.

We may not require that you provide an explanation for your request and will attempt to honor any reasonable requests.

Right to Inspect and Copy Your PHI. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. If you request a copy of your health information, Greater Cleveland Psychiatry can charge for the labor for copying the PHI requested (whether in paper or electronic form), supplies for creating the paper copy or electronic media, postage, and preparing an explanation or summary of the PHI.

Right to Amend Your PHI. You have the right to request that we amend your records if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. We may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information that you are permitted to inspect and copy, or if in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing, or destroying any necessary information related to your health care.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. Accounting requests may not be made for periods over six (6) years before the date on which the accounting is requested. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations. We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you authorized or asked us to make). We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

Right to a Paper Copy of This Notice. You have a right to receive a paper copy of this Notice at any time, even if you received this Notice previously.

Notice of Confidentiality of Substance Use Disorder Client Records:

Confidentiality of Substance Use Disorder client records maintained by Greater Cleveland Psychiatry is protected by Federal Law and Regulations. Generally, unless otherwise permitted by law, Greater Cleveland Psychiatry will not tell anyone outside of Greater Cleveland Psychiatry that a person attends or receives services for substance use disorder or disclose any information identifying you as having a substance use disorder unless:

- You consent in writing
- The disclosure is allowed by court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is made to qualified personnel for research, audit, or program evaluation.

Federal Law and Regulations do not protect any information about a crime committed by a client, either at our Agency or against any person who works for our Agency, or about any threat to commit such a crime.

Where to File a Complaint:

You have a right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights outlined in this Notice. Any complaints to us shall be made in writing to your Greater Cleveland Psychiatry clinicians or the Privacy Officer at 7556 Mentor Ave, Mentor, Ohio 44060. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.