

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.***

Medical information consists of paper, digital, or electronic records and could also include photos, videos and other electronic transmissions of recordings that we maintain.

This notice applies to the Cleveland Clinic Employee Health Plan.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, using the Contact Information at the end of this Notice.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a fee for processing your request.
- You have the right to inspect and obtain a copy of your completed health records unless a health care provider believes that disclosure of that information to you could harm you or another person. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing.
- If we deny your request to inspect or obtain a copy of the records, you may appeal the denial in writing using the Contact Information at the end of this Notice.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You must provide your request and your reason for the request in writing using the Contact Information at the end of this Notice.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To request confidential communications, you must make your request in writing using the Contact Information at the end of this Notice and specify how or where you wish to be contacted.
- We will consider all reasonable requests.

Ask us to limit what we use or share

- You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree in most circumstances.
- To request a restriction, you must make your request in writing using the Contact Information at the end of this Notice. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information.
- We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Get a list of those to whom we have disclosed information

- You can ask for a list (accounting) of the times we have disclosed your health information for six years prior to the date you ask, who we disclosed it to, and why. To request an accounting, you must submit your request in writing using the Contact Information at the end of this Notice. Your request must specify the period from which you want to receive a list of disclosures and the form in which you want the accounting to be made (for example, on paper or electronically).
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information included at the end of this notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases we never share your information unless you give us written permission:

- Certain marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the healthcare treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- EHP does not use genetic data for underwriting purposes.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor, the Cleveland Clinic, for plan administration. Only certain designated employees of the plan sponsor, will have access to, and will be able to use, your health information to carry out their duties to administer the plan, but they cannot use or disclose your health information for employment-related purposes or to administer other benefit plans. The plan may also share de-identified or summary healthcare information with the Cleveland Clinic for any purpose. *Example: The Cleveland Clinic contracts with us to provide a health plan, and we provide it with certain statistics to explain the premiums we charge.*

In addition, we may disclose your health information to the Cleveland Clinic in its role as a healthcare provider for the Cleveland Clinic's payment and certain healthcare operation purposes as long as the Cleveland Clinic as a healthcare provider has or had a relationship with you.

Example: A payment activity would include seeking reimbursement for the delivery of healthcare services, while a healthcare operation purpose would include quality assessment and improvement activities or services rendered by the Cleveland Clinic as a healthcare provider to you as a plan participant.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the good of the public, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. Your information may be shared with others located in the United States or internationally, as permitted by law and subject to applicable legal protections.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Collaborate with Business Associates

To support our health care operations, we may disclose your health information to certain persons or organizations who provide services to us or on our behalf, known as "business associates." Business associates are required to appropriately protect the privacy and security of your health information.

Utilize technological support

We use various technologies to support the work that we describe in this Notice. These technologies, which include artificial intelligence, are used to enhance our operations and to support our billing services. Use of these technologies are subject to appropriate protections for the privacy and security of your health information.

Using or Disclosing Substance Use Disorder Treatment Program Records in Legal Proceedings

Substance use disorder treatment records received from substance use disorder treatment programs or testimony about such records cannot be shared in any civil, administrative, criminal, or legislative proceeding against you without written consent or a court order. Records shall only be disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or Cleveland Clinic. A court order must include a subpoena or other legal mandate requiring that we share your records.

Our Responsibilities

- 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.

Ohio, Nevada, and Florida Law

Ohio, Nevada and Florida laws, as well as federal law, may require that we obtain your consent for certain disclosures of health information about the following: the performance of results of an HIV test or diagnoses of AIDS or an AIDS-related condition, genetic test results, and/or drug or alcohol treatment that you have received as part of a drug or alcohol treatment program. Florida law also requires your consent for certain disclosures of behavioral health records.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you when the changes are material.

Contact Information

To exercise any of your rights described in this notice, for more information, or to file a complaint, please contact the Employee Health Plan at 216.986.1050, option 1 or toll-free at 888.246.6648, option 1. For requests that must be made in writing, please direct correspondence to the Cleveland Clinic Employee Health Plan, Mail Code AC242, 25900 Science Park Drive, Beachwood, OH 44122. You can also send an email to: CEHPAO@ccf.org. The Privacy Director for the



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health plan may be contacted in writing at 25900 Science Park Drive, Mail Code AC242, Beachwood, OH 44122 or by phone at 216.986.1050, option 1 or toll-free at 888.246.6648, option 1.

This Notice is effective January 1, 2024.

- *Notice: If you send health information to EHP via email, please know that your message may be sent in an unencrypted email. An unencrypted email means there is a risk that the information in the email and any attachments could potentially be read by a third party when it is sent through the internet.*

Cleveland Clinic Notice of Non-Discrimination

Cleveland Clinic (<https://my.clevelandclinic.org/>) and its affiliated entities comply with applicable laws and do not discriminate on the basis of race, color, culture, ethnicity, national origin (including limited English proficiency and primary language), age, disability, religion, socioeconomic status, sex (including but not limited to sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, and sex stereotypes), or manner of payment. Cleveland Clinic and its affiliated entities do not exclude people or treat them differently in any health programs and/or activities operated by Cleveland Clinic and its affiliated entities because of race, color, culture, ethnicity, national origin (including limited English proficiency and primary language), age, disability, religion, socioeconomic status, sex (including but not limited to sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, and sex stereotypes), or manner of payment.

Cleveland Clinic and its affiliated entities provide, free of charge, reasonable modifications for individuals with disabilities, and appropriate auxiliary aides and services and language assistance to enable individuals to have an equal opportunity to access the health programs and/or activities operated by Cleveland Clinic and its affiliated entities. Such modifications, auxiliary aides and services and language assistance may include:

- Qualified interpreters (including ASL interpreter services).
- Information in other formats (i.e., audio, accessible electronic formats, other formats).
- Information written in other languages.

If you need interpreter or other communication related services, please contact Cleveland Clinic Global Patient Services Dispatch at 1-833-858-1813 or 216-445-7044. If you require other reasonable modifications due to a disability, please contact **Cleveland Clinic's Section 1557 Coordinator** at:

Cleveland Clinic Ombudsman Department

Attn: Section 1557 Coordinator

9500 Euclid Avenue, A-50

Cleveland, Ohio 44195

Telephone: 1-800-223-2273

Fax: (216) 445-6086

Email: 1557Coordinator@ccf.org

Webpage: <https://my.clevelandclinic.org/departments/patientexperience/depts/office-patient-experience/ombudsman>

You cannot be denied medical treatment, provided different medical treatment or required to accept medical treatment on the basis of a disability. Cleveland Clinic and its affiliates shall reasonably accommodate service animals, approved mobility devices, and provide other reasonable accommodations to allow you to access Cleveland Clinic health programs and/or activities. You cannot be retaliated against for exercising these rights.

If you believe that Cleveland Clinic or one of its affiliated entities has failed to provide appropriate modifications, auxiliary aides and services and language assistance services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including but not limited to sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, and sex stereotypes), you can file a grievance with **Cleveland Clinic's Section 1557 Coordinator in the Ombudsman Department**, using the contact information above. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Cleveland Clinic Ombudsman Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services via any of the following:

- Email: OCRComplaint@hhs.gov
- Phone: Toll-free at 1-800-368-1019, TDD: 1-800-537-7697



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- OCR Complaint Portal: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- USPS at:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ENGLISH: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-858-1813 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-858-1813 (TTY: 711) o hable con su proveedor.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-833-858-1813 (TTY: 711) oswa pale avèk founisè w la.

Chinese (simplified): 备注：您可获得免费的语言协助服务。还可免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 1-833-858-1813 (TTY: 711) 或咨询您的医疗服务提供者。

Chinese (traditional): 注意：您可獲得免費的語言協助服務。同時也免費提供適當的輔助和服務，讓您以無障礙方式獲得資訊。請致電 1-833-858-1813 (聽語障專線：711) 或與您的醫療服務提供者洽談。

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-858-1813 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-858-1813 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-858-1813 (TTY : 711) ou parlez à votre fournisseur.

Nepali: ध्यान दिनुहोस्: तपाईंका लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। पहुँचयोग्य ढाँचामा जानकारी प्रदान गर्न उपयुक्त सहायक सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-833-858-1813 (TTY: 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Portuguese: ATENÇÃO: Serviços gratuitos de assistência linguística estão disponíveis para você. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-858-1813 (TTY: 711) ou fale com seu médico.

Arabic:

كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول. إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية: تنبيه. "أو تحدث إلى مقدم الخدمة (1-833-858-1813 (TTY: 711) -اتصل على الرقم م. إليها مجاناً



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Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-858-1813 (TTY: 711) или обратитесь к своему поставщику услуг.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-858-1813 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-858-1813 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-833-858-1813 (TTY: 711) o parla con il tuo fornitore.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-833-858-1813 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Serbian: PAŽNJA: Besplatne usluge jezičke pomoći su vam na raspolaganju. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u dostupnim formatima su takođe dostupni besplatno. Pozovite 1-833-858-1813 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Croatian: PAŽNJA: Dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 1-833-858-1813 (TTY: 711) ili razgovarajte sa svojim pružateljem usluga.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-858-1813（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。