

# 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 created during your care or treatment.

This notice applies to the Cleveland Clinic Employee Health Plan Total Care and the healthcare reimbursement account under the Cleveland Clinic Flexible Benefits Plan.

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those to whom we have disclosed your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### 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. To inspect and copy your health information, you must submit your request in writing 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 reasonable, cost-based fee.
- Certain types of health information will not be made available for inspection and copying. This includes psychotherapy notes, health information collected in connection with, or in reasonable anticipation of, a civil, criminal, or administrative action or proceeding, and health information that is subject to law that prohibits access to this information.
- In very limited circumstances your request to inspect and obtain a copy of your health information may be denied. In that case, you may request that the denial be reviewed. The review will be conducted by an individual who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

### **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, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. To request a restriction, you must make your request in writing using the Contact Information at the end of this Notice.
- In your request, you must indicate (1) what information you want to limit; (2) whether you want to limit the Plan’s use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent).
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **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 can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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.

*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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **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.

#### **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.

## **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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Ohio and Florida Law**

Ohio and Florida law require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, or mental health services that you have received.

Florida law also requires consent for:

- Certain disclosures to family members
- Certain disclosures of health information for patient information directory purposes
- Certain disclosures of health information for payment purposes
- Certain disclosures of health information for healthcare operations purposes
- Certain disclosures of health information for solicitation or marketing purposes
- Certain disclosures of health information for research purposes
- Certain disclosures of health information relating to sexually transmitted diseases
- Certain disclosures of health information that include genetic testing or DNA analysis results

## **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 Cleveland Clinic Employee Health Plan Total Care Customer Service Unit at 216.448.CCHR (2247) or toll-free 877.688.CCHR (2247). For requests that must be made in writing, please direct correspondence to the Cleveland Clinic Employee Health Plan, Mail Code SCC13, 29050 Aurora Rd., Solon, Ohio 44139. The Privacy Officer for the health plan may be contacted in writing at CC30, 9500 Euclid Ave., Cleveland, Ohio 44195 or by telephone at 216.444.1709 (toll-free 800.223.2273, ext. 41709).

This Notice is effective September 23, 2013.