

Your Medical Information Rights

The records we maintain about your health care are the property of UH. To protect your privacy, we may check your identity when you have questions about treatment or billing issues. We will also confirm the identity and authority of anyone who asks to review, copy or amend Medical Information or to obtain a list of disclosures of Medical Information as described below. These are your specific rights, subject to certain limitations, regarding Medical Information we maintain about you.

- **Right to Obtain a Paper Copy of This Notice**

You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

- **Right to Inspect and Copy** In general, you have the right to inspect and copy your Medical Information. If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of labor, postage and supplies associated with your request.

We may deny your request to inspect, copy or send Medical Information in certain limited circumstances. If you are denied access to Medical Information, you may request that the denial be reviewed.

- **Right to Request Amendments** If you feel that Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You have the right to request this for as long as we maintain the information. To request an amendment, please submit your written request, along with a reason that supports it, to our Privacy Officer. If we accept your request, we will tell you and will amend your records. We cannot take out what is in the record, but we will supplement the information. If we deny your request for amendment, you may submit a statement of disagreement, to which UH may choose to respond in writing. In addition, you have the right to request that UH send a copy of your amendment request and your statement of disagreement (if any) with any future disclosures of your Medical Information.

- **Right to an Accounting of Disclosures** You have the right to request a list of certain of our disclosures of your Medical Information. The first list you request in a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. To request an accounting of disclosures, please submit your request to our Privacy Officer using the contact information above.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we disclose a limited amount of Medical Information to someone involved in your care or involved in payment for your care. We are not required to agree to your request. If we do agree, we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

- **Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. We will honor all reasonable requests. However, if we are unable to contact you using your requested methods or locations, we may contact you using any information we have.

- **Right to Notice of a Breach of Certain Health Information** We are required to notify you by first class mail or e-mail (if you have told us you prefer to receive information by e-mail), of any unauthorized acquisition, access, use or disclosure of certain categories of health information if we determine that the breach could pose a significant risk of financial or reputational harm to you.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have as well as any information we receive in the future. We will post a copy of the current Notice at each UH hospital, physician office and outpatient location and on our website. The beginning of our Notice will contain the Notice's effective date.

Complaints

You may file a written or verbal complaint with us if you believe your privacy rights have been violated. If you have any privacy-related questions or complaints, please contact our Privacy Officer using one of the methods listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

The following entities have adopted and agree to follow the standards listed in this Notice:

University Hospitals Ahuja Medical Center
University Hospitals Bedford Medical Center
University Hospitals Case Medical Center
University Hospitals Conneaut Medical Center
University Hospitals Geauga Medical Center
University Hospitals Geneva Medical Center
University Hospitals Home Care Services
University Hospitals Laboratory Services Foundation
University Hospitals MacDonald Women's Hospital
University Hospitals Medical Groups
University Hospitals Medical Practices
University Hospitals Physician Services
University Hospitals Rainbow Babies & Children's Hospital
University Hospitals Richmond Medical Center
University Hospitals Seidman Cancer Center
University Hospitals Zeeba Surgery Center
All wholly owned subsidiaries of University Hospitals Health Systems



UH NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2011

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice or would like to file a privacy-related complaint, please contact our privacy officer:

UH Privacy Officer
UH Management Services Center
3605 Warrensville Center Road, Mail Stop MSC-9105 Shaker Heights, Ohio 44122
Phone: 216-983-1300
E-Mail: Compliance@UHhospitals.org

About this notice

University Hospitals ("UH," "we," "our," or "us") is committed to protecting your medical information ("Medical Information"). This Notice tells you how we may use and disclose your Medical Information. It also describes your rights regarding your Medical Information. We are required by law to maintain the privacy of your Medical Information; give you this Notice of our legal duties and privacy practices regarding your Medical Information; and follow the terms of our current Notice. The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students and volunteers of the UH System. At the end of this Notice, you can find a list of the entities in the UH System that follow this Notice and have agreed to participate as an organized health care arrangement. A copy of this Notice, as well as specific information about each participant in the UH System, is also listed on our website at UHhospitals.org.

UH may use and disclose your Medical Information in the following ways:

The following categories describe different ways that we use and disclose Medical Information without your written permission. A “use” of your Medical Information means sharing, accessing or analyzing Medical Information within the UH System. A “disclosure” of your Medical Information means sharing, releasing or giving access to your Medical Information to a person or company outside UH. Not every use or disclosure in a category will be listed. However, all of the ways that we are allowed to use or disclose your Medical Information should fall within one of the categories.

- **Treatment** We may use and disclose your Medical Information to give you medical care. For example, we may use your Medical Information to write a prescription or treat an injury. We may also share Medical Information about you for treatment purposes with other people or entities in the UH System. To coordinate the different things you need, such as X-rays, lab work or prescriptions, we may also disclose Medical Information to non-UH health care providers.
- **Payment** We may use and disclose your Medical Information to bill and be paid for your treatment. For example, we may give your health insurer information about your treatment so your insurer can pay for it. If a bill is overdue, we may give Medical Information to a collection agency to help collect payment. We may also provide Medical Information to other health care providers, such as ambulance companies, to assist in their billing efforts.
- **Health Care Operations** We may use and disclose Medical Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for management purposes. For example, we may use Medical Information to check how well our staff cared for you. We also may disclose information to students for educational purposes. The entities and individuals covered by this Notice also may share information with each other for their joint health care operations.

- **Appointment Reminders/Treatment Options/Health-Related Benefits and Services** We may use and disclose Medical Information to contact you with appointment reminders. You may request that we provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests. We may also communicate to you by newsletters, mailings, e-mail or other means about treatment options, health related information, disease-management programs, wellness programs or other community-based activities in which UH participates.
- **Patient Directory** We may compile the following directory information about patients receiving inpatient or outpatient services at our hospitals: name; location; general condition; and religious affiliation. This information may be disclosed to clergy or, except for religious affiliation, to any person who asks for a patient by name. You may request that any or all of this information not be disclosed by notifying Patient Access Services at the time you register.
- **Individuals Involved in Your Care or Payment for Your Care** We may disclose Medical Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Business Associates** We may disclose Medical Information to third parties so that they can perform a job we have asked them to do. For example, we may use another company to perform billing services on our behalf. All of these third parties are required to protect the privacy and security of your Medical Information.
- **Fundraising** We may contact you to provide information about UH sponsored activities, including fundraising. To do so, we would only use your contact information, demographic information and dates of service at UH. If you do not want UH to contact you for fundraising efforts, you must notify the UH Privacy Officer using the contact information listed above. We will process your request promptly but may not be able to stop contacts that were initiated prior to receiving your opt-out notice.

- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose Medical Information in response to a court or administrative order. Under certain circumstances, we also may disclose Medical Information in response to a subpoena or discovery request by someone else involved in the dispute.
- **Personal Representative** If you have a personal representative, such as a legal guardian, we will treat that person the same as you with respect to disclosures of your Medical Information. If you die, we may disclose Medical Information to an executor or administrator of your estate to the extent that person is acting as your personal representative.
- **Research** Under certain circumstances, we may use and disclose Medical Information for research purposes. All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. This process evaluates a proposed research project and its use of Medical Information to balance the benefits of research with the need for privacy of Medical Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Medical Information.
- **As Required by Law** We will disclose your Medical Information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose Medical Information when necessary, in our professional judgment, to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Purposes** We may disclose Medical Information for public health purposes. Some examples of these purposes are:
 - reporting births and deaths;
 - reporting communicable diseases to health officials; or
 - reporting child abuse or neglect.
- **Organ and Tissue Donation** If you are an organ or tissue donor, we may release Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

- **Workers’ Compensation** We may disclose Medical Information for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.
- **Health Oversight Activities** We may disclose Medical Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws, and compliance with government programs.
- **Law Enforcement** We may disclose Medical Information to law enforcement officials. Some examples of these types of disclosures are:
 - in response to a valid court order, subpoena or search warrant;
 - to identify or locate a suspect, fugitive or missing person; or
 - to report a crime committed on UH premises.
- **National Security and Intelligence Activities and Protective Services** We may disclose Medical Information to authorized federal officials for intelligence and other national security activities permitted by law.
- **Coroners, Medical Examiners and Funeral Directors** We may disclose Medical Information to coroners, medical examiners or funeral directors so they can do their jobs.
- **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information** Special privacy protections apply to HIV-related information, alcohol and substance abuse and treatment information, mental health information and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. UH will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.
- **Other Uses of Medical Information** Other uses and disclosures of Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may cancel that authorization at any time by sending a written request to our Privacy Officer. We are unable to take back any disclosures we have already made with your authorization.