

## UH NOTICE OF PRIVACY PRACTICES

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Effective Date: September 23, 2013

**This notice describes:**

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE UH PRIVACY OFFICER AT 216-286-6362 OR [COMPLIANCE@UHHOSPITALS.ORG](mailto:COMPLIANCE@UHHOSPITALS.ORG) IF YOU HAVE ANY QUESTIONS.

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: 216-286-6362 or 800-227-6934  
E-Mail: [Compliance@UHHospitals.org](mailto:Compliance@UHHospitals.org)

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### **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; notify you following a breach of your unsecured 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 visit [UHHospitals.org](http://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 these 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 and Medication Reminders/Treatment Options/ Health-Related Benefits and Services** We may use and disclose Medical Information to contact you with appointment or medication 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 may use your contact information, demographic information, dates of service, department of service, treating physician, health insurance status, and outcome information. You have the right to opt-out of future fundraising communications. We will process your request promptly but may not be able to stop contacts that were initiated prior to receiving your opt-out request.

**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;
- reporting child abuse or neglect; or

- reporting elder abuse, neglect or exploitation.

**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 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.

Some substance use disorder (SUD) treatment records are protected by federal law, 42 CFR Part 2 (Part 2) and have extra privacy protections. We generally may not use or share this information without your written consent, including for treatment, payment, and health care operations. You may provide a single consent for all future uses or disclosures of Part 2 information for treatment, payment and health care operations purposes. You may revoke your consent at any time. Information protected by Part 2 may be shared again by recipients for treatment, payment and health care operations but generally may not be used in any civil, criminal, administrative or legislative proceedings against you (or within testimony furnished in connection with such proceedings) without a special court order (issued after your opportunity to be heard) or your specific written consent, except as required by law. We use safeguards to protect this information.

**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. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of Medical Information for marketing purposes, and disclosures that constitute a sale of Medical Information require 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.

**Artificial Intelligence** We may use artificial intelligence–based technologies to help communicate with patients, document care, analyze information, or improve our services. When we do so, we protect your health information in accordance with this Notice and applicable law. In some cases, you may choose not to take part in AI programs that are not required for your care.

**UH participates in the Ohio Health Information Partnership** University Hospitals participates in CliniSync, a Health Information Exchange operated by the Ohio Health Information Partnership. Through CliniSync, participating UH providers may exchange the Medical Information of patients with other healthcare providers throughout the State of Ohio that also participate in CliniSync. For example, if you regularly see a UH physician that participates in CliniSync, and then visit the emergency room of a Cincinnati hospital that also participates in CliniSync, the physicians in Cincinnati would be able to access your UH Medical Information. Patients may withdraw from participation in the Health Information Exchange by contacting the UH Privacy Officer at 216-286-6362. UH participates in CliniSync voluntarily, and does not warrant or guarantee that any particular Medical Information will be accessible via CliniSync.

**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. If the Medical Information you request is maintained electronically, we will provide you access to the Medical Information in an agreed-upon electronic format.

**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. For records protected by 42 CFR Part 2, your right to an accounting includes disclosures made for treatment, payment, and health care operations through our electronic health record for the 3 years prior to your request.

**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 restriction 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.

We will agree to your request to restrict disclosure of your Medical Information to a health plan if the disclosure is for the purpose of payment or health care operations; is not otherwise required by law; and the Medical Information you wish to restrict pertains solely to a health care item or service for which you, or someone other than your health plan, has paid in full.

**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 Medical 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 a breach of your Medical Information. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of Medical Information that compromises the security or privacy of this Medical Information.

### **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. We support your right to privacy of your Medical Information and 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 Cleveland Medical Center  
University Hospitals Ahuja Medical Center  
University Hospitals Conneaut Medical Center  
University Hospitals Elyria Medical Center  
University Hospitals Geauga Medical Center, a campus of UH Regional Hospitals  
University Hospitals Geneva Medical Center  
University Hospitals Home Care Services  
University Hospitals Laboratory Services Foundation  
University Hospitals MacDonald Women's Hospital  
University Hospitals Medical Group  
University Hospitals Medical Practices  
University Hospitals Parma Medical Center  
University Hospitals Physician Services  
University Hospitals Portage Medical Center  
University Hospitals Rainbow Babies and Children's Hospital  
University Hospitals Samaritan Medical Center  
University Hospitals Seidman Cancer Center  
University Hospitals St. John Medical Center, A Catholic Hospital  
All wholly-owned subsidiaries of University Hospitals Health Systems