



NOTICE OF PRIVACY PRACTICES

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.

Your protected health information (PHI) is individually identifiable health information, including demographic information, about your past, present or future physical or mental health or condition, health care services you receive, and past, present or future payment for your health care. Demographic information means information such as your name, social security number, address, and date of birth.

OUR RESPONSIBILITIES

Northeast Ohio Neighborhood Health Services, Inc. (NEON) is required by law to maintain the privacy of your PHI and to notify affected individuals following a breach of unsecured PHI. We are also required to abide by the terms of this Notice, which may be amended from time to time, and give you a copy of it. This Notice explains how, when, and why NEON will "use" and "disclose" your PHI. The "use" of PHI occurs when our associates share, examine, utilize, apply, or analyze such information within NEON's practices. The "disclosure" of PHI occurs upon its release, transference, or divulgence to a third party outside of NEON. In most instances, NEON will only use or disclose the necessary PHI to accomplish the purpose for which the use or disclosure is made. All NEON employees are legally required to follow the privacy practices described in this Notice.

NEON reserves the right to change the terms of this Notice and privacy policies at any time. Before any important changes to these policies, we will immediately revise this Notice and make a copy available to you from any of our staff. You may also request that a copy of this Notice be mailed or emailed directly to you. Effective date of this Notice is July 1, 2022.

USES AND DISCLOSURES

Following are ways we may use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose your health information only with your written authorization.

- **Treatment:** Our physicians, nurses and other health care personnel involved in your care use and disclose your PHI to diagnose your condition and coordinate the care and services you need, for example, prescriptions, x-rays, and lab work. We may also use your health information and share it with individuals or organizations outside of our organization that are involved in your care, such as specialists we refer you to.
- **Payment:** We may use and disclose medical information about you so that the treatment and health-related services you receive may be billed and payment collected from you, an insurance company or a third party.
- **Health care operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to schedule appointments and manage your treatment and services. Health care

operations include, but are not limited to, activities designed to improve health or reduce health care costs; general administrative activities and business management.

- **Health Information Exchange:** We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Health Information Management Department at 216-231-7700 ext. 1058.
- **Business Associates:** We may contract with or establish formal agreements with business associates to perform certain functions or activities on our behalf, such as payment or healthcare operations, or for the purpose of conducting clinical research studies. These business associates must agree to and are obligated to safeguard your PHI.
- **Follow-Up Appointments/Care:** We may contact you to remind you of future appointments or to provide information about treatment alternatives or other health-related benefits and services.
- **Fundraising:** We may contact you for fundraising activities. However, you will be provided the opportunity to opt-out of receiving such fundraising communications.
- **As Required by Law:** We will share information about you whenever required by Federal, State or local law.
- **Research:** We may use your PHI for medical research. Before we disclose any PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.
- **Law Enforcement:** As permitted or required by law, we may disclose specific and limited PHI about you for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, investigate fraud, or help identify or locate someone.
- **Lawsuits and Legal Actions:** We can share information about you in response to a court or administrative order, subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Public Health and Safety:** 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.
- **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.
- **Organ and Tissue Donation:** As permitted by applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transportation of organs for the purpose of tissue donation and transplant.
- **Workers' Compensation:** We may use or disclose your PHI for worker's compensation or similar programs.
- **Specified Government Functions:** Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government function relating to military and veterans; national security and intelligence activities; protective services for the President of the United States and others; medical suitability determinations; and inmates and law enforcement custody.

- **Coroners, Medical Examiners and Funeral Directors** – In certain circumstances, we may disclose your PHI to funeral directors, medical examiners and coroners to carry out their duties consistent with applicable law.
- **Emergencies:** We may use or disclose your health information to notify, or assist in the notification of, a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up your filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.
- **Disclosures You Authorize Us To Make:** We will not use or disclose your PHI without your authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose you choose. This could include your attorney, employer, or others. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

PATIENT RIGHTS REGARDING PHI

You have the following rights under Ohio and federal law:

- **Right to a Personal Representative.** You may identify persons to us who may serve as your authorized personal representative. 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.
- **Right to Request Restrictions.** You may ask us not to use or share certain health information for treatment, payment, or health care operations. You also have the right to request that we disclose a limited amount of PHI to someone involved in your care or involved in payment for your care. This request must be in writing. NEON is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply with that request unless a law requires us to share that information.
- **Right to Choose How NEON Sends PHI to You.** You may request that we provide information to another address or by alternative means. If we are unable to contact you using your requested means or locations, we may contact you using any information we have. If you have provided us with a wireless telephone number, you may receive reminder notices via voice or text messaging services unless you opt out at registration.
- **Right to Inspect and Get Copy of Your PHI.** Unless access to your records is restricted for clear and documented treatment reasons, you can ask to see or get a copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your written request. **We may charge a**

reasonable fee in accordance with rates recommended by the Ohio Department of Health.

A copy of the rates will be provided to you by a NEON Associate in the Health Information Management Department upon request.

- **Right to Amend Your PHI.** If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do so, contact the Health Information Management Department and ask for the Request to Amend Health Information form. You will receive a response within 60 days of NEON's receipt of your request. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a response stating that you disagree with us. We will then have a right to submit our response, and your statement and our response will be added to your record.
- **Right to Know What Disclosures Have Been Made.** You have the right to ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you request this accounting. We will include all of the disclosures except for those related to information we were required to release, we used for treatment, payment or health care operations, that we shared with you or your family, that you gave us specific consent to release or that are otherwise excepted from being provided by law. The request for accounting must be made in writing to the Director, Health Information Systems & Population Health, 4800 Payne Avenue, Cleveland, OH 44103. We'll provide one accounting a year for free but subsequent accounting requests in the same year may be subject to a reasonable, cost-based fee.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact the Director, Health Information Systems & Population Health at (216) 231-7700, ext. 1058. We will attempt to honor any reasonable requests.
- **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 have received this Notice previously or have agreed to receive this Notice electronically, you are still entitled to a paper copy.
- **Right to File a Complaint.** You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us should be made in writing to NEON's Director of Health Information Systems & Population Health. You may also 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 toll-free (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

HOW TO CONTACT US:

Northeast Ohio Neighborhood Health Services, Inc.
Director, Health Information Systems & Population Health
8300 Hough Avenue, Cleveland, OH 44103
Telephone: 216-231-7700, ext. 1058