



Please return this copy - signed & dated.

NOTICE OF PRIVACY PRACTICES

Effective 5/1/04

This Notice describes how medical and service information about you may be used and disclosed and how you can get access to this information. Please review it carefully before signing on the last page.

Our Duty to Safeguard Your Confidential Information

Individually identifiable information about your past, present, or future medical and service needs, the services provided to you, and how they are paid for is considered confidential. We are required to extend certain protections to your information and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your information. Except in specified circumstances, we must use or disclose only as much of your information as is necessary to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time and to make the new provisions effective for all protected health information that we maintain.** If we do so, we will post a new Notice at your service site's reception desk. You may request a copy of the new Notice from the receptionist or from the Catholic Charities Services staff person who works with you. Copies may also be obtained from Michele Adams, the organization's Privacy Officer, at (440) 843-5578 and it will also be posted on our website at clevelandcatholiccharities.org.

How We May Use and Disclose Your Protected Health Information

We use and disclose the information that you give us about yourself for a variety of reasons. We tell you in advance (through this Notice) about many of them. Most of the others require your written approval before we can proceed. However, the law does allow (and sometimes requires) us to make some uses/disclosures without your knowledge or approval. The following offers more description and examples of our potential uses/disclosures of your information.

- **Uses and disclosures requiring no advance notification.** The law provides that we may use/disclose information about you without your prior knowledge or approval in the following circumstances:
 - **When required by law:** We may disclose your information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order.
 - **For public health activities:** We may disclose your information when we are required to collect or report information about disease or injury, or to report vital statistics to the public health authority.
 - **For health oversight activities:** We may disclose your information to an accrediting organization or another agency responsible for monitoring the health care system or for such purposes as reporting or investigating unusual incidents.
 - **Relating to decedents:** We may disclose information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose information to other agencies in order to assist medical/psychiatric research.

○ **To avert threat to health or safety:** in order to avoid a serious threat to health or safety, we may disclose information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

○ **For specific government functions:** We may disclose information about military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

• **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Generally, we must tell you in advance (using this Notice) when we use or disclose your information:

○ **For services:** We may disclose your information to staff members, volunteers, and other service delivery personnel who are involved in providing your services.

○ **To obtain payment:** We may use/disclose your information in order to bill and collect payment for our services. For example, we may release portions of your information to Medicare or Medicaid, a private insurance plan, or a government office to get paid for services that we deliver to you or to establish your eligibility for programs that will pay for those services.

○ **For service operations:** We may use/disclose your information in the course of operating our agency. For example, we may use your information in evaluating the quality of services provided, or disclose it to our accountant or attorney for audit purposes or disclose it to other individuals or organizations (called “business associates”) that license us or otherwise help us manage our operations and that have signed agreements to protect the confidentiality of your information. Since we are an integrated system, we may also disclose your information to designated staff in our central office for similar purposes.

○ **For Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

• **Uses and Disclosures Requiring Authorization:** For any use or disclosure not described above, we are required to have your written authorization before proceeding. Even when you give us such an authorization, however, you are free to revoke it at any time or for any reason (except to the extent that we have already used or disclosed information based on that authorization).

Your Health Information Rights

You have the following rights with respect to your information:

To name individuals whom you want to be involved in your care or notified in case of an emergency: Except in those instances described above, we will always obtain your written authorization before using/disclosing your information to anyone. However, in emergency situations, or others when you are unable give your approval, we may need to notify or disclose to a family member, other relative, close personal friend or other individual information relevant to that person’s involvement in your care.

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Is there anyone with whom we can share information about the services you receive from us?	Yes	No
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If yes, indicate name and relationship: _____

**These individuals cannot be contacted unless service provider is authorized to do so on a Release of Information.*



To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your information. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your information, we will indicate so in the box below and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

<input type="checkbox"/> I don't wish to request any additional restrictions on the use of my information. <input type="checkbox"/> I wish to request the following restrictions: _____ <input type="checkbox"/> Request Approved _____ <input type="checkbox"/> Request Denied (Reason): _____
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To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

<input type="checkbox"/> I don't wish to use an alternative address or means of communicating. <input type="checkbox"/> I wish to use the following alternative address/means: _____

To inspect and copy your record: Unless your access is restricted by law or clear and documented treatment reasons, you have a right to see the information in your record if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of any portion of your record, a charge for copying will be imposed (but may be waived, depending on your circumstances). You have a right to choose what portions of your record you want copied and to have prior information on the cost of copying.

To request amendment of your information: If you believe that there is a mistake or missing information in your record, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the information is: (i) correct and complete; (ii) not created by us and/or not part of our records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your record. If we approve the request for amendment, we will change the information, inform you, and involve you in our efforts to tell others that need to know about the change.

To find out what disclosures have been made: You have a right to receive a list of the times when we have disclosed information about you without your knowledge or approval (other than those disclosures we are required or permitted by law to make). Your request can relate to disclosures going as far back as six years (but not prior to April, 2003). We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice.

The Catholic Charities staff person who works with you will provide you with a copy of this Notice. Any request to review, copy or correct a record or to receive an accounting of disclosures should be made through that staff person or his/her immediate supervisor. If you are engaged in services with Catholic Charities for more than one year you will receive a copy of the Client's Rights Handbook annually.

For More Information or to Report a Problem

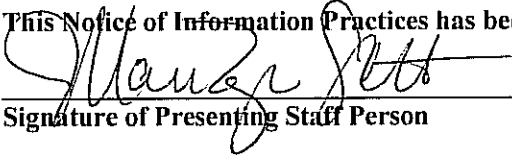
If you think we may have violated your privacy rights, disagree with a decision we make about access to your information, or have questions about our privacy practices, you may contact:

Michele Adams, Privacy Officer
Catholic Charities
Parmadale
6753 State Road
Parma, Ohio 44134
Phone: 440.843.5578
Email: madams@clevelandcatholiccharities.org

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Avenue – Suite 240
Chicago, Illinois 60601
Phone: 1-800-368-1019
Email: OCRComplaint@hhs.gov

Please be assured that we will never retaliate against you in any way for making a complaint or asking questions.

This Notice of Information Practices has been ^{mailed} explained to me:	
	<u>2/18/11</u>
Signature of Presenting Staff Person	Date
_____ Signature of Individual/Guardian/Person Responsible)	_____ Date