

## **VII-07B Notice of Privacy Practices (p)**

### **The MetroHealth System**

2500 MetroHealth Drive  
Cleveland, OH 44109-1998

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS AND FOR OTHER PURPOSES PERMITTED OR REQUIRED BY LAW. IT ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND CONTROL YOUR PROTECTED HEALTH INFORMATION.

“Protected Health Information” is information about you, including demographic information (e.g. patient’s name, address, other contact information such as phone numbers and email address, age, gender, and date of birth), that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**PLEASE REVIEW THIS INFORMATION CAREFULLY.**

If you have any questions about this notice, please contact The MetroHealth System’s Privacy and Information Security Officer at (216) 778-5776. We may contact you regarding your Protected Health Information and healthcare through any means deemed appropriate, including by telephone, email and text message.

### **I. OUR OBLIGATIONS**

The MetroHealth System understands that medical information about you and your health is personal. We are committed to protecting the privacy and security of your Protected Health Information. We create a record of the care and services you receive at our hospital and from our staff. We need this record to provide you with quality care and to comply with certain laws. This notice applies to all of the records of your care created, received, transmitted or maintained by The MetroHealth System, whether made by hospital staff or your personal doctor. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- A. Maintain the privacy of medical information that identifies you.
- B. Give you this notice of our legal duties and privacy practices regarding health information about you.
- C. Follow the terms of the notice that is currently in effect.

### **II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following describes the ways that we use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose your health information only with authorization.

**A. For Treatment.** We may use health information about you to provide, coordinate or manage your medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital staff who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for proper meals. Different areas of the hospital also may share medical information about you in order to supply the things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital such as a health care provider who may be involved in your medical care after you leave the hospital, family members, clergy or others we use to provide services that are part of your care.

**B. For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to decide whether your plan will cover the treatment. You may request that we do not share information with your health plan regarding health care services you have received, when you pay for those services in full.

**C. For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are needed to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to review the jobs done by our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital staff for review and learning reasons. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make changes in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**D. Health Information Exchange.** We may also share Protected Health Information about you with other non-MetroHealth providers. The disclosure of your Protected Health Information to non-MetroHealth providers may be done electronically through a Health Information Exchange [HIE] that allows providers involved in your care to access some of your MetroHealth records to coordinate services for you. We may make your medical information available electronically through an electronic Health Information Exchange to other health care providers and health plans that request your information for their treatment and payment purposes. We share your Protected Health Information in a community-wide information system for the purposes of diagnosis, treatment and care coordination. Other healthcare providers may access your Protected Health Information through this system as part of your treatment. The approved HIE maintains appropriate safeguards to protect the privacy and security of your Protected Health Information. Only authorized individuals may access your Protected Health Information from the HIE. If you or your personal representative do not wish to have your Protected Health Information shared with a HIE, please contact The MetroHealth Privacy Officer who can assist you in this request. You

have a right to request in writing that MHS does not disclose your Protected Health Information to the HIE or that MHS does not disclose specific categories of your Protected Health Information to the HIE. Your request will be honored by MHS. Please be aware that any restrictions on the disclosure of your Protected Health Information to an HIE may result in a health care provider not having access to information that is necessary for that provider to render appropriate care. Contact The MetroHealth Privacy Officer for questions or concerns.

**E. Appointment Reminders.** We may use and disclose medical information to contact you to remind you of an appointment for treatment or medical care at the hospital.

**F. Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options that may be of interest to you.

**G. Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**H. Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the MetroHealth System. We may disclose contact information to a foundation that works with the hospital so that the foundation may contact you when raising money for the hospital. Contact information would include your name, address and phone number, and may include the dates you received treatment or services at the hospital, the department that provided the service, the name of the treating physician and the outcome of your treatment. With each contact, we will provide you with instructions on how to opt-out of receiving any future fundraising material. Also, if you do not want hospital staff or the foundation to contact you for fundraising efforts, specific processes for choosing to not receive fundraising communications will be included with each such communication.

**I. Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may also be released to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and know how you are doing. You may object to having your information in the patient directory.

**J. Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity helping in a disaster relief effort so that your family can be told of your condition, status and location. You may object to having your medical information given to a friend or family member who is involved in your medical care.

**K. Business Associates.** Individuals or organizations that are not part of the hospital system may provide services related to your care, payment for your care and/or hospital operations. Such services may include things like billing or providing medical devices related to your treatment. We will disclose medical information as needed so the appropriate service can be rendered. We will obtain assurances that these individuals or

organizations will also safeguard your information and protect your privacy and the security of your information.

**L. Marketing.** In most circumstances, we are required to get your written authorization before we use or disclose your Protected Health Information for marketing purposes. However, we may provide you with promotional gifts of nominal value. We will not sell our patient lists, sell Protected Health Information or disclose your Protected Health Information to a third party for marketing purposes where we receive any form of payment without the appropriate written authorization. We may give you information that would encourage you to purchase or use a product that the hospital is currently using. We are not required to obtain your permission if we are giving you a gift of nominal value. If the gift were to involve a direct or indirect payment to The MetroHealth System from a third party, we must obtain your permission that would state such a payment is involved. We are not required to obtain your permission if we are communicating with you face to face. Authorization is required for any disclosure that constitutes the sale of Protected Health Information.

**M. Research.** Participation in clinical research studies may be an option available to you as a recipient of care here at MetroHealth. Your doctors often are aware of newer treatments that may be available only under research protocols. However, in order to determine whether these treatments are applicable to you, we may need to review your medical records from time to time. Prior to approval, all research protocols must be reviewed by an independent committee to assure, among other things, that the privacy of your medical information is protected. Our doctors and/or hospital-affiliated personnel may view your medical information to determine if a research protocol is practical or to determine whether you would be a candidate for it. The medical information they review does not leave the hospital. Only our doctors and hospital-affiliated personnel will review your medical record and none of your Protected Health Information will be disclosed to third parties without your specific authorization. If it is preliminarily determined that you may be eligible for treatment under a research protocol and that such treatment may be beneficial to you, your doctor or a member of our staff will contact you with further information.

**N. Psychotherapy Notes.** We may use such medical information in our training program for students, trainees, or practitioners that are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling. This medical information may be used by the originator for treatment. The MetroHealth System may use this information to defend itself in a legal action or other proceeding brought by or on behalf of the patient. In all other cases, we would have to obtain your permission for use of this medical information.

**O. As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. This may include disclosures to Boards governing the professional practice of health care providers such as the State Medical Board. It also may include registries where we are required to provide information such as the Trauma registry in Ohio. Disclosure of highly sensitive information such as an individual who has taken an HIV test, the results of an HIV test, and the identity of an individual with AIDS will only be released as mandated by law or authorized by the individual.

**P. To Avert a Serious Threat to Health or Safety.** We may use and disclose medical about you when needed to prevent a serious threat to your health and safety or the health

and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Q. Right to Get Notice of a Security Breach.** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. "Unsecured Protected Health Information" is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- a short description of what happened, the date of the breach and the date it was discovered;
- the steps you should take to protect yourself from potential harm from the breach;
- the steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- Contact information where you can ask questions and get additional information.
- If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website or in a major print or broadcast media

**R. Genetic Information.** We are prohibited from using or disclosing individually identifiable genetic information for underwriting purposes.

### **III. SPECIAL SITUATIONS**

**A. Organ and Tissue Donation.** If you are an organ donor, we may release medical information to places that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as needed to help with organ or tissue donation and transplantation.

**B. Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the proper foreign military authority.

**C. Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

**D. Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report abuse or neglect of children or the elderly.
4. To report reactions to medications or problems with products.
5. To notify people of recalls of products they may be using.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

7. To notify the proper government authority if we believe a patient has been the victim of a crime such as a sexual offense, gunshot wound, etc.

**E. Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are needed for the government to monitor the health care system, government programs, and compliance with laws and regulations.

**F. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information to defend a lawsuit brought against the hospital or any of its staff. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**G. Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena (with proper authorization), warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct.
5. About criminal conduct at the hospital.
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**H. Emergency Circumstances.** We may release medical information about you if you are unable to object due to incapacity or if there is a need for emergency treatment. We may disclose some or all of your personal health information for the facility's directory based on previous selections that were expressed by you. We may also disclose some or all of your personal health information if it is in your best interest, which would be determined by The MetroHealth System in the exercise of professional judgment.

**I. Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be needed, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as needed to carry out their duties. Medical information about a person deceased for more than 50 years is not Protected Health Information.

**J. National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**K. Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the

President, other authorized persons or foreign heads of state or conduct special investigations.

**L. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**A. Right to Inspect and Copy.** You have the right to inspect and copy your health information contained in your designated record set which is the information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information gathered in anticipation of a legal proceeding and information prohibited by law. To inspect and copy your health information contained in the designated record set, you must submit your request in writing to Medical Records, 2500 MetroHealth Drive, Cleveland, Ohio 44109. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or costs incurred in responding to your request. We may deny your request to inspect and copy of records in limited cases. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person doing the review will not be the person who denied your request. We will comply with the outcome of the review. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. This request must also be in writing. We may charge you a reasonable, cost-based fee associated with transmitting the electronic medical record.

#### **B. Right to an Electronic Copy of Medical Records**

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**C. Right to Request an Amendment.** If you feel that medical information we have about you is wrong or missing, you may ask us to amend the information. You have the right to request a change as long as the information is kept by or for the hospital. To request an amendment, your request must state the reason for your request and must be made in writing and submitted to Medical Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or

does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by or for the hospital.
3. Is not part of the information, which you would be allowed to inspect and copy.
4. Is correct and complete.

If your request is granted, The MetroHealth System will make the amendment and inform you when it is done. If your request is denied, we will provide you with a written denial stating the basis for denial. You have the right to submit a written statement disagreeing with the denial. The MetroHealth System must act on a request no later than 60 days after receipt of your request or notify you in writing that we need an additional 30 days.

**D. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you that is outside of the information disclosed as described in this document. For example, disclosures for treatment, billing and collection of payment for your treatment, health care operations, those, which you have requested, authorized or those made to individuals involved in your care, as allowed by law when the use or disclosure relate to specialized government functions or correctional institutions and other law enforcement custodial situations, or as part of a limited data set which does not contain certain information which would identify you are part of the expected disclosures and therefore would not be included in a disclosure history. To request an accounting of disclosures, you must submit your request in writing to Medical Records. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For more lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**E. 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. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director of Medical Records marked "personal and confidential". In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. **If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.**

**F. Right to Revoke Authorization.** You have the right to revoke your authorization at any time only if it is in writing.

**G. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Director

of Medical Records marked "personal and confidential". We will not ask you the reason for your request. Your record must specify how or where you would like us to contact you. We will comply with all reasonable requests.

**H. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at anytime. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <http://www.metrohealth.org/general/privacy.asp>. Additional paper copies of this notice are available at the Information Desks, Medical Records, and with the Financial Counselors.

## **V. 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 about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice is changed, a revised copy will be available for your review on our website and/or in paper copy at locations indicated above.

## **VI. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, you may contact The MetroHealth System's Privacy, at 2500 MetroHealth Drive, Cleveland, Ohio, 44109. You may also telephone the Privacy at (216) 778-7051. You may contact the Secretary of the Department of Health and Human Services, Washington D.C., in writing within 180 days of the time that you feel your privacy rights have been violated. You will not be penalized for filing a complaint.

## **VII. OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **VIII. EFFECTIVE DATE OF THIS NOTICE**

This notice is effective on September 18, 2013

IX. Revised: June 21, 2017