



**Notice Regarding the Use and Disclosure Of  
Protected Health Information  
Effective April 14, 2003  
Revised April 1, 2020**

**“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.**

This Notice has been prepared by Circle Health Services and The Centers for Families and Children. It tells you how Protected Health Information about you can be created, shared, protected and maintained.

Circle Health Services and The Centers for Families and Children designate themselves as a single “Affiliated Covered Entity,” as that term is defined in the federal privacy regulations at 45 C.F.R. §164.105(b)(1).

Circle Health Services and The Centers for Families and Children are both part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at <http://www.community-health.org/partners.html>. As a business associate of Circle Health Services, OCHIN supplies information technology and related services to Circle Health Services and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems.

OCHIN also helps participants work collaboratively to improve the treatment, management of internal and external patient referrals, and continuity of care. Certain health information (other than substance use disorder encounter information) is automatically disclosed without your written permission when other hospitals, physicians, and health care providers need to treat you. This information is shared electronically through a method called *Care Everywhere*®, which is available to participating providers who use the same electronic medical record system.

Your health information may be shared by Circle Health Services and The Centers for Families and Children with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

***Health Information Exchange***

We may participate in health information exchanges (HIEs), including *CliniSync*®, to facilitate the secure exchange of your electronic health information between and among other health care providers, health plans, and health care clearinghouses that participate in the HIE. In order to provide better treatment and coordination of your health care, we may share and receive your health information for treatment, payment, or other health care operations. Your participation in the HIE is voluntary, and your ability to obtain treatment will not be affected if you choose not to participate. You may opt-out at any time by notifying the

Privacy Officer. However, your choice to opt-out does not affect health information that was disclosed through an HIE prior to the time that you opted out.

### ***What is my Protected Health Information?***

- Anything that identifies you; is
- About your past, present or future mental or physical health or condition, the provision of health care to you, or the past present or future payment for the provision of health care to you;
- That is spoken, written, or electronically recorded, and is;
- Created or maintained by us as your health care provider.

### ***What Rights Do I Have About My Protected Health Information?***

- You have the right to authorize (or refuse to authorize) the sharing of your Protected Health Information for purposes other than treatment, payment, health care operations and purposes required by law.
- If you pay for a service out-of-pocket in full, you have the right to ask us not to share that information for the purpose of payment or our operations with your health insurer or health plan. We will agree unless a law requires us to share that information.
- You have the right to see and copy your Protected Health Information. Exceptions to this include psychotherapy notes and information prepared for certain legal proceedings. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If your Protected Health Information is in electronic form, you can request an electronic copy.
- You have the right to request that we amend your Protected Health Information. This request must be made in writing, but we can assist you with that.
- You have the right to be informed about and to share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to request that we restrict how we use and disclose your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to be notified if a breach occurs that may have compromised the privacy or security of your Protected Health Information.
- You have the right to have a copy of this Privacy Notice. We may change the terms of this Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from the clinical supervisor at the site where you receive service.

If you want to exercise any of your rights concerning your Protected Health Information, please contact the Privacy Officer below.

### ***Requests for Confidential Communication by Alternative Means***

You may request to receive communications regarding your protected health information by alternative means or at alternative locations. For example, you may ask to be called only at work rather than at home. We will accommodate such a request if you clearly provide information that the disclosure of all or part of that information could endanger you.

### ***Confidentiality of Substance Use Disorder Client Records***

The confidentiality of substance use disorder client records maintained by Circle Health Services and The Centers for Families and Children is protected by federal law and regulations at 42 CFR Part 2. Generally, we may not say to a person outside the program that you attend a substance use disorder program or disclose any information identifying you as a person who has or has had a substance use disorder unless:

(1) you consent in writing; (2) the disclosure is allowed by a court order; (3) the disclosure is made to medical personnel in a medical emergency; or (4) the disclosure is made to qualified personnel for research, audit, program evaluation or performance of services to our substance use disorder program. Violation of this federal law and regulations by us is a crime. You may report suspected violations to the U.S. Attorney's Office for the Northern District of Ohio, United States Court House, 801 West Superior Avenue, Suite 400, Cleveland, Ohio 44113-1852; (216) 622-3600.

Federal laws and regulations do not protect information about a crime committed by you either on our premises or against any person who works at our facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

We may share your substance use disorder encounter records with our other specialists or health care providers, including mental health and primary care providers, for the continuity of your care and treatment with your written consent.

### ***How will Circle Health Services and The Centers for Families and Children use and disclose my Protected Health Information?***

We will use and disclose your Protected Health Information for the purposes listed below. Each of these categories is described in general terms but this document does not describe all specific uses or disclosures of your health information. You do not need to sign an authorization form (a release) in order for us to use or disclose your health information for these purposes. We will make reasonable efforts not to use, disclose or request more than the minimum amount of Protected Health Information necessary to accomplish the intended purpose of the use, disclosure or request. This standard will not apply, however, to certain disclosures, such as disclosures of your Protected Health Information to you.

- **Treatment**: We can share information about your health with other specialists or health care providers, including primary care providers, so that you can receive the most appropriate treatment. For example, your counselor could share with your treating physician that you are depressed. The doctor could then prescribe medication to help you feel better.
- **Payment**: We can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send information to funding agencies and payors stating when and for what condition you were at the office. They can then send us money to help cover your costs of being seen.
- **Health Care Operations**: We may use and disclose health information about you for purposes related to our agency operations. These uses and disclosures are necessary to run our organization and to make sure that our consumers receive quality care. These activities include, by way of example, quality assessment and improvement, reviewing the performance of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities. For example, a member of our staff may review your chart in order to ensure that you have been receiving high quality care.
- We may also share health information about you if it is needed in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance.
- We may share information about you to ensure continuity of care with hospitals and other institutions and facilities within or licensed by the Ohio Department of Mental Health & Addiction Services including psychiatric records. We may also share medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and discharge summary with boards of alcohol, drug addiction and mental health services and other agencies to provide services to you if you are involuntarily committed to the board. We will attempt to obtain your consent prior to these disclosures, but we may make the disclosures if we are unable to obtain your consent.
- There are some circumstances in which we are required by law to share health information about you. We will share information about you when we are required to by law:
  - For public health activities according to specific requirements
  - To protect victims of abuse, neglect or domestic violence according to specific requirements

- For health oversight activities according to specific requirements
- For judicial and administrative proceedings according to specific requirements
- For law enforcement purposes according to specific requirements
- To a coroner/medical examiner according to specific requirements
- To a funeral director according to specific requirements
- For organ/eye/tissue donation according to specific requirements
- For research purposes according to specific requirements
- To avert serious threats to health or safety according to specific requirements
- To facilitate specialized government functions according to specific requirements
- To correctional institutions for specific reasons according to specific requirements
- To facilitate eligibility determinations or enrollment into public benefit programs according to specific requirements
- For Workers' Compensation according to specific requirements
- We may disclose your health information to our business associates. Business associates assist us in carrying out our functions, and they may include billing services, IT consultants, lawyers, and accountants, for example. We may need to disclose your health information so that they may perform the services we have ask of them. To protect your health information, we enter into agreements with our business associates requiring them to safeguard your health information as required by law.
- We may contact you by phone or mail to provide appointment reminders or information about treatment alternatives or other health related benefits or services that may be of interest to you.
- We may contact you to find out whether you would be willing to permit us to use your photograph or other information about you in brochures or for other marketing and fundraising purposes.

***What can be done with my information if I authorize its disclosure for other purposes?***

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. With your permission, we can share your Protected Health Information for reasons other than those discussed above. For example, you might agree to allow us to share your Protected Health Information with a housing program so that it can determine if you are eligible to be offered a placement in one of its apartments. You should know that we cannot use your Protected Health Information for marketing purposes or sell your Protected Health Information without your permission. In addition, in most cases, we cannot share your psychotherapy notes or information about your substance use disorder without your written permission. In order to demonstrate that you have given us permission you will sign an authorization form.

***Can I revoke my authorization?***

Yes. You can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information based on your authorization until we receive your revocation in writing. You should 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.

***What will you do to protect my health information?***

We will maintain the privacy of your Protected Health Information as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information. We will follow the terms of the Privacy Notice currently in effect.

We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices. You may obtain a copy of the Privacy Notice then in effect by asking a supervisor at the site where you receive services or by contacting the Privacy Officer (see the contact information below).

The use of Protected Health Information is governed by a Federal law known as the Health Insurance Portability and Accountability Act of 1996, or “HIPAA.” These rules are at 45 Code of Federal Regulations Parts 160 and 164. This Privacy Notice attempts to summarize portions of the HIPAA regulations; the regulations will control in the event of any discrepancy between the information in this Privacy Notice and the regulations.

***What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?***

All questions and complaints about the use and disclosure of your Protected Health Information or our privacy policies and procedures may be sent to:

Privacy Officer  
4500 Euclid Ave.  
Cleveland, Ohio 44103  
(216) 539-4257

If you have a complaint, please include a detailed written description of the problem.

You may also file a complaint with the U.S. Department of Health and Human Services. To file a complaint with the U.S. Department of Health and Human Services, submit a detailed written description of the problem to your regional Office for Civil Rights. Your description must name the covered entity (Circle Health Services or The Centers for Families and Children) and what action (or lack of action) you believe has violated HIPAA. Your complaint must be submitted within 180 days of when you knew or should have known of the problem, unless this deadline is waived by the Office for Civil Rights. You can find the address for your regional office at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

No one may retaliate against you in any way because you have filed a complaint.

If you have questions regarding how to file a complaint, please contact the Privacy Officer.

***What can I do if I believe I have not appropriately received notification of a breach of Protected Health Information?***

If your Protected Health Information has been inappropriately disclosed under certain circumstances (called a “breach”), we will notify you. If you have concerns about our breach notification policies and procedures or feel that you have not appropriately received notification of a breach of Protected Health Information, you may file a complaint to the Privacy Officer identified above or the U.S. Department of Health and Human Services.