Notice of Privacy Practices

This Notice has been prepared by Circle Health Services and The Centers for Families and Children. PLEASE REVIEW IT CAREFULLY. This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- HOW YOU CAN GET ACCESS TO THIS INFORMATION
- 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 PRIVACY OFFICER AT (216) 539-4257 IF YOU HAVE ANY QUESTIONS.

Protected Health Information (PHI)

PHI is anything that identifies you and 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
- Spoken, written, or electronically recorded, and
- Created or maintained by us as your health care provider.

Special protection for certain types of records

Certain types of health information receive additional protection under federal and state law. These include, but are not limited to:

- Federal law (42 C.F.R. Part 2) protects substance use disorder treatment records. These records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order.
- Mental health records
- HIV/AIDS-related information
- Genetic information

We will only use and disclose this information as permitted by applicable federal and Ohio law.

THE CENTERS

YOUR RIGHTS

Access your protected health information (PHI) in paper and electronic form.

You can ask us to see or get a copy of your PHI and to send a copy to someone else.

- If you request your PHI electronically in a specific format, we will provide it if possible. If not, we will work with you to choose a readable electronic format.
- We typically provide your PHI (or a summary if you prefer) within 30 days. If we need extra time, we will let you know why and when we will respond.
- You may request that we send a copy of your PHI directly to a third party of your choosing.
- Once PHI is shared with someone else, it may be redisclosed and no longer protected.
- We may charge fees for copies of your medical records as permitted by law.
- If your request is denied, we will explain the reason in writing and your rights.

Revoke your authorization for release of PHI.

- To revoke your authorization, provide a written request that we stop sharing your PHI.
- We are permitted to share your PHI based on your authorization until we receive your revocation in writing.
- We are unable to take back any disclosures we have already made with your permission.

Create a MyChart account to access your PHI.

- MyChart helps you review and manage information about your health and communicate with your care team. For fast access to your PHI, you can create an online MyChart account.

Request a correction (amendment) to your paper or electronic PHI.

- You can ask us to correct your PHI. The request must be in writing and explain why the information should be corrected.
- We will provide a written response.

Request confidential communication.

- You can ask us to contact you in a specific way (for example, home or office phone or send mail to a different address). We will agree to all reasonable requests.

Ask us to restrict PHI we share.

- You can ask us not to use or disclose your PHI.
- We are only required to agree to your request if:
  - The disclosure is to your heath plan for payment or healthcare operations.
  - The PHI relates only to items or services that you or another person (not your health plan) paid for in full, and
  - A law does not require disclosure.

***Get a list of those with whom we have shared your PHI* (a*ccounting of disclosures*).**

- You can request a list showing when, to whom and why your PHI was disclosed in the past six years.
- The list will not include disclosures for treatment, payment, healthcare operations, or those you authorized.
- You may receive one free list per year. Additional requests within 12 months may have a reasonable fee.

Substance use disorder records protected by 42 CFR part 2. You can ask for an accounting of disclosures for three years prior to the date of your request. This includes disclosures made by an intermediary. We will include disclosures for treatment, payment, and healthcare operations.

Choose someone to act for you.

- You may appoint someone to exercise your rights related to your PHI, such as a healthcare power of attorney, or a HIPAA representative. We will verify that the person has the proper authority to act on your behalf.
- For minors, parents or legal guardians generally have the right to access their child's health information. However, under Ohio law, there are situations where minors may consent to certain services (such as some mental health or substance use treatment), and the minor's information may be protected from parental access depending on the circumstances and applicable law.

Opt out of phone, email, or text communications.

- We may contact you about your healthcare using the phone numbers and email addresses you give us. This may include automated calls or emails.
- If you give us your mobile phone number and consent to receive text messages, we may send appointment reminders, service-related notices, care coordination messages, billing or account notices, event reminders, or other messages you agreed to receive.
- If you do not want to receive texts or emails, please let us know, and we will honor your request.

Tell us your choices about what we share.

You have the right to ask us not to share your information with your family, close friends or others involved in your care.

If you are unable to tell us your preferences, we may share your information if we believe doing so is in your best interest. We may also share information when necessary to prevent or reduce a serious and immediate threat to health or safety.

Receive notice of a breach. You have the right to be notified if a breach compromises the privacy or security of your PHI. We will notify you without unreasonable delay and no later than 60 days after we discover the breach.

Opt out of fundraising. You have the right not to receive fundraising communications. Each fundraising communication will explain how to opt out.

Get a copy of this notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your PHI.
- We will only use and disclose your PHI as described in this notice.
- Uses and disclosures not described in this notice will be made only with written authorization.
- We will not sell your PHI and will obtain your written authorization before using or disclosing PHI for marketing purposes.
- We will promptly inform you if a breach occurs that compromises the privacy or security of your PHI.
- We limit uses and disclosures of your PHI to the minimum necessary to accomplish the intended purpose, except where otherwise permitted by law.

HOW WE USE AND DISCLOSE YOUR PHI

We use and disclose PHI for treatment, payment, and healthcare operations (TPO).

For treatment

- We use and share your PHI to provide, coordinate, and manage your healthcare. For example, we may share your PHI with:
  - Specialists and other health care providers, including primary care providers, so you can receive appropriate care.
  - Service providers that help with other health-related needs, such as food, housing, or social and mental health support.
- We use and share your PHI to send appointment or medication reminders. You may ask us to send reminders in a certain way or to a certain place. We will try to honor all reasonable requests.
- We may also contact you by newsletter, mail, email, or other means about treatment options, health-related information, disease management programs, wellness programs, or other community-based activities in which Circle Health Services/The Centers for Families and Children participate.

For payment

We use and share PHI to bill and get payment from health plans or other entities. For example, we share your PHI to:

- Funding agencies and payors to receive payment for your treatment.
- Obtain precertification and preauthorization of services.

Healthcare operations

We use and share your PHI to run our practice, train providers, and improve our services. For example, we may use and share your PHI with:

- Doctors, nurses, technicians, medical students, and others for review and learning.
- Auditors and agencies that review the quality of care we provide.
- Organizations that create quality standards for treating certain conditions.

***Substance use disorder records protected by 42 CFR part 2**

- We obtain consent before using or disclosing substance use disorder (SUD) records protected by 42 CFR part 2 for treatment, payment, and health care operations (TPO), except if the third-party payer is a HIPAA-covered health plan.
- Patients may provide a single consent covering all future TPO uses/disclosures until revoked.
- Where permitted by law, certain programs may require your consent for the use and disclosure of your SUD treatment records for TPO as a condition of receiving services.

- Once you provide written consent for the use and disclosure of your SUD treatment records for TPO, those records may be used and disclosed in accordance with HIPAA. However, they remain subject to certain additional protections under 42 C.F.R. Part 2, including restrictions on their use in civil, criminal, administrative, or legislative proceedings without your written consent or a court order.

Family and friends involved in your care. In certain circumstances, we may:

- Share your PHI with someone involved in your care or payment for your care, such as a family member or friend.
- Notify your family about your location or general condition, or share PHI with an organization helping with disaster relief.

Help with public health and safety issues. We can share your PHI in 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.

Conduct research. Under certain circumstances, we may use and disclose PHI for research purposes.

- All research in which Circle Health Services/The Centers for Families and Children participate goes through a special review process to protect patient safety, welfare, and confidentiality. This process reviews the proposed research and use of PHI to balance the benefits of research with the need to protect PHI privacy.
- Even without special approval, we may allow researchers to review records to help identify patients who may qualify for a research project or for similar purposes.

Respond to organ and tissue donation requests. We can share PHI for an organization's procurement, banking or transplantation of cadaveric organs, eyes, or tissues.

Work with coroners, medical examiners, or funeral directors. We may share your PHI with coroners, medical examiners, and funeral directors so they can do their jobs.

Address requests related to Workers' Compensation. We may disclose PHI for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

Comply with the law. We share your PHI if state of federal law requires it, including the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Address law enforcement requests. In certain circumstances, we may disclose your PHI to law enforcement officials, such as:

- In response to a valid court order, subpoena, or search warrant.
- To identify or locate a suspect, fugitive or missing person.
- To report a crime committed on Circle Health Services/The Centers for Families and Children premises.

Respond to health oversight agencies for activities authorized by law. We may share PHI with health oversight agencies or authorized government officials who oversee the healthcare system, civil rights and privacy laws, and compliance with government programs.

Respond to requests by specialized government functions, such as:

- National security and intelligence activities.
- Protective services for the President and others.
- Correctional institutions and other law enforcement officials having lawful custody of an inmate.

Respond to lawsuits and legal actions. We can share PHI in response to a court or administrative order, or in response to a subpoena.

***Substance use disorder records protected by 42 CFR part 2**

- Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order.
- Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 USC 290dd-2 and part 2.
- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- Generally, we may not say to a person outside the program that you attended a substance use disorder (SUD) program or disclose any information identifying you as a person who has or had an SUD unless:
    - You consent in writing.
    - The disclosure is allowed by court order.
    - The disclosure is made to medical personnel in a medical emergency.
    - The disclosure is made to qualified personnel for research, audit, program evaluation, or performance of services to our SUD program.

Share with business associates. We share PHI with 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. These third parties are required to protect the privacy and security of your PHI.

Share PHI via Health Information Exchange (HIE). 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.

- 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.

***Substance use disorder records protected by 42 CFR part 2.** Your records will only be shared through a health information exchange in accordance with your written consent or as otherwise permitted by law.

How we use artificial intelligence (AI).

We use artificial intelligence (AI) to help make your care safer, better, and more efficient. AI is computer technology that can assist doctors and staff in many ways, such as:

- Supporting treatment and care: AI can help your care team review health information to support diagnosis and treatment plans.
- Making things easier: AI can help with scheduling appointments, billing and managing resources.
- Improving quality: AI can find patterns in health data to help improve patient outcomes.

If AI uses your PHI, we follow HIPAA Privacy and Security Rules to keep your information safe. You can ask for more details about how AI uses your PHI. In some cases, you may choose not to take part in AI programs that are not required for your care.

THE CENTERS

Notice of Nondiscrimination

Discrimination is against the law. The Centers follows applicable Federal civil rights laws and does not discriminate based on race, color, creed, sex, sexual orientation, gender identity or expression, national origin, religion, disability, or age. Circle Health Services/The Centers for Families and Children provide free:

- Aids and services for people with disabilities to help them communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, accessible electronic formats, and other formats
- Language services for people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you believe Circle Health Services/The Centers for Families and Children did not provide these services or discriminated against you based on race, color, national origin, age, disability, or sex, you may file a grievance. You may submit a complaint or grievance at any time to the Client Rights Officer, located at 4500 Euclid Avenue, Cleveland, Ohio 44103. The Client Rights Officer is available Monday through Friday, 9:00 a.m. to 4:30 p.m., at 216-325-9312.

How to file a complaint about your privacy rights

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

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

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- Mail or phone:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F, HHH Building
  Washington, DC 20201
  800.368.1019; 800.537.7697 (TDD)

We will not retaliate against you for filing a complaint.

Affiliated Covered Entity and Organized Health Care Arrangement (OHCA)

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 https://ochin.org/member-request/. 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.

Changes to the terms of this notice. We reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that Circle Health Services/The Centers for Families and Children maintain. The new notice will be available on request, in our office and on our website.

Effective date of this Notice is April 14, 2003.

Revised: September 2026