

## **NOTICE OF PRIVACY PRACTICES**

*Effective September 23, 2013*

**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.**

At Cleveland Clinic, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of Cleveland Clinic and its affiliated facilities (CC). This Notice applies to all of the health information that identifies you and the care you receive at CC facilities. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

### **CLEVELAND CLINIC HEALTH SYSTEM AND AFFILIATED FACILITIES**

All of our hospitals, employed physicians, doctor offices, entities, foundations, facilities, home care programs, other services, and affiliated facilities in the United States follow the terms of this Notice. These hospitals and locations are listed on our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy), or may be obtained by calling the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709).

The doctors and other caregivers at CC who are not employed by CC exchange information about you as a patient with CC employees. In connection with the health care that these health care practitioners provide to you outside of CC, they may also give you their own privacy notices that describe their office practices.

All of these hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as described below.

### **HOW CC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of CC, we will use your health information within CC and disclose your health information outside CC for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Treatment.** We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at CC who need the information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside CC who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

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**Payment.** We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

**Health Care Operations.** We may use your health information and disclose it outside CC for our health care operations. These uses and disclosures help us operate CC to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at CC for learning and quality improvement purposes. We may remove information that identifies you so people outside CC can study your health data without knowing who you are.

**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

**Health Information Exchanges.** We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes. A full list of these arrangements can be found on our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy), or may be obtained by calling the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709).

**Organized Health Care Arrangements.** We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities. A full list of these arrangements can be found on our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy), or may be obtained by calling the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709).

**Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at CC.

**Philanthropic Support.** We may use or disclose certain health information about you to contact you in an effort to raise funds to support CC and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

**Patient Information Directories.** Our hospitals include limited information about you in their patient directories, such as your name and possibly your location in the hospital and your general condition (for example: good, fair, serious, critical, or undetermined). We usually give this information to people who ask for you by name. We also may include your religious affiliation in the directories and give this limited information to clergy from the community. We do not release this information if you are being treated on a psychiatric or substance abuse unit. Releasing directory information about you enables your family and others (such as friends, community-based clergy, and delivery persons) to visit you in the hospital and generally know how you are doing. If you prefer that this personal information be kept confidential, you may make that request to the hospital admitting department and we will not release any of this information.

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**Medical Research.** We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other CC researchers. All patient research conducted at CC goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside CC for research reasons without either getting your prior written approval or determining that your privacy is protected.

**Organ and Tissue Donation.** We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye donation and transplantation.

**Legal Matters.** We will disclose health information about you outside CC when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside CC for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Ohio and Florida law require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, or mental health services that you have received.

Florida law also requires consent for:

- Certain disclosures to family members
- Certain disclosures of health information for patient information directory purposes
- Certain disclosures of health information for payment purposes
- Certain disclosures of health information for health care operations purposes
- Certain disclosures or use of health information for solicitation or marketing purposes
- Certain disclosures of health information for research purposes
- Certain disclosures of health information relating to sexually transmitted diseases
- Certain disclosures of health information that include genetic testing or DNA analysis results

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### **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom CC has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the CC facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the medical records department of the CC hospital or facility that maintains the records or to the Privacy Office at DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195. We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the CC facility that maintains those records, and give the reason for your request. You must address your request to the Privacy Official of the CC hospital or facility that maintains the records you wish to amend or to the Privacy Office DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195. CC will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of the CC hospital or facility that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If CC denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the CC Privacy Office at the following address: Privacy Office DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the CC hospital or facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the medical records department of the CC hospital or facility that maintains the information you want restricted or to the Privacy Office DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures we make to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law.

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**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the CC hospital or facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the medical records department of the CC hospital or facility making the confidential communications or to the Privacy Office DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195. We will accommodate all reasonable requests.

**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 any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709). You also can view this Notice at our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy).

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the CC Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with CC, you must submit your complaint in writing to the Privacy Office DD2, The Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, Ohio 44195. You will not be penalized for filing a complaint.

### **CHANGES TO THIS NOTICE**

CC may change this Notice at any time. Any change in the Notice could apply to 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 at each of our facilities and on our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy). The effective date of the Notice is on the first page in the top right corner.

### **QUESTIONS**

If you have questions about this Notice, you may call the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709). A current list of CC facilities may be found on our website, [www.clevelandclinic.org/noticeofprivacy](http://www.clevelandclinic.org/noticeofprivacy), or may be obtained by calling the CC Privacy Office at 216.444.1709 (toll-free 800.223.2273, ext. 41709).



# Patient Rights and Responsibilities



As a patient,  
you have the right...

### **Personal Privacy/Visitation**

- To have your personal dignity respected.
- To the confidentiality of your identifiable health information.
- To enjoy personal privacy and a safe, clean environment and to let us know if you would like to restrict your visitors or phone calls.
- To receive visitors of your choosing that you (or your support person, where appropriate) designate, including a spouse, a domestic partner (including a same-sex domestic partner), or another family member or a friend, and the right to withdraw or deny your consent to receive such visitors at any time.
- To be informed (or your support person to be informed, where appropriate) of your visitation rights, including any clinically necessary restriction or limitation on such rights.
- To designate a support person who will designate visitors on your behalf, should you be unable to do so.

### **Security**

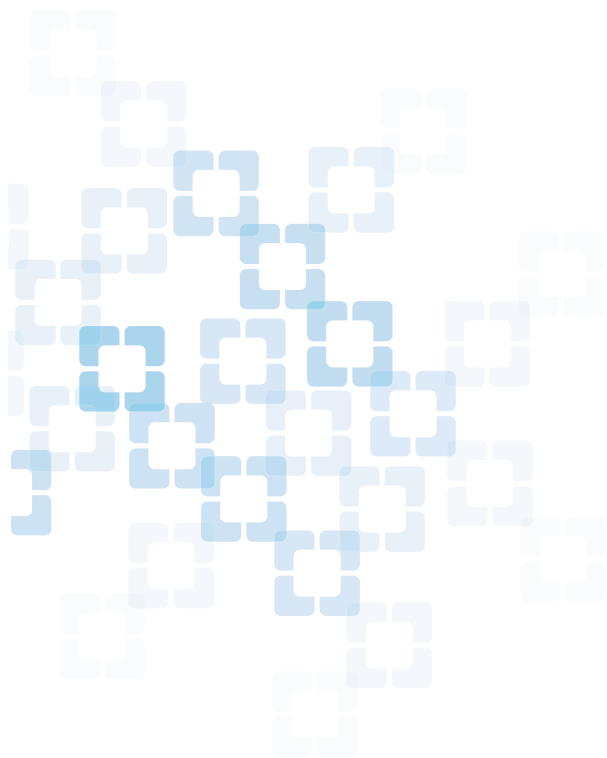
- To be free from all forms of abuse or harassment.
- To access protective and advocacy services.
- To know that restraints will be used only to ensure the immediate physical safety of the patient, staff member or others, and in accordance with established standards.

### **Cultural and Spiritual Values**

- To have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- To have access to pastoral and other spiritual services.

### **Access to Care**

- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.



## Access to Information

- To make advance directives and have them followed, subject to limitations required by applicable law or medical standards.
- To have your family or a representative you choose and your own physician, if requested, be informed of your hospital admission.
- To know the rules regulating your care and conduct.
- To know that Cleveland Clinic hospitals are teaching hospitals and that some of your caregivers may be in training.
- To ask your caregivers if they are in training.
- To know the names and professional titles of your caregivers.
- To have your bill explained and receive information about charges that you may be responsible for, and any potential limitations your policy may place on your coverage.
- To be told what you need to know about your health condition after hospital discharge or office visit.
- To be informed and involved in decisions that affect your care, health status, services or treatment.
- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of material risks, benefits and alternatives.
- To knowledgeably refuse any care, treatment and services.
- To say “yes” or “no” to experimental treatments and to be advised when a physician is considering you to be part of a medical research program or donor program. All medical research goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not involve you in any medical research without going through this special process. You may refuse or withdraw at any time without consequence to your care.
- To legally appoint someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment and services.

- To have your family or representative involved in care, treatment and service decisions, as allowed by law.
- To be informed of unanticipated adverse outcomes.
- To have your wishes followed concerning organ donation, when you make such wishes known, in accordance with law and regulation.
- To request a review of your medical chart with your caregivers during your hospital stay.

## Communication

- To receive information you can understand.
- To have access to an interpreter and/or translation services at no charge.
- To know the reasons for any proposed change in the attending physicians/professional staff responsible for your care.
- To know the reasons for your transfer either within or outside the hospital.

## Pain Management

- To have pain assessed and managed appropriately.

## Disclosures

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

## Recording and Filming

- To provide prior consent before the making of recordings, films or other images that may be used externally.



## Concerns, Complaints or Grievances

- To receive a reasonably prompt response to your request for services.
- To be involved in resolving issues involving your own care, treatment and services.
- To express concerns, complaints and/or a grievance to your providing hospital personnel. You may do this by writing to the following address:

Cleveland Clinic Health System  
9500 Euclid Avenue, Ombudsman Department,  
Mailcode S18, Cleveland OH 44195  
or by contacting your Ombudsman office at:

<b>Ashtabula County Medical Center</b>	<b>440.997.6277</b>
<b>Cleveland Clinic Children's Hospital for Rehabilitation</b>	<b>216.444.2544</b>
<b>Cleveland Clinic</b>	<b>216.444.2544</b>
<b>Euclid Hospital</b>	<b>216.692.7888</b>
<b>Fairview Hospital</b>	<b>216.476.4424</b>
<b>Hillcrest Hospital</b>	<b>440.312.9140</b>
<b>Lutheran Hospital</b>	<b>216.363.2360</b>
<b>Marymount Hospital</b>	<b>216.587.8888</b>
<b>Medina Hospital</b>	<b>330.721.5330</b>
<b>South Pointe Hospital</b>	<b>216.491.6299</b>

According to hospital policy and our regulatory agency requirements, we are required to inform you that you have a right to file a grievance to the following agencies:

- The Joint Commission's Office of Quality Monitoring at 800.994.6610; email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)
- The Ohio Department of Health at 800.342.0553; email: [hccomplaints@odh.ohio.gov](mailto:hccomplaints@odh.ohio.gov); mail address: ODH, PCSU, 246 N. High St., Columbus, OH 43215
- Ohio KePRO Beneficiary Helpline at 800.589.7337 to report a quality of care concern, disagreement with a coverage decision or to appeal a discharge decision for a Medicare beneficiary; mail quality of care complaint letters to Ohio KePRO, Rock Run Center, Suite 100, 5700 Lombardo Center Drive, Seven Hills, OH 44131
- Office of the Medicare Beneficiary Ombudsman at the following website: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

As a patient,  
it is your responsibility. . .

## Provision of Pertinent Information

- To give us complete and accurate information about your health, including your previous medical history and all the medications you are taking.
- To inform us of changes in your condition or symptoms, including pain.

## Asking Questions and Following Instructions

- To let us know if you don't understand the information we give you about your condition or treatment.
- To speak up. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager, administrator or ombudsman.

## Refusing Treatment and Accepting Consequences

- To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

## Explanation of Financial Charges

- To pay your bills or make arrangements to meet the financial obligations arising from your care.

## Following Rules and Regulations

- To follow our rules and regulations.
- To keep your scheduled appointments, or let us know if you are unable to keep them.
- To leave your personal belongings at home or have family members take all valuables and articles of clothing home while you are hospitalized.

## Respect and Consideration

- To be considerate and cooperative.
- To respect the rights and property of others.



**Every life deserves world class care.**

9500 Euclid Ave., Cleveland, OH 44195

Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education for better patient care. More than 3,200 staff physicians and researchers in 120 medical specialties provide services through 27 patient-centered institutes. Cleveland Clinic's health system comprises a main campus, eight regional hospitals and more than 90 outpatient locations, with 18 family health centers in northern Ohio, and medical facilities in Florida, Nevada, Toronto and Abu Dhabi. Cleveland Clinic is consistently ranked among the top five hospitals in America (*U.S. News & World Report*).  
[clevelandclinic.org](http://clevelandclinic.org)

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