

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.

1. *We Will Safeguard Your Protected Health Information*

JFSA's policy is to safeguard individually identifiable information about your health condition, about the health services we provide to you and about payment for such health services. This kind of information is called "Protected Health Information" or "PHI". JFSA is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We will follow the privacy practices described in this Notice but **we reserve the right to change our privacy practices and this Notice at any time and to make the new privacy practices and Notice effective for all PHI that we maintain at the time of the change.** This notice and any revisions will be posted in the JFSA offices, and on our web site at <http://www.jfsa-cleveland.org>. We will send you a copy of the revised notice at your request.

2. *How We May Use and Disclose Your PHI*

We will obtain your written consent in advance to use your Protected Health Information for purposes of treatment, payment, and for JFSA's healthcare operations. For other purposes, we will request your authorization for the use of your PHI except where the law permits or requires us to use or disclose your PHI without your consent or authorization. If we disclose your health information to an outside entity so that the entity may perform a function on our behalf, we will enter into an agreement with that entity to protect your PHI in the same manner that we must protect it. In all instances, we will limit the disclosure of your PHI to the minimum necessary to reasonably achieve the purpose of the disclosure.

3. *Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations*

For treatment. We may disclose your Protected Health Information to effectively provide and coordinate your care at JFSA. For example, your PHI may be shared with treatment providers, interns, volunteers or other persons involved in taking care of you at JFSA. If required by state law, we will seek authorization from you under the guidelines described in paragraph #4 to provide or obtain information from a person or entity who participates in your treatment but is not a staff person or consultant to JFSA.

To obtain payment. We may use/disclose your PHI to bill and collect payment for your health care services. For example, we may provide portions of your PHI to our internal billing department, to external payers such as the Multi-Agency Community Services Information System (MACSIS), and to various governmental payers or to private insurers.

For health care operations. We may use your PHI to operate our organization effectively. These uses and disclosures are necessary to run our practice and to make sure that all our patients receive quality care. For example, we may use your PHI for our quality assurance activities, our program evaluation, and our financial audits. We may provide your PHI to outside entities and persons, such as our attorneys, accountants, consultants, and other persons and entities that provide services to us or in our behalf.

For fundraising activities. Because JFSA is a not-for-profit organization, we rely on the generosity of our donors to assist in the financial support of the services we provide. We may contact you to request your support for fundraising activities. Additionally, we may send you information regarding programs and services offered by JFSA. If you do not want these kinds of communications from us, you must notify us in writing.

4. *Uses and Disclosures of PHI Which Require Your Authorization*

Unless a situation meets the instances described below, we require your written authorization. For example, should we require personally identifiable health information for research purposes, we will first seek your authorization. Your authorization can be revoked at any time to stop future uses or disclosures of Protected Health Information except to the extent that we have already taken an action in reliance on your authorization. Your authorization for use and disclosures to an identified party, such as a family member, for purposes other than treatment, payment and healthcare operations will expire in accordance with state law.

5. *Uses and Disclosures of PHI Which Do Not Require Your Consent or Authorization*

When required by law. We may disclose your PHI when required by federal, state or local law. We may disclose PHI when a law requires that we provide information about suspected abuse, neglect or domestic violence, or related to suspected criminal activity or when a crime has been committed or attempted on the program premises or against program personnel, or in response to a court or administrative order.

For public health, health reporting and health oversight activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as collecting information about diseases or for vital statistics or to report infectious diseases or treatment outcomes or for activities such as audits, investigations, inspections and licensure.

For research. We may use your PHI for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

To avert a threat to health and safety. We may use and disclose PHI when necessary 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 be to someone able to prevent the threat.

Workers' Compensation. We may use or disclose your PHI in order to comply with the laws, regulations and requirements related to Workers' Compensation.

For specific government functions. We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, and for national security in certain situations.

6. *To Family Members, Friends, or Others Involved in Your Care*

A family member who is involved in your care may receive PHI if a) we determine that it is in your best interest that such disclosure occur and b) you are notified prior to the disclosure, you receive the PHI, and you do not object to its disclosure to your family member. Disclosure of PHI to persons other than family members and when stipulated by law require written authorization.

7. *Your Rights Regarding Your Protected Health Information*

To request restrictions on uses or disclosures. You have the right to ask in writing that JFSA restricts how it uses PHI for treatment, payment or operations. We will consider your request, but we are not obligated to agree to it. If we do agree, we will put our agreement in writing and abide by the agreement except in emergency situations.

To inspect and receive a copy of your PHI. You have a right to request in writing to see your PHI. We will respond to such request within 30 days and provide you with your PHI unless, for treatment reasons, your right to see you PHI has been restricted. If we deny your request we will give you written reasons for doing so and will advise you how to have the denial reviewed. We may impose a charge for copying your PHI depending on your circumstances and we will advise you of the amount of such charge in advance.

To request amendment of your PHI. You may request an amendment of your PHI and we will respond within 60 days of receiving your request. We may deny the request if we determine the PHI is correct and complete, not created by us, not part of our records or not permitted to be disclosed. If we deny your request we will tell you why and explain how you may append your written response to your records.

To find out what disclosures have been made. You have the right to get a list of the PHI we have disclosed and to whom and for what purpose we have made such disclosures. This does not apply to disclosures to family and friends and for charitable purposes if you have not objected to such disclosures. This also does not apply to PHI for treatment, payment and operations purposes, to disclosures you have authorized, to disclosures made to law enforcement officials or correctional facilities, disclosures for national security purposes or disclosures made before April 2003. You can obtain disclosures going back as far as 6 years. We will respond to your request within 60 days. We will not charge you for such lists unless you order more than one each year in which case we may make a reasonable charge for the added lists.

To choose how we contact you. You have a right to ask that we send you information at an alternative address or by alternative means.

8. *How to Complain About Our Privacy Practices*

If you believe your privacy rights have been violated, you may contact the JFSA Privacy Officer, Jeff Morris, to file a complaint. He is available by telephone Monday through Thursday between 8:45a.m. and 5:30p.m. and Friday between 8:15a.m. and 4:30p.m. at (216) 504-6413. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at Privacy Complaints, P.O. Box 8050, 7500 Security Boulevard, Baltimore, MD 21244-1850. JFSA will not employ any form of retaliation against you as a result of your complaint.

This notice is effective March 1, 2003.

I have received a copy of the Notice of Privacy Practices.

SIGNATURE OF CLIENT OR LEGAL GUARDIAN: _____

DATE: _____