

Centerpoint Health

Notice of Privacy Practices

Updated: 2/1/2020

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 covers services and medical information for all Centerpoint services. If you receive services at another you should ask for a separate notice from them. If you have any questions about this notice, please contact Centerpoint Administration at: 513-318-1188 and ask for the Privacy Officer.

Our pledge about health information: We are required by law to maintain the privacy of your health information. We will provide you with a notice of our legal duties and privacy practices.

How we may use and disclose your health information: The categories below describe ways that we use and disclose your health information. For each category we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. All of the ways we are allowed to use and disclose information will fall within one of the categories. Information may be disclosed in writing, orally, or by computer.

TREATMENT

We will use your medical information to treat you, provide you with services, or organize the things you need.

We may give your medical information to doctors, nurses, technicians, medical students, or others involved in your care. They may work at our offices or other places like another doctor's office, lab, x-ray or pharmacy that we refer you to. For example, a doctor treating you for a broken leg may need to know if you have diabetes. This may affect the healing process.

Centerpoint may participate in certain Health Information Exchanges or Organizations (HIEs or HIOs) which helps to make information available to other providers who may need access it in order to provide care or treatment to you.

PAYMENT

We may use and disclose your medical information to get paid for the treatment and services you receive. For example, we may give information about your health and the treatment you receive to

your insurance company so they will pay us or repay you. We may also tell your insurance company about treatment you are going to receive to find out if they will pay for it.

HEALTH CARE OPERATIONS

We may use and disclose your health information to run our business. We need this information to make sure that all of our patients get quality care. For example, we may use health information to review our treatment and services to check how we are doing.

We may combine health information about many patients to decide what services we should offer, what services are not needed, and what new treatments would be useful.

We may combine this health information with medical information from other healthcare places. This helps us to see how we are doing compared to others and where we can improve. We may remove information that tells who you are. Others may use it to study health care and health care delivery without learning who you are.

Business Associates

We hire outside organizations, called business associates, who perform some services for us. Centerpoint has written contracts with its business associates to protect the privacy of your protected health information, and business associates are also required by law to comply with the same privacy and security requirements that apply to Centerpoint. For example, we may contract with a lab. When these services are done, we give the needed health information to these companies so that they can bill you or your insurance for the services.

Appointment Reminders

We may use and disclose your medical information to remind you of health care visits, yearly exams, or prescription refills.

Treatment Options

We may use and disclose medical information to tell you about treatment options. For example, a program for low-cost medicine.

Health Benefits and Services

We may use and disclose medical information to tell you about health benefits or services. For example, a new diabetes program that we offer.

FUNDRAISING ACTIVITIES

Centerpoint may use your medical information's to contact you in an effort to raise money for its operations. It may give medical information to a foundation related to Centerpoint so that it may raise money to support Centerpoint; you may request, in writing, not to be contacted for this purpose.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

If it is ok with you, we will share your health information with a family member or close friend that is involved in your care. If you are unable to agree or to object to sharing this information, we may use our judgment to disclose this information if it is in your best interest. We may use or disclose your health information to help in disaster relief efforts.

THE FOLLOWING AREAS ARE REQUIRED OR ALLOWED BY LAW

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when needed to prevent a serious threat to your health and safety. This includes the health and safety of the public or another person. We would only give this information to someone that can help stop the threat.

Military and Veterans

If you are a member of the armed forces or separated/discharged from military services, we may release your health information as required by the military. This includes foreign military.

Workers' Compensation

We may release your health information for workers' compensation or such programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks and Patient Safety Issues

We may disclose your health information to public health programs or to keep you safe. For example: disease, injury, births, deaths, or suspected abuse or neglect.

Health Oversight Activities

We may disclose your health information to a health group that oversees activities allowed by law. This might include having someone check to see how we are doing or a licensure to make sure that we can treat patients. The government needs to do this to check the health care system.

Grants

Places that give us money can review health information. They review the information to make sure we are giving quality care and doing what the grant says.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your health information as required by law.

Law Enforcement

We may release health information if asked by law enforcement. For example when a judge tells us to send a record or there is a question about criminal conduct.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be needed to identify a deceased person or find the cause of death. We may also release health information to funeral directors when asked to do so.

National Security and Intelligence Programs

We may release your health information to federal officials for security activities authorized by law.

Protective Services for the President and Others

We may disclose your health information to federal officials so they can protect the President, or to other persons that do special investigations.

Inmates

If you are in custody, we may release your health information to law enforcement. The release would be for them to treat you, protect your health and safety, or the health and safety of others.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

As described above, Centerpoint may use or disclose your protected health information to third parties for treatment, payment, healthcare operations and when permitted or required by law. Centerpoint will not disclose your protected health information for marketing purposes or the sale of protected health information. In addition, certain disclosures of your psychotherapy notes, mental health records and drug and alcohol abuse treatment records may require your prior written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your health record belongs to Centerpoint, the information belongs to you. Unless you are an inmate, you have the:

Right to Look Over and Copy.

You have the right to request to look over and/or get an electronic or paper copy of your health care information. This includes medical and billing records. You can look over or copy this information as long as we keep it.

Your request must be given in writing. If there is a fee for these services, you will be told in advance. In some cases, we may deny your request to look over and copy your records. If this happens, you may ask that the denial be reviewed. A manager chosen by Centerpoint 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.

Right to Amend.

If you feel that your health information is wrong, you may ask to change the information. You have the right to ask for a change for as long as we keep the information. Your request must be given in writing and include a reason. We may deny your request if:

- It is not in writing or does not include a reason;
- We did not create the information, unless the provider that created it is no longer available;

It is not part of the health information kept by Centerpoint;

It is not part of the information which you would be allowed to look over and copy; or

It is accurate and complete.

We will respond to your request within 90 days.

Right to Receive Notification

Individuals will receive notifications of their unsecured protected health information that is breached.

Right to an Accounting of Disclosures.

You have the right to request a list of the disclosures we made that are not related to treat you, get paid for services, to run our business, or that you authorized.

Your request must be given in writing. It must state a time period that may not be longer than seven years and may not include dates before February 1, 2014. You may receive one free list each year. For extra lists, we may charge you. If there is a fee for this, we will tell you in advance. We will mail you a list of disclosures within 90 days.

Right to Request Restrictions

You have the right to ask us to give your health information only to the people that are helping with your care or in the payment for your care. For example, you could ask that we not use or give information about a surgery you had to a family member or friend.

Centerpoint will agree to restrict disclosures of your health information to your health insurance plan for payment and healthcare operations (not for treatment) if the disclosure pertains solely to a healthcare item or service for which you paid in full. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency or if the law requires it. Your request must be given in writing. Tell us what information you want to limit and to whom you want the limits to apply. For example, disclosures about a test to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters 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 must be in writing. We will not ask you the reason for your request. We will try to comply with your request. Your request must state how or where you wish to be contacted.

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 – by computer, you can still get a paper copy of this notice. A copy of this notice is on our website at <http://centerpointhealth.org>

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of health information not in this notice or allowed by law will be made only with your written consent. If you give us consent, you may cancel it in writing at any time. If you cancel your consent, we will no longer use or disclose your health information for the reasons in your consent. This does not apply to any disclosures we have already made. We are required to keep your original records.

CHANGES TO THIS PRIVACY NOTICE

We have the right to change this notice. We will post a copy of the current notice in all Centerpoint locations. The notice will have the effective date. Each time you receive services, you can get a copy of the notice.

COMPLAINTS

If you have a complaint about your privacy rights, fill out a Grievance Form located in the waiting room and put it in the suggestion box. You may also complain to the Office of Civil Rights. The law requires your complaint:

- To be submitted in writing, either on paper or electronically – by computer- to OCRComplaint@hhs.gov .
- Name the person or company, and describe the situation.
- Be filed within 180 days – 6 months - of when it happened, unless you can state why the time limit should be waived.

CONTACT INFORMATION

Chief Compliance & Privacy Officer
333 Conover Drive Suite B, Franklin, OH 45005 Telephone 513-318-1188

Office of Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue Suite 240
Chicago, IL 60601
(800) 368-1019

(312) 886-1807 fax
(312) 353-5693 TDD

You will not be penalized for filing a complaint.