

Employee Health Plan Total Care Notice of Privacy Practices For Protected Health Information January 2012

I. ABOUT THIS NOTICE

This Notice of Privacy Practices is in four parts:

- I. About this Notice;
- II. Who can see your protected health information without your written permission;
- III. What you can do concerning your protected health information; and
- IV. Our policies to keep your protected health information safe.

Our Duties As Your Plan Sponsor — We are dedicated to protecting the confidentiality of your information. The law requires that we:

- Keep your protected health information private;
- Provide you with this Notice of our legal duties and privacy practices about your protected health information; and
- Follow the terms of this Notice as long as it is in effect.

Protected health information is defined as:

- Information about you that may identify you;
- Is about your past, present or future physical or mental health or condition; and
- Any health care services you receive and payment for those services.

Examples of protected health information are the notes your doctor keeps that document your office visit, your birth date and your social security number.

Please Review This Notice Carefully — It describes how your medical information may be used or disclosed and how you can get access to this information. We are able to change the terms of this Notice of Privacy Practices when needed. Any changes to this Notice will cover all of the protected health information we have, including protected information we had before the changes. We will not make a material change to any of the policies or terms we describe in this Notice prior to the effective date of the new Notice unless we are required to do so by law.

How to Learn More About This Notice — Copies of the most current Notice may be obtained at any time by calling the Cleveland Clinic Employee Health Plan Total Care Customer Service Unit at 216-448-0800 or toll-free at 1-866-811-4352.

All members enrolled in our plan at the time any changes are made to this Notice will receive the revised Notice 60 days prior to the effective date of the changes.

If you have questions about the Notice, please call Member Services at the number listed on your EHP Total Care ID card, or write to:

Cleveland Clinic Employee Health Plan Total Care Customer Service Unit
29050 Aurora Road / SCC-13
Solon, OH 44139

II. WHO CAN SEE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION

We must internally use your protected health information to conduct our business and to make sure you are provided with the care and services to which you are entitled as a member. Some times we may give or share your protected health information with individuals or organizations outside of our company. In both cases, we give only the least amount of protected health information necessary. Upon your enrollment, we may use and give out your protected health information for the following purposes without your written permission:

- A. For Treatment** — We may use or give out information about you to assist your doctor or other health care provider with your treatment. This includes making sure you get the care you need by giving protected health information to someone you have already told us can receive your protected health information. For example, when you go to the doctor, we may give him or her the information to help with your treatment.
- B. For Payment** — We may use or give out your health information to help in paying your bills. For example, we may use your information about your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-certify services as covered under your plan. We may also give out information to another health plan that has a responsibility to process and pay your claims, or to a doctor who has treated you.
- C. For Healthcare Operations** — We will use and disclose your protected health information as we need to, and as the law allows, for our healthcare operations. In some situations, we may give out your protected health information to other health plans or doctors you have dealt with in the past. For example, we may share your protected health information with your primary doctor's practice for quality improvement activities.

- D. Information Sent to You** — As our member, every so often you may receive information from us about the care and services we provide. Sometimes this includes your protected health information. Examples include information about the payment of your claims, appointment reminders, or a case management call from a nurse. We may also send you information about other treatments or other health-related benefits and services that you may be interested in.
- E. Persons Involved With Arranging for Your Care or With Payment for Your Care** — With your approval, we may give your protected health information to selected family members or others who may be helping you to get care or set up payment for your care. We may also give your protected health information to a person or persons who are legally allowed to act on your behalf, such as a person to whom you have granted durable power of attorney. We may require the person to furnish proof of authorization before allowing them to see your information. If you are unavailable, incapacitated or facing an emergency medical situation, and in our professional judgment we decide that giving some information may be in your best interest, we may share limited protected health information with such persons without your say so. If you have selected a person to get information regarding payment of the premium for your policy, we will inform that person when your premium has been paid. We may also give limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member.
- F. Business Associates** — Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to share some of your protected health information with one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, we require business associates to appropriately protect the privacy of your information, and follow all of the privacy practices described in this Notice.
- G. Other Uses and Disclosures** — We are permitted or required by law to use or give your protected health information for the following:
- 1. Required by Law** — We will give your protected health information for any purpose when required to do so by federal, state or local law.
 - 2. To the Secretary of the U.S. Department of Health and Human Services** or his/her designee for investigations of HIPAA privacy compliance.
 - 3. For Public Health Activities** — We may give your protected health information for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report the abuse or neglect of children, elders and dependent adults;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - 4. To the Food and Drug Administration** — We may give your protected health information to the Food and Drug Administration if needed to report adverse events, product defects, or to participate in product recalls.
 - 5. Health Oversight Activities** — We may give your protected health information about a death we believe may be the result of criminal conduct; to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights law. For example, we may disclose information to the Ohio Department of Health for periodic audits of the quality of care provided to our members.
 - 6. Lawsuits and Disputes** — If you are involved in a lawsuit or dispute, we may give your protected health information in response to a court or administrative order. We may also give your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
 - 7. Law Enforcement** — We may give protected health information if a law enforcement official asks us to do so for the following:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim if a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - If we believe in good faith that the information constitutes evidence of criminal conduct that occurred on the premises of our establishment;
 - As required by law to report wounds and injuries and crimes; and
 - In certain situations when a member is an inmate in a correctional institution.
 - 8. Coroners, Medical Examiners and Funeral Directors** — We may give your protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release your protected health information to funeral directors as needed to carry out their duties with respect to the decedent. We will only give the information as required by law.

9. Organ and Tissue Donation — We may use or give your protected health information to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

10. Research — Under certain circumstances, we may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process that evaluates a proposed research project and its use of medical information.

Information for research projects is not disclosed until the research project is approved. We may, however, disclose your medical information to people preparing to conduct research project to help them look for patients with specific medical needs, so long as the medical information they review does not leave our possession.

11. Military and Veterans — We may use and give your protected health information if you are a member of the armed forces and the right military command authorities tell us it is necessary. We may also give protected health information about foreign military personnel to the appropriate foreign military authority.

12. National Security and Intelligence — We may give your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also give protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

13. Worker's Compensation — We may give your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

H. With Your Authorization — We will not disclose your protected health information without your written authorization except as described above in the Notice. You may revoke your authorization in writing at any time, except to the extent that we, or one of our business associates, are already taking action in reliance on the use or disclosure you approved in your authorization.

III. WHAT YOU CAN DO CONCERNING YOUR PROTECTED HEALTH INFORMATION

A. Right to Request Restrictions — You have the right to request restrictions on the uses and giving of your protected health information for treatment, payment, or health care operations. Restriction request forms are available from Cleveland Clinic Employee Health Plan Total Care Customer Service Unit. Your request must include (i) the information you want to limit; (ii) whether you want to limit our use, our release of your information, or both; (iii) to whom you want the limits to apply, for example, disclosures to your spouse. Restrictions must be signed by you or your authorized representative. We are not required to agree to your restriction request. We retain the right to terminate an agreed upon restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or verbally, any agreed upon restriction by sending such termination notice to the attention of Cleveland Clinic Employee Health Plan Total Care Customer Service Unit.

B. Right to an Accounting of Disclosures — You have the right to receive an accounting of certain releases of your protected health information. We are *not* required to track and tell you of the following types of disclosure:

- Releases made for the purposes of treatment, payment or operations;
- Releases made to you, or your authorized representative;
- Releases to an individual involved in arranging your care or arranging payment for your care;
- Releases made in accordance with an authorization you had previously signed and agreed to; or
- Certain releases that we may be legally required to keep from you, such as releases to law enforcement officials in response to a legally obtained warrant.

If you would like an accounting of any releases of your protected health information that does not fall into the categories listed above, you must submit a written request signed by you or your authorized representative to Cleveland Clinic Employee Health Plan Total Care Customer Service Unit. Accounting request forms are available from Cleveland Clinic Employee Health Plan Total Care Customer Service Unit.

C. Confidential and Alternative Communications — As our members, you may occasionally receive information from us about the care and services we provide. Sometimes this includes your protected health information. You have the right to ask that we make reasonable accommodations for you to receive such communications by other means or at other locations. For example, you can ask to have letters sent to an address that may be different from your normal home mailing address. You may also ask that we restrict access and release of your protected health information to specific individuals involved in arranging for your care or arranging payment for your care. Forms for requesting confidential communications are available from Cleveland Clinic Employee Health Plan Total Care Customer Service Unit. Your request for confidential or alternative communications must be in writing, signed by you or your authorized representative and sent to the attention of Cleveland Clinic Employee Health Plan Total Care Customer Service Unit. We are not required to agree to your request unless you clearly state that the release of all or part of the information in question could place you or someone else in danger. You also have the right to ask that we not send you any future marketing materials, and we will use our best efforts to honor such requests.

D. Right to Inspect and Copy — You have the right to copy and/or inspect most of the protected health information that we hold on your behalf. All requests for access must be made in writing and signed by you or your authorized representative. You may obtain an access request form by calling Cleveland Clinic Employee Health Plan Total Care Customer Service Unit at 216-448-0800 or toll-free at 1-866-811-4352. Requests for access should be sent to the attention of Cleveland Clinic Employee Health Plan Total Care Customer Service Unit. We may charge you for a copy of the information. We may also charge for postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request a summary.

E. Right to Amend — If you believe that the protected health information we maintain about you is wrong or not all there, you have the right to ask us to change our records. All change requests must be in writing and signed by you or your authorized representative. Your request for a change must state why you believe our records are not complete or wrong. We are not obligated to make all requested changes but will give each request careful consideration. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the change, and we can prove that the change is appropriate;
- Is not part of the protected health information kept by or for us;
- Is not part of the information which you are allowed to inspect and copy; or
- Is accurate and complete.

We may send a copy of the newly changed record to any business associate or other entity that may have the older, wrong information. You may obtain a change request form from the Cleveland Clinic Employee Health Plan Total Care Customer Service Unit.

F. Complaints — If you believe your privacy rights have been violated, you can file a complaint. Your complaint must be in writing, and sent to the attention of Cleveland Clinic Employee Health Plan Appeals Department at 3050 Science Park Drive, Beachwood, Ohio 44122. We will investigate your complaint, and send you a written response. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. We encourage you to tell us if you believe your privacy rights were violated. By law, we may not use this against you for filing a complaint.

G. Right to a Paper Copy of This Notice — You have a right to a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by calling the Cleveland Clinic Employee Health Plan Total Care Customer Service Unit at 216-448-0800 or toll-free at 1-866-811-4352.

IV. OUR POLICIES TO KEEP YOUR PROTECTED HEALTH INFORMATION SAFE

We have internal policies, processes and procedures in place that all employees must follow to ensure protection of your information whether oral, written or electronic, such as:

- Employees are required to sign a confidentiality agreement annually.
- Workstations are password protected.
- Access, use and disclosure of protected health information (PHI) is limited to the minimum necessary.
- Random audits are conducted to ensure adherence to policies and procedures.
- Policies are in place to verify the identity of each caller.
- Policies are in place to ensure compliance with regulations regarding friends and family members.
- Guidelines have been established to protect information sent via fax.
- Employees are encouraged to place confidential calls in an office or conference room.

All employees participate in annual educational sessions to ensure they maintain a current knowledge of and comply with these policies.