

**Your Information.**

**Your Rights.**

**Our Responsibilities.**

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.**

**Your Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Amend your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Inspect or get a copy of this Notice
- Choose someone to act for you
- Get a notice of a breach of any of your unsecured health information
- File a complaint if you believe your privacy rights have been violated

► **See page 2 for more information on these rights and how to exercise them**

**Your Choices**

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

► **See page 3 for more information on these choices and how to exercise them**

**Our Uses and Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

► **See pages 3 and 4 for more information on these uses and disclosures**

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days of the request.

#### Request confidential communications

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

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### 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 the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- If you believe your privacy rights have been violated, you may file a complaint with the CommuniCare Affiliated Covered Entity or with the U.S. Department of Health and Human Services Office for Civil Rights at 1-800-368-1019 or [www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint).
- To file a complaint with our office, contact the Privacy Officer listed below. All complaints must be made in writing. You will not be retaliated against for filing a complaint. Privacy Officer: Peter G. Marino: 513-530-1662 or [pmarino@chs-corp.com](mailto:pmarino@chs-corp.com)

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

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**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. As member of the CommuniCare Organized Health Care Arrangement (“CC OHCA”), we may share health information with other members of the CC OHCA as permitted by HIPAA. The CC OCHA follows a notice of privacy practices that is similar to this Notice.

*Example: We use health information about you to manage your treatment and services.*

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**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

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*How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.*

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**Help with public health and safety issues**

We can share health information about you for 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.

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see if we are complying federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement tissue donation requests organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.

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- For special government functions such as military, national security, and presidential protective services.
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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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**Inmates of Individuals in Custody**

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we can share health information with the correctional institution or law enforcement official.
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## **Our Responsibilities**

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We will give you this Notice of our legal duties and privacy practices concerning your health information.
- We must follow the terms of this Notice that are currently in effect.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of this Notice**

We reserve the right to change and update this Notice and those changes will apply to health information we already have as well as any information we receive in the future. We will post a copy of our current Notice at our office. The Notice will contain the effective date on the first page, in the top right-hand corner.

If you are a member of our Medicare Advantage Plan, we will provide a revised Notice to you within 60 days of any material revision. We will also notify you that this Notice is available and share details on how you can obtain this Notice at least once every 3 years.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*This notice is effective as of May 21, 2021*

**This Notice applies to the CommuniCare Affiliated Covered Entity and its participating entities listed on the following page.**

*The CommuniCare Affiliated Covered Entity*

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Privacy Officer: Peter G. Marino  
513-530-1662 or pmarino@chs-corp.com

