



**Notice of Privacy Practices** Please review carefully.  
This notice describes how your medical information may be used and disclosed

**Your Rights.** You have the right to:

- Get a copy of your medical record
- Request confidential communication
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- Correct your medical record
- Ask us to limit the information we share
- File a complaint if you believe your privacy rights have been violated
- Get a copy of this privacy notice

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

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

**Our Uses and Disclosures.** We may use and share your information as we:

- Treat you
- Bill for your services
- Do research
- Respond to organ and tissue donation requests
- Address work comp, legal, and other gov't requests
- Run our organization
- Help with public health and safety issues
- Comply with the law
- Work with a medical examiner or funeral director
- Respond to lawsuits and legal actions

**Your Rights.** When it comes to your health information, you have the following rights:

**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.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.

**Ask us to correct your medical record**

- You can ask us to amend your records if you think it is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (home vs. office phone) or to send mail to a different address.

**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 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 out-of-pocket in full, you can ask us not to share that information for the purpose of payment 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 of the times we've shared your health information for six years prior to the date you ask.
- We will include all disclosures except those for treatment, payment, and operations, and certain other disclosures (such as any you asked us to make).

### **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**

- You can complain if you feel we have violated your rights by contacting:  
Lois A. Ware, Privacy Officer    lware@clevelandareahospital.com    918-358-2501 ext. 4609
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a preference for how we share your information, tell us what you want us to do, and we will follow your instructions. In these cases, you have 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 unable to tell us your preference, for example if you are unconscious, we may share information if we believe it is in your best interest. We may also share your information to lessen a 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**

**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.

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *We use health information about you to manage your treatment and services.*

#### **Bill for your services**

*We give information about you when we bill your insurance plan so it will pay for your services.*

### **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 public health and research. We have to meet conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **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

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share your information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **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.

### **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
- For special government functions such as military, national security, and presidential protective services

### **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.

### **We will never share your psychotherapy notes/records without your written permission.** Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

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

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. **Effective Date of this Notice: March 23, 2018**

### **This Notice of Privacy Practices applies to the following organizations:**

Cleveland Area Hospital  
Lake Area Medical Associates