



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

St. Augustine Health Campus is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about the privacy practices at St. Augustine Health Campus, please contact:

Frank Huba, CFO, HIPAA Officer
7801 Detroit Avenue
Cleveland OH 44102
216.634.7400

Effective date of this notice: April 14, 2003

I. How St. Augustine Health Campus May Use or Disclose Your Health Information

St. Augustine Health Campus collects health information from you and stores it in a chart and on a computer. This is your client record. The client record is the property of St. Augustine Health Campus, but the information in the record belongs to you. St. Augustine Health Campus protects the privacy of your health information. The law permits St. Augustine Health Campus to use or disclose your health information for the following purposes:

Mark an "X" in each that applies:

- Treatment:** St. Augustine Health Campus provides a full array of treatment services including intake, assessment, service planning, service delivery, collaboration with community providers, and utilization review. During the course of providing this treatment, there may be times when supervisors and quality assurance staff of St. Augustine Health Campus see the records of the consumer. The purpose of these reviews are to ensure the quality of the services, the need for the continuation or the modification of the treatment plan, and to ensure that the record keeping and consent is in compliance with regulatory body requirements. Supervisors or staff from Quality Assurance will review records using a "compliance checklist" that includes required documentation such as a signed clients rights and responsibility form, signed client grievance and appeal form, signed consumer choice forms, etc.

In addition there are times when there is a need for information to be shared with community members to better understand how to proceed with treatment. For example, if a consumer is being seen in one of the programs of the agency and it is determined that a psychiatric consult is required to better serve the consumer, a referral for this consultation will be made. In these instances the consumer will be asked to sign an authorization for disclosure of information. The specific kind of information to be shared, and the date of this disclosure, including the expiration date, will be included in the disclosure form.

- Payment:** When a client is seen by St. Augustine Health Campus, the billing office of the agency creates a claim and submits this claim for payment to the purchaser of these services. Often this purchaser is the state government and the payer is Medicaid. The bills are submitted electronically to the purchaser of service. The bills include certain protected health date elements including name, address, diagnosis, and service used (including date, time and duration).
- Directory:** We may list your name, where you are located in our facilities, your general condition, and your religious affiliation in our directory. This information may be provided to members of the clergy. This information, except your religious affiliation, may be provided to other people who ask for you by name.

If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

4. **Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. **Required by Law:** As required by law, we may use and disclose your health information.
6. **Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We have specific agency policies governing this release that you can see upon request.
7. **Health Oversight Activities:** We may disclose your health information to social service or health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.
9. **Law Enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. **Deceased Person Information:** We may disclose your health information to coroners, medical examiners and funeral directors.
11. **Organ Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
12. **Research:** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or St. Augustine Health Campus 's privacy board.
13. **Public Safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. **Specialized Government Functions:** We may disclose your health information for military, national security, prisoner and government benefits only for health plans purposes.
15. **Worker's Compensation:** We may disclose your health information as necessary to comply with worker's compensation laws.
16. **Marketing:** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
17. **Fund-Raising:** We may contact you to participate in fund-raising activities for St Augustine Health Campus.
18. **Health Plan:** We may disclose your health information to the sponsor of your health plan.

19. **Change of Ownership:** In the event that St. Augustine Health Campus is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When St. Augustine Health Campus May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, St. Augustine Health Campus will not use or disclose your health information without your written authorization. If you do authorize St. Augustine Health Campus to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. St. Augustine Health Campus is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Please make your request in writing.
3. You have the right to inspect and copy your health information.
4. You have a right to request that St. Augustine Health Campus amend your health information that is incorrect or incomplete. St. Augustine Health Campus is not required to change your health information and will provide you with information about St. Augustine Health Campus's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by St. Augustine Health Campus, except that St. Augustine Health Campus does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (directory listings), and 14 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Frank Huba, CFO, HIPAA Officer
7801 Detroit Avenue
Cleveland OH 44102
216.634.7400

IV. Changes to this Notice of Privacy Practices

St. Augustine Health Campus reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, St. Augustine Health Campus is required by law to comply with this notice.

V. Complains

Complaints about this Notice of Privacy Practices or how St. Augustine Health Campus handles your health information should be directed to:

Frank Huba, CFO, HIPAA Officer
7801 Detroit Avenue
Cleveland OH 44102
216.634.7400



CLIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting us.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Client Signature

Date

Witness Signature

Date