



The MetroHealth System Notice of Privacy Practices

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.**

If you have questions about this Notice or would like to file a privacy-related complaint, please contact our Privacy Officer:

MetroHealth Privacy Officer
2500 MetroHealth Drive
Cleveland, OH 44109
Phone: 216-778-1601
Email: HIPAAPrivacy@metrohealth.org

Effective Date of this Notice is September 18, 2013.

Revised March 8, 2021

Your Rights

Access your protected health information (PHI) in paper and electronic form

- You have the right to review and access your PHI and instruct that we send a copy of your PHI directly to someone else.
 - PHI is information about you (such as your name, date of birth, or medical record number) that relates to your past, present or future physical or mental health, health care services or payment for services. PHI does not include psychotherapy notes or information we compiled for legal purposes.
- If you ask for an electronic copy of your PHI in a certain form and format, we will give it to you if we can easily create it. If not, we will provide it in a readable electronic way as agreed by you and MetroHealth.



- You can access a PHI request form [here](#), complete and submit it to our Health Information Management Department in one of the following ways:
 - Mail: The MetroHealth System
Health Information Management Department – G-108
2500 MetroHealth Drive
Cleveland, OH 44109
 - Email: ReleaseofInformation@metrohealth.org
 - Fax: 216-778-2114
 - Call: 216-778-4252
- We will provide a copy of your PHI (or a summary if you agree), usually within 30 days of your request.
- We charge fees for medical records as allowed by state and federal law. You can access the fee schedule [here](#) on the MetroHealth website.
- If we deny your request for PHI, we will explain in writing the reason and your options. For example, we may deny your request if:
 - We do not have the requested PHI. If we know where the PHI is maintained, we will tell you.
 - A licensed health care professional determines that giving the requested PHI will endanger the patient or others. We will explain your right to have the denial reviewed.
 - We are not able to provide the PHI because of problems with technology.

Revoke your authorization for release of PHI

You may cancel your authorization at any time by sending a written request to our Privacy Officer at: HIPAAPrivacy@metrohealth.org. We are unable to take back any disclosures we have already made with your authorization.

Create a MyChart account to access your PHI

- For fast access to your PHI, you can create an online [MyChart](#) account.
- MyChart helps you review and manage information about your health and communicate with your health care team.
- MyChart contains most, but not all, of your medical records. To obtain all of your records, you can request your full medical record through MyChart or submit a record request to the MetroHealth Health Information Management Department.
- To access the MyChart Terms and Conditions of Use [click here](#).



Request a correction to your paper or electronic PHI

- You can ask us to correct PHI that you think is incorrect or incomplete.
- You can access a Record Amendment Request form [here](#) and submit it to HIPAAPrivacy@metrohealth.org
- We will respond to your request in writing within 60 days.
- We may say “no” to your request and will tell you why in writing.

Request confidential communication

- 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.
- You can access the form [here](#) and submit it to HIPAAPrivacy@metrohealth.org

Ask us to restrict PHI we share

- You can ask us not to use or disclose your PHI. To make that request, you can access the form [here](#) and submit it to HIPAAPrivacy@metrohealth.org.
- We are not required to agree to a restriction request except if:
 - The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
 - The PHI pertains solely to health care items or services for which the patient or person (other than the health plan) on behalf of the patient has paid in full.

Get a list of those with whom we have shared your PHI

- You can ask for a list (accounting) of when we disclosed your PHI for six years prior to the date you ask, who we shared it with, and why. To make that request, you can access the form [here](#) and submit it to HIPAAPrivacy@metrohealth.org.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make).
- We will provide one accounting a year. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.



Choose someone to act for you

- A person with authority can exercise your rights related to your PHI. This includes, for example, someone:
 - You named as a health care power of attorney
 - You named as a HIPAA representative
 - The court named as your legal guardian
- We will check that the person has this authority and can act for you before we take any action.

Instruct us NOT to:

- Share information with your family, close friends, or others involved in your care
- Include your information in a facility directory
- Contact you again when we communicate about fund-raising efforts

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

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.

File a complaint if you believe your privacy rights have been violated

- You can tell us if you feel we have violated your rights by contacting the MetroHealth Privacy Officer, using the information on page 1 of this Notice.
- 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
- We will not retaliate against you for filing a complaint.



Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will only use and disclose your PHI as described in this Notice.
- We will obtain your written authorization before using or disclosing PHI:
 - For marketing purposes
 - To sell
 - That is psychotherapy notes, except to carry out certain treatment, payment or operations.
- We honor your right to revoke your authorization.
- We will promptly inform you if a breach occurs that compromised the privacy or security of your PHI.

How We Use and Disclose Your PHI

Except for the following purposes, we will use and disclose your PHI only with your authorization.

For your treatment

- We use and share your PHI to provide, coordinate and manage your health care. For example, we share your PHI with:
 - Doctors, nurses, technicians, medical students, or other hospital staff who are involved in taking care of you
 - Service providers that help with other health-related needs, such as food, housing, social and mental health support. Service providers include, for example, United Way 211, Unite Us, and Better Health Partnership.
- We use and share your PHI to provide you with appointment or medication reminders. You may request that we provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests.
- We may also communicate to you by newsletters, mailings, email, or other means about treatment options, health-related information, disease management programs, wellness programs or other community-based activities in which MetroHealth participates.



For payment

We use and share your PHI to bill and get payment from health plans or other entities. For example, we share your PHI to:

- Bill and collect payment from your insurance company or other third party.
- Obtain precertification and preauthorization of services

For operations

We use and share your PHI to run our practice, train providers and improve our services. For example, we use and share your PHI with:

- Doctors, nurses, technicians, medical students and others for review and learning reasons
- Auditors and agencies that review the quality of care we provide
- Organizations that create quality standards for treating certain conditions

Other ways we use or share your PHI

We share your PHI in other ways, described below. We must meet certain legal requirements before we can share your PHI for these purposes.

Maintain a facility directory

- We may compile the following directory information about patients receiving inpatient or outpatient services at our hospitals: name; location; general condition; and religious affiliation. This information may be disclosed to clergy or, except for religious affiliation, to any person who asks for a patient by name.
- You may request that any or all of this information not be disclosed by notifying Patient Access Services at the time you register.

Inform individuals involved in your care or payment for your care

- We may disclose your PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend.
- We also may notify your family about your location or general condition or disclose PHI to an entity assisting in a disaster relief effort.



Help with public health and safety issues

We can share your PHI in 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
- Sharing information in a disaster relief situation

Conduct research

Under certain circumstances, we may use and disclose PHI for research purposes.

- All MetroHealth research is approved through a special review process to protect patient safety, welfare and confidentiality. This process evaluates a proposed research project and its use of PHI to balance the benefits of research with the need for privacy of PHI.
- Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any PHI.

Share PHI via Health Information Exchange

We may share your PHI electronically with non-MetroHealth providers and health plans through a Health Information Exchange (HIE). This allows your health care providers to access some of your MetroHealth records to coordinate services for you. It also allows us to share your PHI with your insurers for payment purposes.

- The approved HIE maintains appropriate safeguards to protect the privacy and security of your PHI. Only authorized individuals may access your PHI from the HIE.
- If you do not wish to have your PHI shared with a HIE, please contact the MetroHealth Privacy Officer.
- Please be aware that any restrictions on the disclosure of your PHI to an HIE may result in a health care provider not having access to information that is needed to provide your care.



Share PHI with community-based organizations

MetroHealth partners with many community-based organizations to help address social needs that might impact your health. One way we do this is through a network of greater Cleveland organizations, connected electronically by the [UniteOhio](#) software platform.

With your consent, we share information with a network of health and social service partners powered by Unite Us software. Your personal information may be shared securely on the network.

To understand how your information may be used and is kept safe on the network, please visit www.uniteus.com/privacy.

You can always limit the information you provide on the network by requesting to have it removed. If you no longer want your information shared on the network, you can email consent@uniteus.com or ask any network partner. It will take three business days to stop sharing your information.

Fundraising

We may contact you to provide information about MetroHealth-sponsored activities, including fundraising.

- To conduct fundraising, we may use your contact and demographic information, date of service, department of service, treating physician, health status and outcome.
- You have the right to opt-out of future communications. To do so, contact The MetroHealth System's Foundation and System Philanthropy Department by:
 - Email at mhfdevelopment@metrohealth.org
 - Phone at 800-325-5606, ext. 85665 (calling from in Ohio) or 800-554-5251, ext. 85665 (calling from outside Ohio)
- We will process your opt-out request promptly, but may not be able to stop contacts that we initiated before receiving your request

Respond to organ and tissue donation requests

We can share PHI for an organization's procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.



Work with coroners, medical examiners or funeral directors

We may share your PHI with coroners, medical examiners and funeral directors so they can do their jobs.

Address requests related to Workers' Compensation

We may disclose PHI for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

Comply with the law

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

Address law enforcement requests

In certain instances, we may disclose your PHI to law enforcement officials, such as:

- In response to a valid court order, subpoena or search warrant
- To identify or locate a suspect, fugitive or missing person
- To report a crime committed on MetroHealth premises

Respond to health oversight agencies for activities authorized by law

We may share PHI with health oversight agencies or authorized government officials of the health care system, civil rights and privacy laws and compliance with government programs.

Respond to request by specialized government functions, such as:

- National security and intelligence activities
- Protective services for the President and others
- Correctional institutions and other law enforcement officials having lawful custody of an inmate

Respond to lawsuits and legal actions

We can share PHI in response to a court or administrative order, or in response to a subpoena.



Share with business associates

We share PHI with third parties so that they can perform a job we have asked them to do. For example, we may use another company to perform billing services on our behalf. All of these third parties are required to protect the privacy and security of your PHI.

Special Protections for HIV, Substance Use Disorder Treatment, Mental Health and Genetic Information

Special privacy protections apply to HIV/AIDS-related, substance use disorder treatment, mental health and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. MetroHealth will only disclose this information as permitted by applicable state and federal laws.

For example, if you are a recipient of substance use disorder (SUD) treatment, provided by a federally assisted alcohol and drug abuse program, your health information has additional protections per special federal confidentiality laws (42 CFR Part 2). MetroHealth will obtain your authorization before using or disclosing your SUD treatment records, except as permitted by law.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all PHI that MetroHealth maintains. The new Notice will be available upon request, in our office, and on our website.