

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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. This notice is effective as of September 23, 2013. "You" in this document may refer to your child, yourself, or your family.

This notice describes how Positive Education Program (PEP) uses and discloses your Protected Health Information (PHI). PHI is information that identifies you and relates to health care services, the payment of health care services, or your physical or mental health or condition in the past, present, and future. This notice also describes your rights to access and control your PHI.

PEP's Responsibilities: Federal and state laws require that PEP maintain the privacy of your PHI and provide you with this notice of our legal duties and privacy practices. We are required to notify you following a breach of unsecured PHI. We are required to abide by the terms of this notice, but we reserve the right to change the terms of this notice, and to make the new notice provisions effective for all PHI we maintain. If we change this notice, a revised notice will be made available to you. We will post it on our public web site and at our program sites. You may also ask for a paper copy.

How PEP Uses and Discloses Your Information: PEP will not use or disclose your PHI without authorization, except as described below in this notice. You may give us written authorization to use and/or disclose PHI to anyone for any purpose. If you authorize us to use and/or disclose such information, **you may revoke that authorization in writing at any time.**

Disclosures without authorization: PEP uses and discloses information about you to carry out treatment, payment, and healthcare operations. For treatment purposes, we will not disclose information about you without your written authorization, except in circumstances that we reasonably believe are emergencies. For example, we may disclose information about you if you are in a hospital emergency room, and hospital staff request information to help them evaluate or treat you.

To receive payment for services, we disclose information about you to the Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Cuyahoga County. It determines your eligibility, enrolls you in the County Behavioral Healthcare Plan, and pays us for services through the state computer system which connects the Board to the Ohio Department of Mental Health & Addiction Services (OhioMHAS), and the Ohio Department of Jobs and Family Services. Healthcare operations refers to quality assurance, audit, accreditation, licensing, and other activities that are required to meet our professional and legal obligations. For example, an auditor may see information about you, but we require that auditors agree to our privacy policies.

Name identifying information will be used only to obtain payment for services provided to you. Demographic information will be kept without your name attached, and reported to the state departments named above. This information will not be available to other sources or used for other purposes. Billing information is kept for at least seven (7) years after you have received services.

We maintain an electronic database of information for billing, planning, and quality assurance purposes. All business associates who help operate this system have signed an agreement that information they see is protected, and may not be disclosed. This includes people who install and service the computer equipment.

In addition to the above, we may disclose PHI when required by federal, state, or local law to do so, for example, to report suspected abuse, neglect, or domestic violence. When we have a legal duty to protect, we may disclose PHI if we, in good faith, believe it is necessary to prevent or lessen a serious threat of harm to you or the public. We may disclose PHI for judicial or administrative proceedings, for example, in response to a lawfully issued subpoena; and for certain law enforcement purposes. Federal regulations may require or authorize us to use or disclose PHI to facilitate specified government functions relating to the military and veterans; national security and intelligence activities; protective services for the President and

others; medical suitability determinations, and inmates and law enforcement custody. We may use and/or disclose your PHI for workers' compensation or similar programs. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties. Consistent with applicable law, we may disclose your PHI to organ procurement organizations, or other entities engaged in the procurement, banking or transplantation of organs for the purposes of tissue donation and transplant.

Your right to receive confidential communications: We may make telephone calls or send letters to you to reschedule or remind you about appointments, make arrangements for follow-up services, or provide you with information about treatment alternatives, benefits, or services. Please tell us if you wish to receive communications from us through another means, or at another location. We will accommodate reasonable requests.

Your rights with respect to PHI: You may identify persons to us who may serve as your authorized personal representative. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest. You may request that we restrict how protected health information is used or disclosed. We will consider your request, but are not required to agree to the restrictions. You have the right to inspect and copy certain health information, to request that we amend health information about you that you believe is inaccurate or incomplete, and to request an accounting of certain disclosures of your health information. To exercise these rights, contact the Privacy Officer, as described below.

If you believe your privacy rights have been violated, you may contact the Privacy Officer, by calling 216-361-4400. S/he is available Monday – Friday, 8:30 a.m. to 4:30 p.m. You may also file a complaint in writing or electronically to the U.S. Department of Justice, Civil Rights Division, Office of the Assistant Attorney General, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530. Your complaint must be filed within 180 days of when you knew or should have known of the occurrence of the act or omission that is the subject of your complaint. You will not be retaliated against for filing a complaint.

Please take and keep a copy of this Notice of Privacy Practices for Protected Health Information. You have the right to review this notice before signing the Consent for Services (unless already signed). You always have the right to withdraw your consent by submitting a written request to the Privacy Officer or the Clinical Supervisor at your child's center/site. A copy of this notice is also available at www.pepcleve.org.