

CARE ALLIANCE HEALTH CENTER – POLICIES AND PRACTICES

OUTLINED BELOW ARE THE FOLLOWING POLICIES AND PRACTICES OF CARE ALLIANCE HEALTH CENTER:

- **Notice of Privacy Practices**
- **Patient Rights and Responsibilities**
- **Financial Responsibility/Policy**
- **Information on How to Access Services**

Questions: After reviewing the information, if you have any questions about any of the policies or your rights, contact the Chief Administrative Officer at (216) 781-6228 extension 249.

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.

We respect patient confidentiality and only release protected health information (“PHI”) about you in accordance with Ohio and federal law. Our internal policies and procedures are designed to control and protect the confidentiality and security of your personal information whether in written, oral, or electronic format. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action. You may also file a complaint with the Secretary of Health and Human Services if you believe Care Alliance has violated your privacy rights. No action will be taken against you as a result of filing a complaint.

NOTICE OF PRIVACY AS IT RELATES TO ELECTRONIC MEDICAL RECORDS

Care Alliance is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at <http://www.community-health.org/partners.html>. As a business associate of Care Alliance, OCHIN supplies information technology and related services to Care Alliance and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Care Alliance with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement and treatment. Patient hereby authorizes the electronic transfer of information contained in a patient's medical record to specific third parties. Such authorization permits medical records to be released to the following parties: OCHIN and its members; insurance company; government agencies; health information exchange; and other health care third parties. Once the patient has given consent to release the electronic record, the disclosure requirement is valid unless a written request from the patient is otherwise received.

Care Alliance maintains an integrated electronic health record. This means that medical providers and behavioral health practitioners document necessary health information in one electronic record. Care Alliance medical providers and behavioral health practitioners routinely share relevant patient health information as it relates to treatment, payment, and health care operations.

For health information exchange (HIE): We may make your PHI available electronically through an information exchange service to other health care providers, health plans, and health care clearinghouses that request your information for treatment or payment for that treatment. Participation in health information exchange services also provides that we may see information about you from other participants. Your participation in a HIE is subject to your right to opt-out. Where possible, you will be provided with educational information prior to the enrollment to these services.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide health care, there are times when we will need to share your PHI with others outside Care Alliance. Below describes different ways that we will use and disclose your medical information. Not every use or disclosure in a category will be listed. However, all of the ways that we are allowed to use or disclose your Medical Information should fall within one of these categories:

- **Treatment.** We may share PHI about you with others to provide, coordinate, or manage your care or any related services. For example, to coordinate the different ways that Care Alliance needs to care for you, such as for prescriptions, we may need to disclose PHI to non-Care Alliance health care providers.
- **Payment.** PHI will be used to obtain payment for the treatment and services provided. This may include contacting your health insurance company for prior approval of treatment or for billing purposes.
- **Health Care Operations.** We may use information about you to coordinate certain business activities; for example, setting up appointments and reviewing your care. Care Alliance is part of an organized health care arrangement including participants in OCHIN. Your health information may be shared by Care Alliance with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.
- **Emergencies.** Information may be shared to address the immediate emergency you are facing.
- **Follow Up Appointments/Care.** We may contact you to remind you of future appointments or to provide information about treatment alternatives or other health-related benefits and services.
- **As Required by Law.** This would include situations where we have a subpoena, court order or are mandated to provide public health information, such as information regarding communicable diseases or suspected abuse and neglect.
- **Coroners, Funeral Directors.** We may disclose PHI to a coroner, personal health examiner, or funeral director for the purpose of carrying out their duties.
- **Governmental Requirements.** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There might also be a need to share information with the Food and Drug Administration related to adverse events or product defects. If requested we are required to share information with the Department of Health and Human Services to determine our compliance with federal health care laws.
- **Criminal Activity or Danger to Others.** If a crime is committed on our premises or against our personnel, we may share information with law enforcement officials to assist in the apprehension of the criminal. Also, if we believe you present an immediate danger to yourself or others, we may share information with appropriate law enforcement officers.
- **Other Uses of PHI.** Other uses and disclosures of PHI not covered by this Notice or the laws that apply to Care Alliance will be made only with your written authorization. Disclosures and internal sharing of any psychotherapy notes (process notes externally maintained from your integrated health record) will be made only with your written authorization. You may cancel that authorization at any time by sending a written request to our Privacy Officer. Care Alliance is unable to take back any disclosures we have already made with your authorization.

PATIENT RIGHTS AND RESPONSIBILITIES

You have the following rights under Ohio and federal law:

- **Copy of Record.** You are entitled to inspect your personal health record unless we believe that such a disclosure could harm you or unless such disclosure is otherwise restricted. If you are denied access to any PHI, you may request that the denial be reviewed. We may charge you a reasonable fee for copying and mailing your record.
- **Release of Records.** You may request in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others. You may revoke this consent at any time, but only to the extent that no action has been taken under your prior authorization.
- **Restriction on Record.** You may ask us not to use or disclose part of your PHI for treatment, payment, or health care operations. You also have the right to request that we disclose a limited amount of PHI to someone involved in your care or involved in payment for your care. This request must be in writing. Care Alliance is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.

- **Contacting You.** You may request that we provide information to another address or by alternative means. We will honor such request as long as it is reasonable. If we are unable to contact you using your requested means or locations, we may contact you using any information we have. If you have provided us with a wireless telephone number, you may receive reminders notices via voice or text messaging services unless you opt out at registration. We have a right to verify that the payment information you are providing is correct.
- **Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do so, contact the Director of Human Resources and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a response stating that you disagree with us. We will then have a right to submit our response, and your statement and our response will be added to your record.
- **Accounting for Disclosures.** You may request a listing of any disclosures we have made related to your PHI, except for information we were required to release, we used for treatment, payment or health care operations, that we shared with you or your family, that you gave us specific consent to release, or that are otherwise excepted from being provided by law. To receive information regarding disclosures made for a specific time period, no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. We will notify you if there is a cost involved.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.
- **Changes in Policy.** Care Alliance reserves the right to change its Privacy Policy. Care Alliance reserves the right to make the revised Notice effective for PHI we already have as well as any information we receive in the future. We will post a copy of the current Notice at each Care Alliance clinic and on our website. The Notice will contain the Notice's effective date.

FINANCIAL RESPONSIBILITY/POLICY

If you have health insurance: Care Alliance staff will continue to file claims to your insurance company, Medicaid, or Medicare. If you have **Medicare**, you must pay your coinsurance as required by federal law. Your coinsurance fee may also qualify for a sliding fee discount. Care Alliance nominal fees will be waived.

Some services may not be considered eligible benefits (e.g., services and/or supplies may be determined to not be medically necessary, non-covered, or investigational by my health insurance provider). Your health insurance coverage may have certain restrictions and limitations, such as authorization requirements, non-covered and frequency of service limits. Examples: Non-covered services, procedures, or drugs which are considered experimental by the US Department of Health and Human Services or another federal agency. You will be financially responsible for any and all related charges if they are not covered by your health insurance.

If you do not have health insurance: Care Alliance fees will continue to be discounted based on income and family size. You will be responsible for Care Alliance nominal fees.

Care Alliance Sliding Fee Discount Program and Nominal Fees

Care Alliance is not a Free Clinic. Our ability to provide high quality, accessible services depends on our ability to collect the fees that we are required to charge.

Care Alliance is able to discount the fees we charge depending on a patient's family size and income. This discount is applied to the charges and the patient is responsible for the remaining balance as well as nominal fees. Patients who qualify for a full sliding fee discount may still be responsible for a nominal fee for services, based on if you have insurance. Patients must provide proof of residency and income at the time of their first visit and every 12 months thereafter to calculate participation in the Sliding Fee Discount Program.

The following are acceptable documents to show proof of income and family size:

- 3 consecutive paycheck stubs
- IRS tax return for previous year
- Documentation of other income such as SSI/SSDI award letters, Unemployment award letter, or Worker's Compensation award letter

Payment is due before a patient sees a health care professional. Care Alliance Health Center accepts cash, personal checks, MasterCard and Visa.

- *Patients who do not bring proof of income after three visits will not be allowed to schedule future appointments. Such patients will only be seen on a walk in basis.*
- *Patients who do not make payments after three visits will not be allowed to schedule future appointments. Such patients will only be seen on a walk in basis.*

