

# Signature Health Notice of Privacy Practices

## Our Duty to Safeguard Your Protected Health Information (PHI)

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may disclose your PHI. Except in a specific circumstance, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

## How We May Use & Disclose Your Protected Health Information (PHI)

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following describes and offers examples of our potential uses or disclosures of your PHI.

## Uses & Disclosures Relating to Treatment, Payment or Health Care Operations

Generally, we may use or disclose your PHI as follows:

- **For Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with central pharmacy staff. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work, for consultation purposes, or ADAMHS Boards and/or community mental health agencies involved in the provision or coordination of your care.
- **To Obtain Payment:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify your employment status, and/or release portions of your PHI to the Medicaid program, collection agencies, the ODMH central office, the local ADAMHS/CMH Board through the Multi-Agency Community Information Services Information System (MACSIS), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.
- **For Health Care Operations:** We may use/disclose your PHI in the course of operating our agency. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities or other departments. Release of your PHI to MACSIS and/or other state agencies might also be necessary to determine your eligibility for publicly funded services.
- **Appointment Reminders:** Unless you provide us with alternative instructions, we may send or phone appointment reminders or other similar materials to your home or cell phone.
- **Fundraising:** We may use or disclose certain health information about you to contact you in an effort to raise funds to support Signature Health and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

## Uses & Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization unless the use or disclosure falls within one of the exceptions described below. As an example, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization.

Special privacy protections also apply to HIV-related information, alcohol and substance abuse treatment information, and mental health information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply.

Signature Health will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections. Authorizations to use or disclose

PHI can be revoked at any time to stop future uses or disclosures. We are unable to take back any uses or disclosures of your PHI we have already made with your authorization.

## Uses & Disclosures of PHI Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

- **When Required by Law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For Public Health Activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **For Health Oversight Activities:** We may disclose PHI to our central office, the protection and advocacy agency, or other agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.
- **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm to your health and safety or to the health and safety of the public or of another person.
- **For Specific Government Functions:** We may disclose PHI to Government benefit programs relating to eligibility and enrollment, and for national security reasons.
- **For Research, Audit or Evaluation Purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.
- **For Deceased Individuals:** We may discuss PHI relating to an individual's death if state or federal law requires information for collection of vital statistics or inquiry into cause of death or to coroners, medical examiners, or funeral directors so they may do their jobs.
- **For Law Enforcement Purposes:** We may disclose PHI to law enforcement officials. For example, we may make these types of disclosures in response to a valid court order, subpoena or search warrant; to identify or locate a suspect, fugitive or missing person; or to report a crime committed on our premises.

## Organized Health Care Arrangement

We are a part of an organized health care arrangement called OCHIN. A current list of OCHIN members is available at [www.ochin.org](http://www.ochin.org). As a business associate of ours, OCHIN supplies information technology and related services to us and other OCHIN members. OCHIN also engages in quality assessment and improvement activities on behalf of its members. 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 personal health information may be shared by Signature Health Inc. with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

We may participate in one or more health information exchanges (HIEs). HIEs may electronically share medical information for treatment, payment and health care operation purposes with other participants in the HIEs. HIEs allow your health care providers to quickly access and use medical information necessary for your treatment and other lawful purposes. The addition of your medical information in a HIE is voluntary and subject to your right to opt-out. If you would like to opt-out contact our Chief Compliance Officer listed below.

## Your Rights Regarding Your PHI

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses/Disclosures:** You have the

right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

- **To Choose How We Contact You:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- **To Inspect and Request a Copy of Your PHI:** Unless your access to your records is restricted for clear and documented reasons, you have the right to see your protected health information upon your written request. You may not see or get a copy of information gathered or prepared for a legal proceeding or if your requests cover psychotherapy notes. We will respond to your written request within 30 days. If we deny your access, we will give you written reasons for the denial and explain how to request a determination review. If you want copies of your PHI, a charge for copying may be imposed, depending on the circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. Your request should be submitted to our Privacy Officer. We will respond within 60 days of receiving your request. If we accept your request, we will tell you and will amend your records by supplementing the information in the records. We will also tell others that need to know about the change in PHI. We may deny the request. Any denial will state our reasons for the denial and explain your rights to have the request and denial, along with any statement in response to the denial that you provide, appended to your PHI.
- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purposes, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years.  
There will be no charge for up to one such list each year. There may be a charge for more frequent requests. We will notify you of any such costs prior to efforts to comply with your request.

## Amendments to This Notice of Privacy Practices

We may amend our Privacy Policy and this Notice from time to time. In accordance with applicable laws, we will post a notice at Signature Health, Inc. describing any changes to the policy and will provide the current policy to all active patients as required by law.

## You Have the Right to Receive This Notice

You have the right to receive a paper copy of this Notice and/or an electronic copy upon request.

## How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with person listed below. You may also file a complaint with:

**The Secretary of the U.S. Department of Health and Human Services**  
**200 Independence Avenue SW Washington D.C. 20201**  
**Toll Free: (800) 368-1019**  
**TDD Toll Free: (800) 537-7697**

We will take no retaliatory action against you if you make such complaints.

## Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact Signature Health, Inc.'s Privacy Officer:

**Chief Compliance Officer**  
**4242 State Route 306,**  
**Kirtland, OH 44094**  
**(440) 578-8200 | [sh-privacy@shinc.org](mailto:sh-privacy@shinc.org)**