

NOTICE OF PRIVACY PRACTICES

DEBALZO, ELGUDIN, LEVINE, RISEN LLC (DELR)

Denise Sheridan, Privacy Officer 216-831-2900

July 1, 2017

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 understand that your health information is personal to you, and we are committed to protecting information about you. We rely on you to give us complete and accurate information about your condition, symptoms and health history to diagnose and treat you. We appreciate how you trust us with this information. This Notice of Privacy Practices (or "Notice") describes how we will use and disclose protected information and data that we receive or create related to your health care as well as your rights regarding your health information. We are required by law to maintain the privacy of your health information and to give you this Notice describing our legal duties and privacy practices.

If you have any questions, about our Privacy Practices, including your rights and ability to voice your concerns, please call our office Privacy Officer at the number above.

How Our Medical Practice May Use or Disclose Your Health Information

Our medical practice, DELR, collects health information about you and stores it in a chart. This is your medical record. The medical record is the property of DELR, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. We will use and disclose your health information while providing, coordinating or managing your health care. For example, information obtained by your clinician or a member of our staff during the course of your treatment will be documented in your record. If medically necessary this documentation may be shared with other health care providers, hospitals or nursing homes that are involved in treating you without your written consent. Information obtained also may be disclosed to your pharmacy to fill your prescription or a laboratory to perform a test. We also may request your medical information from other health care providers previously seen to assist in your care.

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you

sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Payment. We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. For example, a bill will be sent to you if you have an outstanding balance or to an outside collection agency if your account becomes delinquent. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. As another example, we may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of certain benefits

Health Care Operations: We will use and disclose your health information to deal with certain administrative aspects of your health care and to efficiently manage our business. For example, financial or billing audits, internal quality assurance, participation in managed care plans, defense of legal matters, business planning, and outside storage of records.

Business Associates: There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associates so they can perform the job requested. However, we require the business associates to take precautions to protect your health information.

Research: Consistent with applicable law, we may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Appointment Reminders. We may call to remind you of scheduled appointments, missed appointments, or that it is time to make your appointment. We may also call or write to notify you of other treatments or services available at our office that might benefit you. Unless you tell us otherwise, we will leave you a reminder message on your home answering machine, cell phone, or with someone who answers your phone if you are not home.

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, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We

may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. 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.

Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization.

Public Health & Safety. We may, and are sometimes required by law, to disclose your health information to public health or legal authorities for purposes related to preventing or controlling disease, injury or disability, including reporting child, elder or dependent adult abuse or neglect.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of child, elder or dependent adult abuse or neglect..

Healthcare Oversight Activities. We may, and are sometimes required by law, to disclose your health information to healthcare oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

Judicial, Law Enforcement, & Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of a legal, administrative or judicial proceeding to the extent expressly authorized by a warrant, subpoena, court or administrative order.

Specialized Government Functions. We may disclose your health information for military or national security purposes, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law.

When DELR May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization in writing to DeBalzo, Elgudin, Levine, Risen LLC. Understandably, we are unable to take back any disclosure we have already made with your permission.

Your Individual Health Information Rights

You have many rights concerning the confidentiality of your health information. You have the right to:

- **Request Special Privacy Protections** or confidential communications on certain uses and disclosures of your health information. We will agree to all reasonable requests unless it affects your care or is required by law.
- **Request Confidential Communications** of your health information in a specific way or at a specific location.
- **Inspect and Copy** your health information. For the most part, you will be able to review or have a copy of your health information within 30 days of your request. You will be charged a reasonable fee in advance for the cost of copying and mailing your information. By law there are some instances that we may deny your request. If you are denied access to your health information, we will send you a written explanation.
- **Amend or Supplement** your health information that you believe is incorrect or incomplete. We are not required to change your health information, and may deny your request if:
 - we do not have the information,
 - your request is not in writing including a reason to support the request
 - the information was not created by us, unless the person who created the information is no longer available to make the amendment,
 - the information is not part of the health information kept by or for us,
 - the information is not part of the information you would be permitted to inspect or copy,
 - or the information is accurate and complete as is.

If we deny your request we will send you a written explanation.

- **An Accounting of Disclosures** of your health information made by this medical practice. Not all health information is subject to this request. Your request must state a time period of no longer than six years. Your request must state how you would like to receive the report. You will be charged a reasonable fee in advance for creation of the report.
- **A Paper or Electronic Copy of this Notice.**

If you would like to exercise one or more of these rights, please submit your detailed request in writing to our Privacy Officer listed at the top of this Notice of Privacy Practices.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed in writing to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the:

Secretary of the U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue, SW, Washington D.C. 20201
1-877-696-677

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.

DeBalzo, Elgudin, Levine, Risen LLC will not retaliate against you for filing a complaint.

Changes to this Notice of Privacy Practices

DeBalzo, Elgudin, Levine, Risen LLC reserves the right to change our privacy practices and to apply the revised practices to the health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, you will be notified of any such change. We will display the most current Notice in our reception area, have copies available to you at each visit, and post it on our website.