

Notice of Privacy Practices

The term of this Notice of Privacy Practices applies to Cleveland Hearing & Speech Center (CHSC) operating as provider of clinical services, and the clinicians and other professionals seeing and treating clients for CHSC. All our staff will share personal health information of clients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our client's health information and to provide clients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at 6001 Euclid Avenue Suite 100, Cleveland, Ohio 44103; or a copy may be obtained by mailing a request to HIPAA Compliance Officer, CHSC, 6001 Euclid Ave Suite 100., Cleveland, OH 44103; or you may view a copy on our website at <http://clevelandhearingandspeech.org>.

Uses and Disclosures of Your Personal Health Information

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing, but we cannot take back any uses or disclosures already made with your permission.

Uses and Disclosures for Payment. We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information about services rendered to your insurance company. We may also use your information to prepare a bill to send to you or the person responsible for your payment.

Uses and Disclosures for Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for operations which include clinical improvement, peer review, business management, etc.

Uses and Disclosures for Fundraising. We may contact you in an effort to raise money for Cleveland Hearing & Speech Center and its operations. The information released to the fundraising office would only include your name, address, telephone number, email address, gender, date of birth, age, health insurance status, dates of service at CHSC, department in which client received services, name of treating clinician and outcome information. You have a right to opt of receiving these communications from us. If you do not want CHSC to release this information about you for fundraising efforts, you must notify in writing to any clinical scheduling or billing office representative.

Family and Friends Involved in Your Care. With your approval, we may disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable or incapacitated and we determine that limited disclosure

may be in your best interest, we may share limited personal health information with such individuals without your approval. We may disclose limited personal health information to an entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects of our services are performed through contracts with outside persons or organizations, such as subcontracted clinical professionals, supporting services such as language interpreting, auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your personal health information, limited to what the business associates need to know, to one or more of these outside persons. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Appointments and Services. We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests to receive communications by alternative means. For instance, if you wish appointment reminders to not be left on voicemail, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to: HIPAA Compliance Officer, CHSC, 6001 Euclid Avenue, Cleveland, OH 44103.

Health Products and Services. We may from time to time use your personal health information to communicate with you about health products and services necessary for your health treatment, to advise you of new products and to provide general health and wellness information.

Research. In limited circumstances, we may use and disclose your personal health information to research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements.

Other Uses and Disclosures. We will not use or disclose your health information for any purpose other than those you identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your revocation, but we cannot take back any uses or disclosures already made with your permission. We also will not use or disclose your health information for the following purposes without your specific, written authorization.

For our marketing purposes. This does not include face-to-face communication about products or services that may benefit you. **For the purpose of selling your health information.** We may receive payment for sharing information for, as an example, public health purposes, research, and releases to you or others you authorize a release to as long as payment is reasonable and related to the cost of providing your health information.

Special Situations. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;

- We may release your personal health information for public health activities;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information if we believe you to be a victim of abuse, neglect or domestic violence;
- We may release your personal health information to the FDA if necessary;
- We may release your personal health information to your employer when we have provided services at the request of your employer; in most cases you will receive notice about this;
- We may release your personal health information if required by law to a government oversight agency;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials such as required by law to report wounds and injuries and crimes;
- We may release your personal health information for certain research purposes when such research is approved by an IRB with established rules to ensure privacy;
- We may release your personal health information in limited instances if we suspect serious threat to health or safety;
- We may release your personal health information if you are a member of the military as required by the armed forces services; also if necessary for national security or intelligence activities; and

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS related condition, before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program, and before disclosing information about mental health services you may have received. For full information on when such consents may be necessary, you can contact HIPAA Compliance Officer, CHSC.

RIGHTS THAT YOU HAVE:

Access to your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We may charge you for copying, mailing and compiling information. You may obtain an access requests from: HIPAA Compliance Officer, CHSC.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with

us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from: HIPAA Compliance Officer, CHSC.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it. We are not required to agree with your request if the information is needed for emergency treatment or we are required by law to use or disclose the information. We are required to agree with your request if you pay for treatment, services, or supplies "out of pocket" and you request the information not be communicated to your health plan for payment or health care purposes, except where we must use or disclose the information as required by law.

Complaints. If you believe your privacy rights have been violated, you can file a complaint in writing with the HIPAA Compliance Officer, CHSC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Breach of Health Information. We will inform you if there is a breach of your unsecured health information.

Acknowledgement of Receipt of Notice. You may be asked to sign an acknowledgement form that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION. If you have questions or need further assistance regarding this Notice, you may contact the HIPAA Compliance Officer, CHSC, 216-231-8787.

As a client you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices was originally effective April 2003. This notice was revised effective March 2006, September 2013, and then December 2025.