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.

This Notice describes how we, Neighborhood Family Practice Community Health Centers, use or disclose 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 or future. This Notice also describes your rights to access and control your PHI.

Our Responsibilities

Federal law requires that we maintain the privacy of your PHI and provide to you this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice.

If we change this Notice, we will post the revised Notice in our health center waiting areas and on our website at www.nfpmedcenter.org, and you may ask us for a paper copy at any time.

Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice in which the material change is reflected. Neighborhood Health Care Incorporated dba Neighborhood Family Practice (hereinafter referred to as "NFP") is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of NFP, OCHIN supplies information technology and related services to NFP 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 personal health information may be shared by NFP 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 operations 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.

How We May Use or Disclose PHI for Treatment, Payment and Health Care Operations

For Treatment. We may use and disclose your PHI to coordinate or manage your care within our organization and also with individuals or organizations outside of our organization that are involved in your

care, such as your primary therapist, other health care professionals, contracted service providers or related organizations. For example, certain service providers involved in your care may need information about your medical condition in order for us to deliver services properly and appropriately.

To Obtain or Provide Payment

We may include your PHI in invoices to collect or provide payment to or from third parties for the care you receive through Neighborhood Family Practice. For example, some PHI is transmitted to the Ohio Department of Job and Family Services when billing transactions are conducted.

To Conduct Health Care Operations

We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations includes but is not limited to the following activities: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of Neighborhood Family Practice. For example, we may use PHI to evaluate our staff performance or combine your health information with other consumer PHI to evaluate how to better serve all of our consumers.

Another example may be the disclosure of your PHI to staff or contracted personnel for certain limited training purposes.

How We May Use or Disclose PHI for Appointment Reminders, Treatment Alternatives, or Fundraising Activities

We may use and disclose your PHI to contact you as a reminder that you have an appointment. We may use and disclose your PHI to advise you or recommend possible service options or alternatives that may be of interest to you. We may contact you for fundraising activities. However, you will be provided the opportunity to opt out of receiving such fundraising communications.

Disclosures You May Authorize Us To Make

We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

Other Specific Uses or Disclosures

When Legally Required. We will disclose your PHI when required by any Federal, State or local law.

In the Event of a Serious Threat to Life, Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.

When There Are Risks to Public Health. We may disclose your PHI for public activities and purposes allowed by law in order to prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; conduct public health surveillance, investigations, and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe you are the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when you agree to the disclosure.

To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information. Under Federal and Ohio law, some requests may require a court order for the release of any confidential medical information.

For Law Enforcement Purposes. As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.

For Research Purposes. We may, under very select circumstances, use your PHI for research. Before we disclose any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.

For Specified Government Functions. Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcement custody.

For Workers' Compensation. We may use or disclose your PHI for workers' compensation or similar programs.

Transfer of Information at Death. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners and coroners to carry out their duties consistent with applicable law.

Organ Procurement Organizations. 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.

Family Members and Others Involved in Your Care. We may share your PHI with a family member, relative, close friend or other person you identify who is involved in your care or helps pay for your care, limited to the information relevant to that person's involvement. If you are present, we will give you the opportunity to agree or object before we share it. If you are not present or are unable to agree or object, we may share the information if, in our professional judgment, doing so is in your best interest.

Disaster Relief. We may share your PHI with a public or private organization authorized by law or by its charter to assist in disaster relief efforts, such as the American Red Cross, so that your family can be

notified of your location and condition. We will give you the opportunity to object unless doing so would interfere with our ability to respond to the emergency.

Emergencies. We may use or disclose your health information to notify, or assist in the notification of, a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Substance Use Disorder Treatment Records

Some records of substance use disorder treatment are protected by a federal law, 42 U.S.C. § 290dd-2, and its regulations at 42 C.F.R. Part 2 ("Part 2 records"). In some ways these protections are stricter than HIPAA. If we create, receive or maintain Part 2 records about you, we will use and disclose them only as Part 2 allows, and we will follow any limits on further disclosure that apply to them. In general, we must have your written consent before we use or disclose Part 2 records, including for treatment, payment and health care operations. If you give a single written consent for all future uses and disclosures for treatment, payment and health care operations, we may use and disclose those records for those purposes as described in this Notice until you revoke your consent in writing.

Without your written consent, we may disclose Part 2 records only in the limited circumstances Part 2 permits, such as in a medical emergency, for certain research, audit or program evaluation activities, to report suspected child abuse or neglect as required by state law, to public health authorities in a form that does not identify you, or under a court order that meets the requirements of Part 2.

Part 2 records, and testimony that relays their content, will not be used or disclosed in any civil, criminal, administrative or legislative proceeding against you unless you give specific written consent or a court issues an order that meets the requirements of Part 2, after you and we have been given notice and an opportunity to be heard.

We will not use or disclose Part 2 records to contact you for fundraising unless you are first given a clear and conspicuous opportunity to choose not to receive fundraising communications. You may opt out at any time by contacting our Privacy Officer.

If you believe your rights under Part 2 have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, as described in the "Where to File a Complaint" section of this Notice.

Your Rights With Respect to PHI

You have the following rights regarding PHI that we maintain:

Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which Neighborhood Family Practice has been paid out of pocket in full. To request such restrictions, please contact Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org.

Right to Receive Confidential Communications. You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org. We may not require that you provide an explanation for your request and will attempt to honor any reasonable requests.

Right to Inspect and Copy Your PHI. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. A request to inspect and copy records containing your PHI may be made to Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org. If you request a copy of such health information, we may charge a reasonable copying, processing and personnel fee. If the PHI that is the subject of a request is maintained in one or more designated record sets electronically and if you request an electronic copy of such information, we will provide you with access to the PHI in the electronic form and format requested if readily producible in such form and format; or, if not, in a readable electronic form and format as agreed upon by us and you.

Right to Amend Your PHI. You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org. We may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request for an accounting must be made in writing to Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12–month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

Right to a Paper Copy of This Notice. You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org.

Where To File a Complaint

You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us shall be made in writing to Candace LaRochelle, Privacy Officer at (216) 340–7821 or privacyofficer@nfpmedcenter.org. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: online through the OCR Complaint Portal at https://ocrportal.hhs.gov/; by e-mail to OCRComplaint@hhs.gov; or by mail to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. For help, you may call HHS toll-free at (877) 696–6775.

How to Contact Us

Practice Name: **Neighborhood Family Practice**

Candace LaRochelle, *Privacy Officer*
Telephone: 216–340–7821
privacyofficer@nfpmedcenter.org
4115 Bridge Ave., Suite 300, Cleveland, Ohio 44113

Effective Date

This Notice was effective on March 26, 2013. It was last amended on November 18, 2026