

**CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION
GROUP HEALTH PLAN
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 carefully.

Your Health Information Rights:

When it comes to your health information, you have certain rights. You have the right to:

- **Get a copy of your health and claim records.** You can ask to see or get a copy of your health and claim records and other health information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct health and claims records.** You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to this request, but we will tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (such as by home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **Get a list of those with whom we have shared information.** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information provided at the bottom of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

- **Receive notification if affected by a breach.** We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.
- **Get a copy of this Notice of Privacy Practices.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically, and we will provide a copy to you promptly.

Your Choices:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Information We Collect About You:

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

Our Uses and Disclosures:

We typically use or share your health information in the following ways:

- **Help manage the health care treatment you receive.** We can use your health information and share it with professionals who are treating you.
- **Run our organization.** We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- **Pay for your health services.** We can use and disclose your health information as we pay for your health services.
- **Administer your plan.** We may disclose your health information to help us administer your plan.

We are allowed or, in some instances, required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research, as further identified below. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Business Associates.** There may be some services provided in our organization through contracts with Business Associates. An example might include a document shredding service we use when disposing of documents containing your protected information. When performing their services, these Business Associates may have access to some of your protected information. To protect your information, however, we require the Business Associate to appropriately safeguard it.
- **Worker's Compensation.** We may release protected health information about you for programs that provide benefits for work related injuries or illness.
- **Health Oversight Activities.** We may disclose protected health information to federal or state agencies that oversee our activities.
- **Law Enforcement.** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena.
- **Lawsuits and Disputes.** We may disclose protected health information about you in response to a court or administrative order.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.
- **Substance Use Disorder Information:** We maintain records related to substance use disorder (SUD) treatment that are subject to 42 C.F.R. Part 2; we are required by law to maintain the privacy of those records. We also have a legal obligation under HIPAA to protect the privacy

and security of your health information and to notify you of any breach of unsecured protected health information.

We may use or disclose your SUD records for treatment, payment, and health care operations (TPO) as permitted by HIPAA. You may provide a single written consent authorizing all future uses and disclosures of your SUD records for TPO purposes. Once disclosed with your consent to a Part 2 program, HIPAA-covered entity, or business associate, those entities may further use or disclose your records for TPO to the extent permitted by the HIPAA Privacy Rule, without needing additional written consent.

We may also disclose SUD records to public health authorities and as otherwise required by law. You have the right to request a restriction on the use or disclosure of your SUD records.

You have the same rights with respect to your SUD records as you do with your other protected health information under HIPAA, including the right to access, request an amendment, and receive an accounting of disclosures.

Notwithstanding the above, SUD records or testimony relaying their contents may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless:

- You have provided written consent, or
- A court issues an order after you (or the record holder) have been given notice and an opportunity to be heard, as required by 42 C.F.R. Part 2.

Any disclosure of SUD records must include a notice to the recipient that further disclosure is prohibited unless expressly permitted by the patient's written consent or as otherwise permitted by law. We will not discriminate against individuals based on information contained in SUD records, including in decisions relating to employment, housing, or access to health care.

- **For Purposes For Which We Have Obtained Your Written Permission.** All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and notify us in writing.

Changes to the Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office, and on our website.

For More Information

If you have questions about this notice or would like additional information, you may contact our HIPAA Privacy Officer, Danielle Williams, at the telephone or address below.

9150 South Hills Blvd #150
Broadview Heights, OH 44147
440-746-1500

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.