

WE WILL FOLLOW THIS NOTICE

This Notice describes the information privacy practices followed by our employees, staff, and office personnel at Equitas Health and Equitas Health Pharmacy. The purpose of this Notice is to tell you how we share your information and how you can find out more about our sharing practices, including your rights and our obligations regarding the use and disclosure of your information. This Notice does not apply to non-health care functions such as those related to lifestyle, education, employer, and outreach events.

This Notice is available on our website and may be shared with you before your first visit. On our registration form, you will consent to having received this Notice at your first visit. Please review carefully and if you have any questions, please contact the Privacy Officer:

A: 4400 N. High St., Suite. 300, Columbus, OH 43214
 P: (614) 340-6781
 E: compliance@equitashealth.com

HOW WE TYPICALLY SHARE YOUR HEALTH INFORMATION

We typically use and share your PHI in the following ways:

- Your Authorization.** Except as outlined below, we will not use or disclose your health information for any purpose without your specific written authorization. If you sign a HIPAA Authorization for Release of Information for us to use or disclose your health information, you may revoke that Release, in writing, at any time. You may orally revoke the Release if we take actions in reliance on your request. If you revoke your Release, we will no longer use or disclose information about you for the reasons covered by your written Release, but we cannot take back any uses or disclosures already made with your permission.
- To Treat You.** We may use your PHI to provide, coordinate, and manage your treatments, prescriptions, and services. We may also provide subsequent healthcare providers with copies of various records, reports, or summaries that assists them in treating you. We may release or receive your health information to other healthcare facilities not affiliated with our organization that also provides care to you. For instance, if your dentist requests certain records coordinate care, we will provide them with the records requested. We will require you sign authorization Release before disclosing your psychotherapy notes, unless permitted or required by law.
- To Bill For Your Services.** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, Equitas Health, or another third party.
- To Run Our Organization.** We may use and disclose health information about you for our healthcare operations and make sure that you and our other patients receive quality care, as well as compliance activities, credentialing and licensure review, case management, medical review, legal and auditing services, and business management and general administrative activities.
- Research.** We may use and disclose your health information for research purposes. For instance, a research organization may wish to compare outcome of all patients that received a particular drug and will need to review your medical record. Your confidentiality will be protected by strict confidentiality requirements promulgated by the Institutional Review Board or the privacy board overseeing the particular research. When necessary for research purposes and so long as the PHI does not leave our organization, we may disclose your health information to researchers preparing to conduct a research project. We also may disclose your PHI to researchers after your death. Those receiving your information must abide by Ohio law.
- Marketing.** We will require written consent for marketing communications unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder or appointment reminder, is what we consider general health or wellness information, or a communication about health-related products or services that we offer or that are directly related to your treatment.
- Appointment Reminders & Services.** We may contact you to provide reminders to pick up your prescriptions or regarding an upcoming appointment. We may also share certain test results with you. We will only do so if you indicate on your registration form or to your provider that you wish to receive such reminders and results.
- Business Associates.** Certain services are performed by outside persons or organizations with whom we contract, such as legal services, auditors, health record vendors, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us. In all cases, we require these business associates to

appropriately safeguard the privacy of your information, and enter into an agreement with the business associate memorializing such commitment.

USES & DISCLOSURES MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT

- Family and Friends.** We may disclose health information about you to your family members and friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may assume you agree to our disclosure of your personal health information to an individual when you bring that individual with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.
- Communications.** We may communicate to you via newsletters, mailings, and other means regarding treatment options: information on health-related benefits or services, disease-management programs, wellness programs, to assess your satisfaction with our services, as part of fundraising efforts, for population-based activities relating to training programs or reviewing competence of health care professionals, or other community based initiatives or activities which we are participating. If you are not interested in receiving these communications, please contact the Privacy Officer.
- Ohio Protections.** Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses 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.
- Fundraising.** We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications, contact the Privacy Officer by telephone at 614-340-6781 or at compliance@equitashealth.com.

HOW ELSE CAN WE SHARE YOUR HEALTH INFORMATION?

We may use or disclose health information about you without your permission for the following purposes:

- For any purpose required by law;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury (in most cases you will receive notice that information is disclosed to your employer);
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by subpoena or discovery request (in some cases you will have notice of such release);

WE WILL PROTECT YOUR PRIVACY

We are required by law to maintain the privacy of your protected health information. This notice applies to the information and records we have about who you are; where you live; your past, present, and future medical conditions; your health, health status, mental health care, mental health status, alcohol, and other drug treatment status; the prescriptions you have received; and services you receive from our employees (referred to as your "protected health information" or "PHI"). We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties. For instance, we are required to notify you in the unlikely event there is a breach of your protected health information and we are required to follow this Notice. A copy of this Notice can be obtained from the front desk staff or the Privacy Officer. And we reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all protected health information maintained by us.

- To law enforcement officials as required by law to report wounds and injuries and crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange an organ or tissue donation from you or a transplant for you;
- In limited instances if we suspect a serious threat to health or safety;
- If you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities; and
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.
- When necessary to prevent a serious threat to the health and safety of you, another person, or the public.
- When information about you in a way that does not personally identify you or reveal who you are.
- When certain services are performed through contracts with outside companies and organizations. In performing these contracts, we may need to provide the companies with your health information. We will always enter into a Business Associate Agreement with these companies to ensure that they are also safeguarding your information.

YOUR RIGHTS

You have the following rights regarding health information:

- Right to Access and Receive a Copy of Your Medical Record.** You have the right to inspect and receive a copy of your records. We ask that you submit these requests in writing to our Medical Records Manager. We may charge a reasonable fee to cover the costs of your request, but we will let you know in advance. We may deny your request in some circumstances, in which case, you may request that the denial be reviewed. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.
- Right to Amend Your Medical Record.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing to our Medical Records Manager. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. 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.
- Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information. To request this list of disclosures, you must submit your request in writing to the Medical Records Manager. Your request must state a time period, which may not be longer than six years. We may charge you for the costs of providing the list, but we will let you know in advance. When you request an accounting of disclosures of your electronic health record, the accounting will be for three years prior to the date of the request for the accounting and will include, in addition to all types of disclosures listed in the general policy, disclosures for treatment, payment and health care operations
- Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about your

treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We ask that you submit these requests in writing to our Medical Records Manager. We are not required to agree to your request, but we will accommodate your request if reasonable. If we do agree to your request, we will comply except in certain emergency situations or as required by law.

- Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you do not wish to participate or wish for us to only contact you by certain means, you may notify us in writing, by telephone, or in person. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.

EXCHANGE

Your protected health information may be disclosed to an approved Health Information Exchange to facilitate the provision of health care to you. Health Information Exchange allows health care professionals and patients to appropriately access and securely share medical information electronically. The approved Health Information Exchange is required to maintain appropriate administrative, physical, and technical safeguards to protect the privacy and security of protected health information. Only authorized individuals may access and use protected health information from the approved health information exchange.

Equitas Health 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 Equitas Health OCHIN supplies information technology and related services Equitas Health 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 health information may be shared by Equitas Health with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect, and it is also available at equitashealth.com.

COMPLAINTS OR UNAUTHORIZED RELEASE

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the **Privacy Officer, at Equitas Health.** You will not be penalized for filing a complaint. In the unlikely event that there is a breach of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

ACKNOWLEDGMENT

You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.

Effective Date: 10/2018

CLIENT RIGHTS & RESPONSIBILITIES

RIGHTS:

- You have the RIGHT to receive services without discrimination based on race, color, religion, creed, national origin, gender, gender-identity and expression, sexual orientation, age, disability, HIV status, genetic information, political affiliation, marital status, union activity, military, veteran, and economic status. Any and all discrimination should be reported immediately to any staff for immediate resolution
- You have the RIGHT to be informed of reasons for the denial or discontinuation of services.
- You have the RIGHT to include persons of support in your medical care and appointments. A source of support may include a spouse, family member, friend, or other trusted individual.
- You have the RIGHT to receive services in the least restrictive and feasible environment, which includes a right to communication services if necessary.
- You have the RIGHT to receive accurate referrals, needed support, and information from Equitas Health staff.

- You have the RIGHT to be informed of your condition.
- You have the RIGHT to receive assistance based on need, requirements, and availability of services.
- You have the RIGHT to be informed of, and to refuse any, unusual or hazardous treatment procedures.
- You have the RIGHT to freedom from physical restraint.
- You have the RIGHT to feel safe when at Equitas Health and with Equitas Health staff.
- You have the RIGHT to be informed of all client rights and to receive a copy of the Client Rights and Responsibilities.
- You have the RIGHT to exercise your rights without reprisal.
- You have the right to consult with an independent treatment specialist or legal counsel at your own expense.

- You have the RIGHT to receive respectful treatment from Equitas Health staff with consideration given to personal dignity, autonomy, and privacy.
- You have the RIGHT to access your records and personal identifying information kept confidential within the limitations and requirements for disclosure of client information under state and Federal laws and regulations.
- You have the RIGHT to be advised of and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television broadcasting, movies, and/or photographs.
- You have the RIGHT to receive assistance getting your Primary, HIV, Pharmacy, Housing, Sexual Health Education, Case Management, and Mental Health Care needs met at Equitas Health, and to participate in the development and review of your treatment/service plan, and obtain a copy of the plan.
- You have the RIGHT to be informed as to the composition of your service delivery team.

- You have the RIGHT to receive information regarding services and treatment given by Equitas Health staff.
- You have the RIGHT to receive oral and written instructions on the Equitas Health grievance procedure and present your grievances relating to Equitas Health.
- You have the RIGHT to know the cost of services provided by Equitas Health and to request financial assistance if it is needed.
- You have the RIGHT to be free from financial or other exploitation, retaliation, humiliation, and neglect.
- You have the RIGHT to file a grievance in accordance with program procedures.
- You have the RIGHT to timely, adequate care in a crisis or emergency. Please contact 911 if you are having a medical emergency.

RESPONSIBILITIES:

- You have the RESPONSIBILITY to follow up on other resources to cover health-related needs not addressed by Equitas Health.
- You have the RESPONSIBILITY to provide accurate and complete information about present and past illnesses, hospitalizations, medications, and other matters related to your health and support system, as well as report changes in your health, finances, and benefit eligibility.
- You have the RESPONSIBILITY to keep staff updated with your address, phone numbers, income, and insurance status (including Medicaid/Medicare).
- You have the RESPONSIBILITY to practice healthy habits and never knowingly spread diseases.

- You have the RESPONSIBILITY to keep scheduled appointments with your primary Equitas Health staff member and, when necessary, update your paperwork at least every six months. Clients in Case Management must update the following paperwork every 6 months before assistance can be given: Authorization/Release of Information, Individual Service Plan, Ryan White Data Intake, current identification, and verification of residency and financial eligibility. Depending on the program requirements, updates will vary.
- You have the RESPONSIBILITY not to threaten, harm, or endanger others with your behavior. Equitas Health staff may respond to any action or threat perceived as dangerous by notifying the appropriate authorities, including the police. No weapons will be tolerated in any Equitas Health buildings, or at any Equitas Health event. Failure to abide by this responsibility may result in your services being reduced, restricted, and/or terminated.

- You have the RESPONSIBILITY to report when your rights have been violated and to present any unresolved grievance to the Client Rights Officer (614-340-6781, M-F, 9-5)
- You have the RESPONSIBILITY to refrain from any form of verbal or physical abuse, including harassment, of any client, or Equitas Health staff. Failure to abide by this RESPONSIBILITY may result in your services being reduced, restricted, and/or terminated.
- You have the RESPONSIBILITY to show respect to the building and property of Equitas Health or any agency hosting Equitas Health events.
- You have the RESPONSIBILITY to keep confidentiality regarding all other clients seen in support groups or visiting Equitas Health sites or activities.

- You have the RESPONSIBILITY to participate in the development and completion of your treatment/service plan along with Equitas Health staff.
- You have the RESPONSIBILITY for your actions when you either consent or refuse any treatment, service, or therapy.
- You have the RESPONSIBILITY to seek facts and ask questions about anything you do not understand. Let us know immediately if we have not made all information completely clear to you.
- You have the RESPONSIBILITY to either pay the cost of services or work with staff on other billing options.
- You have the RESPONSIBILITY to pay applicable sliding fees and copays.

CLIENT GRIEVANCES

PURPOSE. The purpose of this policy is to provide a mechanism for clients, patients, donors, and event participants (hereinafter in this section referred to as "clients") to formally and internally report and resolve issues with the services Equitas Health provides. By taking advantage of the client grievance process, clients and patients are provided a written feedback and assurance from high-level staff within Equitas Health.

- "Grievance" - means an oral or written expression of displeasure or dissatisfaction with service received that cannot be immediately resolved by the staff present.
- "Client Rights Officer" - means the Compliance Officer at Equitas Health, whom can be reached at 614-340-6781 or compliance@equitashealth.com.

POLICY. Clients must have the ability to file a Complaint or Grievance as part of the client rights process. Clients registering Grievances shall not be subjected to retaliation and/or barriers to service or participation. Equitas Health's policies for managing Complaints and Grievances incorporates the following objectives:

- Provide patients with a mechanism for filing Complaints and Grievances without fear of retaliation and/or barriers to service.
- Provide patients with information about the mechanism and procedure to use to file a Complaint or Grievance with Equitas Health (*Client Grievance Brochure*).
- Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
- Provide an on-going system for monitoring and trending patient Complaints and Grievances.

- Clarify that billing issues are not considered a Grievance unless the Complaint also contains elements addressing patient service or care issues.
- Clients have the right to file a grievance at the following related agencies that accredit, fund, or partner with Equitas Health to ensure that clients receive the best care possible:

AGENCY	PHONE NUMBER
CARF Accreditation	(520) 318-1129
Ohio Legal Rights Service	(614) 466-7264
Office for Civil Rights/US Department of Health and Human Services	(312) 886-2359
Ohio Counselor and Social Worker Board	(614) 466-0912
Office of Criminal Justice Services	(614) 466-7782
U.S. Department of Housing and Urban Development (HUD)	(614) 469-573
Ohio Department of Mental Health and Addiction Services	(877) 275-6364
Ohio Department of Health	(800) 777-4775
Columbus Public Health	(614) 645-227

PROCEDURES. All staff are expected to follow the procedures outlined below concerning client grievances at Equitas Health.

- Patient Notification.** Patient should be notified by Equitas Health staff that they have the right to submit an official Client Grievance during registration/admission to any of our practices. If requested, staff should provide client(s) with the *Client Grievance Brochure*.
- Patient Complaint.** Patients should be encouraged to express any and all complaints with the Equitas Health staff member involved in their care. Many times, staff involved or staff supervisors can resolve an issue without the filing of a formal complaint. If, however, an issue cannot be immediately resolved, a client should be asked to complete a written grievance. Clients should be provided the *Client Grievance Form*.
- The Grievance.** A written grievance (dated and signed) must be submitted to the Compliance Officer within 14 calendar days of a grievable incident. The Compliance Officer is located at 4400 North High Street, Suite 300, Columbus, OH 43214, (614)-340-6781, (Fax) 614-340-6718, compliance@equitashealth.com. The grievance must have the date and time of the alleged violation and a detailed description of the grievance. The Compliance Officer must investigate the incident.
- The Resolution.** The Compliance Officer will then make a resolution decision within 21 calendar days of receipt of written grievance and provide written notification and explanation of the resolution to the griever.
- The Appeal.** Notice of appeal must be made in writing within 14 calendar days of the Compliance Officer's decision. An appeal regarding the Compliance Officer's resolution decision will be submitted and reviewed by two of Equitas Health's high level program staff. The following high level program staff will be responsible for the grievance originating out of their departments:

- Director of Programs (*Case Management, Behavioral Health, Housing, Prevention*)
- Director of Healthcare Operations (*Equitas Health Medical Center*)
- Director of Pharmacy (*Equitas Health Pharmacy*)
- Chief Advancement Officer (*Development*)

The Compliance Officer will choose the second high level staff member to review the appeal from the above list of individuals. Once an appeal is filed, the decision by the two reviewing staff members will be final and is due to the client in 14 calendar days. If there is a disagreement between the two staff members reviewing the grievance, the Chief Operating Officer will have the final say.

STAFF EXPECTATIONS. All staff shall be made aware of the Client Grievance Procedure, and when necessary provide the *Client Grievance Brochure* or *Client Grievance Form*. Program staff that are not in conflict with the situation will assist clients in filing the grievance if requested. Staff will ensure that clients know who the Compliance Officer is and that clients understand the Grievance Procedure. Equitas Health shall maintain for at least two years records of written grievances received that include, but are not limited to, the following: a copy of the grievance, documentation of the resolution of the grievance, and a copy of a letter to the client reflecting the resolution of the grievance.

RELATED DOCUMENTS.

- Client Grievance Brochure
- Client Grievance Form

Effective Date: 10/2018