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## 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.

**Uses and disclosures:** GRBH is permitted to use and disclose your protected health information (PHI) in the following ways:

- GRBH will require your consent for TPO (treatment, payment and healthcare operations) as mandated by Ohio Privacy Standards.
- Treatment - the service provided by a physician or other health care professional, for illness, accident or testing purposes. The results of the information may be sent to your primary care physician for follow-up care.
- Payment - information regarding your visit will be submitted to your insurance plan for claims processing.
- Health care operations - your health information may be used for the following:
  - ✓ Quality assessment and improvement activities;
  - ✓ Medical review processes;
  - ✓ Training programs for medical students, residents and new employees;
  - ✓ Accreditation, certification, licensing or credentialing activities;
  - ✓ Auditing functions, including fraud and abuse detection and compliance;
  - ✓ Business management activities, such as customer service, resolution of internal grievances, etc.; and,
  - ✓ Appointment reminders and patient follow-up calls.
- Without patient consent - GRBH is permitted to use or disclose protected health information without consent or authorization as required by law for public health activities for the purpose of:
  - ✓ Preventing or controlling disease or injury;
  - ✓ Vital events, such as birth or death; and,
  - ✓ The conduct of public health surveillance.

**NOTE:** Further disclosures may be made only with the express consent of the patient. Patients have the right to revoke this consent in writing except to the extent that GRBH has taken action in the reliance of the consent.

This notice is effective March 1, 2003.

### Patient Rights

You have the following rights concerning your PHI:

**Restrictions:** To request restricted access to all or part of your PHI. We are not required to grant your request.

**Confidential communications:** To receive correspondence of confidential information by alternate means or location.

**Access:** To inspect or receive copies of your PHI. Access can be denied under CLIA (Laboratory Certification Program) or the Federal Privacy Act.

**Amendments:** To request changes be made to your PHI. We are not required to grant your request.

**Accounting:** To receive an accounting of the disclosures by us of your PHI.

**This notice:** To get updates or reissue of this notice, at your request.

**Complaints:** To file a complaint with GRBH or the U.S. Dept. of Health & Human Services if you feel your privacy rights have been violated. GRBH will not retaliate against any individual who files a complaint.

### Our Duties

We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Privacy Contact:** For more information about our privacy practices or to register a complaint with us, please contact:

Green Road Behavioral Health  
HIPAA Privacy Officer  
1611 S. Green Road, Suite 104  
South Euclid, Ohio 44121  
(216) 297-2053

I acknowledge receipt of this notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are signing as the patient's representative:

Print name: \_\_\_\_\_

Describe authority: \_\_\_\_\_