

## Legal Notice

This site is intended to provide our users with educational information only. It is not intended as medical advice to any specific person. The information will hopefully increase your knowledge about your health and our services. **DO NOT USE THE SITE FOR EMERGENCY MEDICAL SERVICES. IN THE EVENT OF AN EMERGENCY, DIAL 911, YOUR LOCAL EMERGENCY ASSISTANCE NUMBER, AND/OR YOUR PERSONAL PHYSICIAN.**

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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. Cleveland Urology Associates respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations.

### For treatment

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

## For Payments

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

## For Healthcare Operations

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to raise funds.
- We may use and disclose your information to conduct or arrange for services, including, medical quality review by your health plan; accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs.

## Your Health Information Rights

The health and billing records we create and store are the property of Cleveland Urology Associates. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.

- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

- Maj Patel at (440) 891-6500

## Our Responsibilities

### **We are required to:**

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting our [office/medical records department] to pick one up.

## To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

- Maj Patel at (440) 891-6500

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Maj Patel, Cleveland Urology Associates. 19250 Bagley Rd. Suite 107, Middleburg Hts, OH 44130. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

### Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- [Hospitals] Information may be provided to people who ask for you by Cleveland Urology Associates. We may use and disclose the following information in a hospital directory: your Cleveland Urology Associates, location, general condition and religion (only to clergy)

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- With Medical Researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To Comply With Workers' Compensation Laws—if you make a workers' compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by Law:
  - to prevent or reduce a serious, immediate threat to the health or safety of a person
  - or the public.
  - to public health or legal authorities
  - to protect public health and safety
  - to prevent or control disease, injury, or disability
  - to report vital statistics such as births or deaths.
- To Report Suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For Health and Safety Oversight Activities. For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.

## Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

## Effective Date

12-1-2007

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## Patient Bill of Rights

### Rights

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals that make up the office organization. It is in recognition of these factors that these rights are affirmed.

The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected and care will be given in a safe setting. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the Cleveland Urology Associates of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.

The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and

treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.

The patient has the right to expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.

The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by Cleveland Urology Associates, which is treating him/her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

- The patient has the right to know the mechanisms for grievance as well as suggestions.
- The patient has the right to change their choice of physician.
- The patient has the right to refuse care, treatment, and services in accordance with law and regulation.
- The patient has the right to dispute information in their medical record.

- The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.
- The patient has the right to exercise all rights without discrimination or reprisal, abuse or harassment.

## Responsibilities

The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies and unexpected changes in the patient's condition.

The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.

If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan. The patient and family are responsible for the outcomes if they do not follow the care plan.

The patient is responsible to provide an adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her physician.

The patient is responsible to inform his/her physician about any living will medical power of attorney, or other directive that could affect his/her care.

The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct.

Patients and families are responsible for being considerate of the practice's staff and property.

The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.

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## Third Party Sites



This site contains links to third party sites for your convenience. Cleveland Urology Associates is not responsible or liable for the content of those sites. You access those sites and their services at your own risk. The links do not indicate an endorsement by Cleveland Urology Associates.

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