





\_\_\_\_\_ We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

\_\_\_\_\_ If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

\_\_\_\_\_ We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

\_\_\_\_\_ We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

\_\_\_\_\_. We may disclose PHI about you for fundraising purposes. Any such disclosure of PHI will be limited in scope and disclosed only to CWRU personnel or agents, to our business associates or to a charitable organization which is obligated to act for the benefit of CWRU. If you do not want CWRU to contact you about fundraising, you may opt out by notifying the CWRU Privacy Officer. Further information about disclosures for fundraising purposes may be found in CWRU's HIPAA Policies and Procedures, "Fundraising."

Other uses and disclosures will be made only upon your written authorization. Specifically, use or disclosures of PHI will be made only upon your written authorization for the following:

- for marketing purposes;
- for the disclosure of psychotherapy notes;
- for the sale of your PHI.

CWRU will not use PHI that is genetic information for underwriting purposes.

You also have the right to revoke such authorization, in writing, except where we have previously taken action in reliance on

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You have the following rights with respect to your PHI:

\_\_\_\_\_ You have the right to inspect and copy your PHI maintained by CWRU. Generally, this information includes health care and billing records. You do not have a right of access to (1) psychotherapy notes; (2) information prepared in anticipation of or for use in, a civil, criminal, or administrative action; and (3) PHI maintained by CWRU that is (a) subject to the

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You have the right to request that we restrict the uses and disclosures of PHI about you to carry out treatment, payment or health care operations and/or to individuals involved in your care. We cannot restrict disclosures required by law or requested by the federal government to determine if we are meeting our privacy protection obligations. *We are not required to agree to your request, except that we will comply with your request regarding disclosure of PHI to a health plan if you paid for the service out-of-pocket and in full.* If we do agree to your request to restrict uses and disclosures, we will comply with your request unless the information is needed to provide you emergency health care treatment. To request restrictions, you must make your request in writing to CWRU's Privacy Officer. Your request must specify (1) what PHI you want

If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to retract any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

I acknowledge receipt of CWRU's Notice of Privacy Practices.

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

Or Legal Representative

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