

# Cascade Hemophilia Consortium, Inc.

## 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**

**This Notice of Privacy Practices is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.**

**Protected Health Information** means any of your written and oral health information that is created or received by Cascade and relates to your past, present, or future physical or mental health or condition; to the provision of health care to you; or to the past, present, or future payment for the provision of health care for you; and that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. Protected health information includes information on persons living or deceased.

### **Permitted Uses & Disclosures of Protected Health Information (Those that do not require your written authorization or an opportunity to object)**

Cascade Hemophilia Consortium, Inc. ("Cascade") may use and disclose your protected health information for your treatment, for the payment of your insurance claims, or for health care operations that require information about you. For clarification, we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information without your authorization will fit within one of these general categories:

**Treatment** means the provision, coordination, or management of health care and related services by one or more health care providers or a third party (insurance company) for treatment purposes. It includes consultations between providers relating to your health care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

Cascade may disclose your protected health information to other health care providers, such as doctors, nurses or other pharmacists who may be providing treatment to you, upon reasonable assurance that they have a treatment relationship with you. For example, the pharmacist may talk to a physician or nurse to obtain information about other medications you are taking, in order to prevent adverse drug reactions with a new medication that may have been prescribed for you. A nurse may call to find out how frequently it has been necessary for you to order your factor.

Cascade may contact you to provide refill reminders or information that is relevant to the bleeding disorders community, such as information about recent product recalls.

**Payment** means the activities undertaken by Cascade to obtain reimbursement from you, your insurance company or a third party for treatment, services, factor or other prescriptions you receive from Cascade. This includes such things as determining insurance eligibility or coverage, coordinating benefits, billing the insurance company, discussing information that is pertinent to the claim with the case manager, and obtaining prior authorization or prior certification for treatment, services, factor or a drug which has been prescribed for you and that you intend to receive from Cascade in order for Cascade to receive payment. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

When communicating with insurance companies, we are required by law to provide only the minimum protected health information necessary to process the claim. For example, we may call your insurance company to determine how to bill for your factor. The insurance company may need to know your diagnosis or the average amount of factor you use in a month.

**Health care operations** means activities for our own health care operations in order to facilitate the function of Cascade and to provide quality care to all patients. In each instance, we are required to disclose the minimum information necessary to complete the transaction and, if possible, remove as much as possible of the information that identifies you individually. For example, an insurance company may ask for a list of shipments sent to you, as part of an audit. Also, health care operations include such activities as:

- Quality assessment and improvement activities;
- Employee review activities;
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision;
- Accreditation, certification, licensing or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs; and
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

**Other Purposes For Which Cascade is Permitted or Required  
To Disclose Your Protected Health Information  
(allowable without your written authorization or an opportunity to  
object)**

- **Required by law:** We may disclose PHI about you when required to do so by federal, state, or local law.
- **Public Health Activities:** We may disclose your protected health information for the following public activities and purposes:
  - To prevent, control, or report disease, injury or disability as permitted by law;
  - To report vital events such as birth or death as permitted or required by law;
  - To conduct public health surveillance, investigations and interventions as permitted or required by law;
  - To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance;

- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law; and
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- **Health Oversight Activities:** We may disclose PHI about you to an oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight as authorized by law. These activities may be necessary for our licensure and for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws or regulatory program standards. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- **Abuse, Neglect, or Domestic Violence:** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law or when the patient agrees to the disclosure.
- **Judicial and Administrative Proceedings:** In the course of any judicial or administrative proceeding, we may disclose PHI about you in response to a court or administrative order as expressly authorized by such order or in response to a signed authorization. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive satisfactory assurances that reasonable efforts have been made to tell you about the request or to obtain a protective order protecting the requested PHI from being used for any other purpose.
- **Law enforcement:** We may disclose PHI about you to a law enforcement official for law enforcement purposes as follows:
  - As required by law for reporting of certain types of wounds or other physical injuries;
  - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process;
  - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
  - Under certain limited circumstances, when you are the victim of a crime;
  - To a law enforcement official if Cascade has a suspicion that your health condition was the result of criminal conduct; and
  - In an emergency to report a crime.
- **Coroners, Medical Examiners and Funeral Directors:** It is Cascade's policy to refer any requests for PHI from coroners, medical examiners or funeral directors to your Hemophilia Treatment Center. However, we may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Research:** We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

- **Specified Government Functions:** In certain circumstances, the federal regulations authorize Practice to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- **Organ or tissue procurement organizations:** It is Cascade's policy to refer any requests for PHI necessary to facilitate organ or tissue donation and transplantation to your Hemophilia Treatment Center.
- **To avert a serious threat to health or safety:** We may, consistent with applicable law and ethical standards of conduct, use and disclose PHI about you if we believe, in good faith, that it is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Workers Compensation:** We may disclose PHI about you to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for them to provide health care for you and for the health and safety of others.
- **Required Uses and Disclosures:** Under the law, we must make disclosures of your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.
- **Treatment Alternatives:** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Appointment Reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at this office.

In instances where the state law is more stringent than the federal law, the more stringent law or state law exception will apply.

### **Uses and Disclosures Permitted without Authorization but with Opportunity to Object**

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

Although we currently do not engage in any fundraising activities, in the future we may contact you in order to raise funds for Cascade or an institutional foundation related to Cascade. Should we send you any fundraising communications, you will be provided with an opportunity to opt-out of receiving any future communications. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

### **Other Uses and Disclosures of Your Protected Health Information which You Authorize**

All other uses and disclosures of your protected health information not covered by this notice will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose your PHI, you may revoke that authorization, in writing, at any time, except to the extent that we have acted in reliance of it. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. The following are examples of uses and disclosures requiring an authorization:

- **Psychotherapy Notes:** If we maintain psychotherapy notes, we will require your written authorization for the use or disclosure of psychotherapy notes other than by the creator of those notes, by Cascade for its training programs, or the for Cascade to defend itself in a legal action brought by you.
- **Marketing:** We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes, except if the communication is in the form of: (i) a face- to-face communication made by us to you; or (ii) a promotional gift of nominal value we provide. If the marketing involves direct or indirect remuneration to us from a third party, the authorization must state that such remuneration is involved. If the marketing involves financial remuneration to us from a third party, the authorization must state that such remuneration is involved.
- **Sale of PHI:** Under no circumstances will we sell our patient lists or your PHI to a third party without your written authorization. Such authorization must state if the disclosure will result in remuneration to us.

### **Your Rights with Respect to Your Protected Health Information**

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Cascade is not required to agree to a restriction that you may request unless your request relates to a disclosure to a health plan for items or services that were paid in full by you or someone other than the health plan and the disclosure is not required by law. We will notify you if we deny your request to a restriction. If Cascade does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**Right to Receive Communications by Alternative Means or Location:** You have the right to reasonably request to receive confidential communications that include your protected health information from us by alternative means or at alternative locations. For example, if you do not wish to be contacted at your place of work, you may tell us so and also tell us where the best place is to contact you. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

**Right to Inspect and Copy Information About You:** You have the right to inspect and copy protected health information about you contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your prescriber and Cascade uses for making decisions about you. If information in a “designated record set” is maintained electronically, you may request an electronic copy in a form and format of your choice that is readily producible or, if the form/format is not readily producible, you will be given a readable electronic copy.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

Cascade’s policy is to provide this information only upon request from the patient or, in the case of a minor or incapacitated patient, the patient’s parent or guardian. To inspect or copy your medical information, you must submit a written or telephone request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

**Right to Request an Amendment to Your Information:** You have the right to request an amendment to your protected health information for as long as we maintain the information, if you believe it to be incorrect or incomplete. We may deny your request under certain conditions, such as when the information was not kept or created by Cascade or is determined to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. The request must be made in writing and must be directed to our Privacy Officer. In this request, you must also provide a reason to support the requested amendments.

**Right to Receive an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your protected health information, except those occurring for the purposes of treatment, payment or health care operations as described above, where you requested the disclosure, where a written authorization is not required, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request must be made in writing and must be directed to our Privacy Officer and should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during

any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to Receive a Paper Copy of the Notice of Privacy Practices:** You have the right to receive a separate paper copy of the Notice of Privacy Practices from Cascade upon request even if you have already received a copy of this Notice of Privacy Practices or have agreed to accept this Notice of Privacy Practices electronically. You may call us at 1-800-996-2575 to have a copy mailed to you.

## **Cascade's Duties With Respect To Your Protected Health Information**

Cascade is required by law to maintain the privacy of your protected health information, to provide you with this Notice of Privacy Practices of its legal duties and privacy practices with respect to your protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Cascade is required by law to abide by the terms of this Notice of Privacy Practices as it is currently in effect.

Cascade reserves the right to change the terms of this Notice of Privacy Practices and to make new provisions that will be effective for all protected health information that Cascade maintains. Any revised Notice of Privacy Practices will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice of Privacy Practices in our office and on our website. Any revised Notice of Privacy Practices will contain an effective date. You may contact Cascade at any time to request a written copy of the most recently revised Notice of Privacy Practices by calling 1-800-996-2575.

If you have questions or concerns regarding Cascade's Notice of Privacy Practices, or if you would like additional information, you may contact Cascade's Privacy Officer, at 1-800-996-2575. If you believe your privacy rights have been violated, you can file a complaint with Cascade's Privacy Officer, orally or in writing, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Cascade's contact person for all issues regarding patient privacy and you rights under the Federal privacy standards is its Privacy Officer. Information regarding matters covered by this Notice of Privacy Practices can be requested by contacting Cascade's Privacy Officer.

***To make requests in writing you may send them to:***

**Cascade Hemophilia Consortium  
Attention: Privacy Officer  
2025 Traverwood Drive, Suite A  
Ann Arbor, MI 48105**

***To make request by phone you may call:***

**1-800-996-2575**

Effective Date: This Notice of Privacy Practices is effective on June 13, 2024.