

**NOTICE OF PRIVACY PRACTICES**  
**NORTH STAR MEDICAL RESEARCH, LLC**  
**DR. MARK J. WOYSHIVLLE, MD**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Effective August 28, 2013  
Revised April 23, 2014, Version 2

If you have any questions about this notice or would like to file a privacy-related complaint, please contact our privacy officer.

North Star Medical Research, LLC  
Chief Operating Officer  
18660 Bagley Road  
Building II, Suite 205  
Middleburg Heights, OH 44130  
Phone: 440.234.5700

**About This Notice**

North Star Medical Research, LLC (“NSMR”, “we”, “our”, or “us”) is committed to protecting your medical information (Medical Information). This Notice tells you how we may use and disclose your Medical Information. It also describes your rights regarding your Medical Information. We are required by law to maintain the privacy of your Medical Information; give you this Notice of our legal duties and privacy practices regarding your Medical Information; and follow the terms of our current Notice. The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students and volunteers of NSMR.

**NSMR may use and disclose your Medical Information in the following ways:**

The following categories describe ways that we may use and disclose Medical Information without your written permission. A “use” of your Medical Information means sharing, releasing or giving access to your Medical Information to a person or company outside NSMR. Not all use or disclosures in a category is listed, however all the ways we are allowed to use or disclose your Medical Information should fall within one of the categories.

- **Treatment** We may use and disclose your Medical Information to give you medical care. We may also share Medical Information about you for treatment purposes with other people or entities.
- **Payment** We may use and disclose your Medical Information to bill and be paid for your treatment. If your bill is overdue, we may give Medical Information to a collection agency to obtain payment. We may also provide Medical Information to other health care providers to assist in billing efforts.
- **Health Care Operations** We may use and disclose Medical Information for health care operations purposes. This is necessary to make sure all our patients receive quality care and for management purposes.
- **Appointment Reminders/Treatment Options/Health Related Benefits & Services** We may use and disclose Medical Information to contact you with appointment reminders. You can request that we

provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests. We may communicate via newsletters, mailing, e-mail or other means about treatment options, health related information, disease management programs, wellness programs or other community based resources.

- **Individuals Involved in Your Care or Payment of Your Care** We may disclose Medical Information to a person who is involved in your medical care or helps pay for your care. We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Business Associates** We may disclose Medical Information to third parties in order to perform a job we have contracted them to do. All of these third parties are required to protect the privacy and security of your Medical Information.
- **Lawsuits or Disputes** If you are involved in a lawsuit or dispute, we may disclose Medical Information in response to a court order, administrative order, subpoena or discovery request by someone else involved in the dispute.
- **Research** We may use and disclose Medical Information for research purposes. NSMR research is approved through a special review process to protect patient safety, welfare and confidentiality. This process evaluates a proposed research project and its use of Medical Information to balance the benefits of research within the need for privacy of Medical Information. Even without special approval, we may permit researchers access to records to help identify patients who may be included in a research project or for similar purposes, as long as they do not copy or remove Medical Information.
- **As Required by Law** We will disclose your Medical Information when required to do so by local, state, federal or international law.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose Medical Information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Purposes** We may disclose Medical Information for public health purposes. (ie reporting abuse or neglect, communicable diseases to health officials, births or deaths)
- **Organ/Tissue Donation** If you are an organ or tissue donor, we may release Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplant.
- **Workers' Compensation** We may disclose Medical Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Minors We may disclose the PHI of minor children to their parents or guardians unless such disclosure is prohibited by law.**
- **Health Oversight Activities** We may disclose Medical Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws and compliance of government programs.
- **In the Event of Death** We may disclose Medical Information to coroners, medical examiners or funeral directors. If you are an organ and/or tissue donor, we may use or disclose our PHI to organizations that handle organ procurement or transplantation- such as an organ donation bank – as necessary to facility organ and/or tissue donation.
- **Abuse, Neglect or Domestic Violence** We may disclose PHI to the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **HIV, Alcohol and Substance Abuse, Mental Health & Genetic Information** Special privacy protections apply to HIV-Related information, alcohol and substance abuse treatment information,

mental health information and genetic information. Parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. NSMR will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, however, our practices are as follows:

**AIDS/HIV** - For purposes other than patient treatment, public health and safety, organ procurement, accreditation or oversight review, and emergency exposures, we must obtain your specific authorization before we disclose information about HIV/AIDS status or testing results.

**Mental Health Records** - For records, reports and applications pertaining to persons who are or were hospitalized, or whose hospitalization has been sought, pursuant to a court order, disclosure is prohibited, except where the information is disclosed pursuant to a court order, to the patient's family member involved in treatment, to the executor or administrator of a deceased patient's estate, to the Department of Mental Health for quality assurance purposes, or to the appropriate prosecuting attorney for commitment proceedings. Information on psychological/mental health matters from any other sources are not given such special protection and may be used or disclosed by the Practice for the general treatment, payment and health care operations purposes, as described above.

**Drug and Alcohol Treatment** - Records pertaining to the identity, diagnosis, or treatment of any patient which are maintained in connection with any state-licensed drug treatment program shall be kept confidential, except that such record may be disclosed pursuant to a written release signed by the patient, to court or governmental personnel having responsibility for supervising a parolee or probationary patient ordered to rehabilitation in lieu of convictions, to qualified personnel for the purpose of conducting scientific research, management, financial audits, or program evaluation, or pursuant to court order.

- **Other Use of Medical Information** Other uses and disclosures of Medical Information not covered in this Notice or the laws that apply to us will be made only with your written authorization. You may cancel that authorization at any time by sending a written request to our Privacy Officer. We are unable to take back any disclosures already made with your authorization.
- **Data Breach** We may disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your information.

### Your Medical Information Rights

The records we maintain about your health care are the property of NSMR. To protect your privacy we may check your identity when you have questions about treatment or billing issues. We will also confirm the identity and authority of anyone who asks to review, copy or amend Medical Information or to obtain a list of disclosures of Medical Information as described below. These are specific rights, subject to certain limitations, regarding Medical Information kept on record about you.

- **Right to Obtain a Paper Copy of this Notice** You have the right to obtain a copy of this Notice at any time even after receipt of an electronic copy
- **Right to Inspect and Copy** You have the right to inspect and copy your Medical Information. If you request a copy of your Medical Information we reserve the right to charge a reasonable fee to the costs of labor, postage and supplies associated with filling your request.

**We may deny your request to inspect, copy or send Medical Information in certain limited circumstances. If you are denied access to your Medical Information you may request that the denial be reviewed.**

- **Right to Request Amendments** If you feel that Medical Information contained about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You

have the right to request, along with the substantiating reason to our Privacy Officer. If your request is accepted you will be notified only in the event of an amendment. The amendment will not cause removal of any prior information contained in the record, the amendment will be an additional to the Medical Information. If the request is denied you have the right to submit a statement of disagreement, to which NSMR may choose to respond in writing. You also have the right to request that NSMR send a copy of your amendment request and your statement of disagreement (if any) with any future disclosures of your Medical Information.

- **Right to an Accounting of Disclosures** You have the right to request a list of certain disclosures of your Medical Information. You are able to request on copy within a twelve (12) month period free of charge any additional requests may be provided to you for reasonable fee for the cost of labor, postage and supplies associated with filing your request. To submit an accounting of disclosures, please submit your request to our Privacy Officer.
- **Right to Request Restrictions** You have the right to request a restriction or limitations on your Medical Information we disclose about you for treatment, payment or health care operations. You have the right to request that we disclose a limited amount of Medical Information to someone involved in your care or in the payment of your care. We are not required to comply with your request. If we comply we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires disclosure of the information.
- **Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters via a certain way or certain location. We will honor all reasonable requests. If we are unable to contact you using your requested methods or locations, we may contact you using any method we have.

**Right to Notice of a Breach of Certain Health Information** We are required to notify you via first class mail or e-mail of any unauthorized acquisition, access, use or disclosure of certain categories of health information if we determine that the breach could pose a significant risk of financial reputational harm to you.

#### **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

#### **Your Written Authorization is Required for Other Uses and Disclosures**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Changes to this Notice**

NSMR reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have as well as any information we receive in the future. We will post a copy of the current notice within our office. The beginning of the Notice will contain the Notice's effective date.

### **Complaints**

You may file a written or verbal complaint with us if you believe your privacy rights have been violated, please direct this to our Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.