

*****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.*****

UNDERSTANDING YOUR ONCOLOGY AND/OR HEMATOLOGY HEALTH INFORMATION

Each time you visit our office, we make a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is known as your medical record. It serves as a:

- *basis for planning your care and treatment.
- *means of communication among the many healthcare professionals who contribute to your care.
- *legal document describing the care you received.
- *means by which you or a third-party payer can verify that you actually received the services billed for.
- *a tool in medical education.
- *a tool to assess the appropriateness and quality of care you received.
- *a tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- *ensure its accuracy and completeness.
- *understand who, what, why, and how others may access your health information.
- *make informed decisions about authorizing disclosure to others.
- *better understand the health information rights detailed in this notice.

*You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your protected health information as described in this notice. Your protected health information may be used and disclosed by our physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- * request restriction on uses and disclosures of your health information for treatment, payment, and healthcare operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), in 164.512 (uses and disclosures not requiring a consent or an authorization). We will adhere to it unless you request restriction. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.
- * obtain a copy of this notice of information practices. Although we have posted a copy in a prominent location within the facility, you have a right to a hard copy.
- * inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - *Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
 - *Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - *Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These "reviewable" grounds for denial include:

- * Licensed healthcare professional has determined, in the exercise of professional judgement, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- * Private health information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment that the access is reasonably likely to cause substantial harm to such other person.

- * The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgement, that the provider of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. ***WE RESERVE THE RIGHT TO CHARGE A REASONABLE, COST-BASED FEE FOR MAKING COPIES.***

- * request amendment/correction of your health information. We do not have to grant the request if:
 - *we did not create the record, If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
 - *the records are not available to you as discussed immediately above.
 - *the record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

*Obtain an accounting of "non-routine" uses and disclosures-those other than for treatment, payment, and health care operations. To individuals of protected health information about them. We do not need to provide an accounting for:

- * For the facility directory or to persons involved in the individual's care or other notification purposes as provided in 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).
- * To correctional institutions or law enforcement officials under 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
- * That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include:

- * Date of each disclosure
- * Name of the organization or person who received the protected health information.
- * Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written request authorizing disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

*Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- * maintain the privacy of your health implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- * provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- * abide by the terms of this notice
- * train our personnel concerning privacy and confidentiality.
- * implement a sanction policy to discipline those whom breach privacy/ confidentiality or our policies with regard thereto.
- * mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

Following are examples of the types of uses and disclosures of your protected health care information that our office is permitted to make once you have signed our consent form.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health care information, as necessary, to a health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (Ex., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis and/or treatment to your physician.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: We may disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

For example, we may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or reschedule your appointment.

We will share your protected health information with "business associates" that perform various activities (Ex. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

MORE EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

If you give us consent, we will use your health information for treatment.

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals, or subsequent healthcare provider with copies of your records to assist them in treating you.

If you give us consent, we will use your health information for payment.

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

If you give us consent, we will use your health information for health operations.

Example: Members of the medical staff may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business associates: We provide some services through contracts with business associates. Examples include certain diagnostic tests, sending billing statements, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function or functions we have contracted with them to do and bill you or your third-payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Unless you object, health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Marketing continuity of care: We may contact you to provide appointment reminders, reschedule, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration(FDA): We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable to product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information purposes as required by law or in response to a valid subpoena.

Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

The federal Department of Health and Human Services(DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL DISTRIBUTE A REVISED NOTICE.

HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and/or would like additional information, you may contact any of these privacy officers: Linda Travis, Denise McDaniel, or Erin Baker at our office. You may also send an e-mail to ltravis@oncology-cos.com.

**Notice of Privacy Policy
for
Carolina Oncology Specialists, P.A**