

NOTICE OF PRIVACY PRACTICES

If you have any questions about this Notice, please contact our Privacy Officer at 704-947-6599.

This Notice of Privacy Practices (Notice) describes how we may use, within our practice or network, and disclose (share outside of our practice or network) your Protected Health Information (PHI) to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice at any time. Any changes will apply to all PHI. Upon request, we will provide you with any revised Notice by: (1) posting the new Notice in our office, (2) making copies of the new Notice, (3) posting the revised Notice on our website at www.carolinabiooncology.org.

Uses and Disclosures Not Requiring Your Authorization

Treatment: To provide, coordinate, or manage your healthcare and any related services. Example: Your PHI may be provided to a physician or entity (ex. hospital, home health agency) to whom you have been referred for evaluation or are receiving care from to ensure that the physician or entity has the necessary information to diagnose or treat you. We may also share your PHI, from time to time, to another physician or healthcare provider (ex. home health agency, laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment.

Payment: To obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for. PHI may be shared with the following: (1) billing companies, (2) insurance companies or health plans, (3) government agencies in order to assist with qualification of benefits, (4) collection agencies. Example: You may be seen at our office for treatment. We will need to provide a listing of services to your insurance company so that we can get paid for the treatment. We may, at times, contact your healthcare plan to receive approval prior to performing certain treatment to ensure services will be paid for. This will require sharing of your PHI.

Healthcare Operations: To support the business activities of our office which are called healthcare operations. These

activities include, but are not limited to, quality assessment and improvement activities (including mailing patient surveys), employee review activities, training of medical students and interns, and to assist in resolving problems or complaints within the practice. We may call you by name in the waiting room.

Other Uses and Disclosures: (1) **Business Associates:** Some services are provided through the use of contracted entities called “business associates”. We will always release only the minimum amount of PHI necessary so that the business associate can perform identified services. We require business associates to appropriately safeguard your information. Example: clearinghouses, e-Rx gateways (2) **Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care. (3) **Treatment Alternatives:** We may provide you notice of treatment options or other health related services that may improve your overall health (4) **Appointment Reminders:** We may contact you as a reminder about upcoming appointments or treatment and if you are unavailable, we may leave the information with another member of your household or your voicemail unless you request, in writing, a restriction.

Uses and Disclosures With Your Written Authorization

The following uses and disclosures of PHI require your written authorization:

(1) **Marketing,** (2) **Any Purpose Requiring the Sale of Your Information,** (3) **Psychotherapy Notes:** Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or group. These notes are kept separate from the rest of the medical record and do not include: medications and how they affect you, start and stop time of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.

Uses and Disclosures Made Unless You Object

You have the opportunity to object to the use or disclosure of all or part of your PHI in the following circumstances. If you are not present or able to object to the use or disclosure, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only PHI that is relevant to your healthcare will be disclosed.

Others Involved in Your Healthcare: We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. Example: We may discuss post treatment instructions with the person who picks you up. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

Electronic Communication: We may communicate with you via electronic means (ex. email, secure patient portal) unless you request us not to, in writing. Typically, these communications will be in regards to appointment reminders or in response to questions or comments you have initiated via electronic format to us.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI in certain situations as permitted or required by law including:

Required By Law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report suspected abuse or neglect.

Public Health: To public health authorities permitted by law to collect or receive information for the purpose of controlling disease, injury or disability To a foreign government agency that is collaborating with the public health authority. To a person who may have been exposed to a disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Food and Drug Administration: To a person or company required by the Food and Drug Administration to report

adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: To assist in any legal proceeding or in response a court order, in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Includes (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency.

Coroners, Funeral Directors, and Organ Donation: For identification purposes, determining cause of death or to perform other duties authorized by law. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes, if an organ donor.

Research: 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 PHI.

Criminal Activity: Consistent with applicable federal and state laws if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

Workers' Compensation: As authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: If you are an inmate of a correctional facility or under custody of law as necessary for your health or the health and safety of other individuals.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to

investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Rights

You have certain rights with respect to the protection of your PHI. All requests to exercise your rights must be made in writing. Direct your written request to the Privacy Officer.

Right to inspect or copy your PHI: You may inspect or obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records that we use for making decisions about you. If requested, we will provide you with a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied including psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. We will normally provide you with access to this information within 30 days of your written request. We may also charge you a reasonable cost based fee for a copy of the records.

Right to request a restriction of your PHI: You may request for us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree with these requests. If the restriction is a hindrance to normal business operations, your request may not be permitted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. **There is one exception:** We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service unless it is otherwise required by law.

Right to request to receive communications from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also 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 request an explanation from you as to the basis for the request.

Right to request amendment to your PHI: You may request an amendment of your PHI if you feel that the information is

not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

Right to receive a list of those who have received your PHI from us: This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, as a result of an authorization signed by you or for notification purposes. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. If you request more than one list within a 12 month period, you may be charged a reasonable fee. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to obtain a paper copy of this notice: Upon request, even if you have agreed to accept this notice electronically, we will provide a paper copy of this Notice. We will provide you a copy of this Notice the first day we treat you at our facility (or before). In an emergency situation, we will give you this Notice as soon as possible.

Breach: You have the right to receive notification of any breach of your PHI.

Complaints

If you believe we have violated your rights or you have a complaint about our privacy practices you can contact our Privacy Officer at 704-947-6599 or the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on 4/13/2003. Revised 10/26/06. Revised 3/31/10. Revised 8/20/13