

*Hematology & Oncology Consultants, P.C.*  
**NOTICE OF PRIVACY PRACTICES**  
Effective July 1, 2021

**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.**

The law requires us to keep your protected health information private and to provide you with this Notice of Privacy Practices describing how we may use and disclose your protected health information, including your medical history, symptoms, examination, and test results, diagnoses and treatment plans, to carry out treatment, payment and health care operations and for other purposes that are allowed or required by law. This Notice also describes your rights to review and control the use and disclosure of your protected health information. We will report breaches of your unsecured protected health information as required by law.

We are required to follow the privacy practices described in this Notice. We may change our privacy practices at any time. The revised privacy practices will be set forth in a revised Notice and will be effective for all protected health information that we maintain. Upon your request, we will provide you with a copy of the most recent Notice. A current copy of our Notice of Privacy Practices will be posted in our office in a visible location at all times.

1. **Uses and Disclosures.** The law allows us to use and disclose protected health information for treatment, payment and health care operations. The law also allows incidental uses and disclosures of protected health information. The following are examples of such uses and disclosures:
  - a. **Treatment.** We will use and disclose protected health information to provide, coordinate and manage your medical care and any related services. This includes the use or disclosure of protected health information for treatment purposes to health care providers both within and outside of our office. 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 or treat you.
  - b. **Payment.** Protected health information will be used or disclosed, as needed, to allow us to obtain payment for health care services provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities before approving or paying for medical services. Such activities include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. We may also disclose protected health information to another health care provider if such information is needed by the other health care provider to obtain payment for medical services provided to you.
  - c. **Healthcare Operations.** We may use or disclose, as needed, protected health information to operate our business. We may also disclose protected health information to another health care provider of yours for the operation of their business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities.
  - d. **Incidental Uses and Disclosures.** There may also be incidental uses or disclosures of protected health information as a result of otherwise allowed uses and disclosures. Such uses and disclosures may occur because they cannot reasonably be prevented. For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.
  - e. **Other.** We may also contact you to schedule or remind you of an appointment, including leaving such scheduling and appointment reminders on your answering machine, or to provide information about treatment alternatives or other information that may be of interest to you.

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2. **Uses and Disclosures Allowed or Required by Law.** We may use or disclose your protected health information in the following situations as allowed or required by law:
- a. **Required By Law.** We may use or disclose protected health information if we are legally required to do so. We will limit the use or disclosure to that required by such law.
  - b. **Public Health.** We may disclose protected health information to a public health authority for purposes of controlling disease, injury or disability. We may also disclose protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
  - c. **Communicable Diseases.** We may disclose protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
  - d. **Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to civil rights laws.
  - e. **Abuse or Neglect.** We may disclose protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
  - f. **Food and Drug Administration.** We may disclose protected health information to a person or company as required by the Food and Drug Administration (“FDA”) for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.
  - g. **Legal Proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.
  - h. **Law Enforcement.** We may disclose protected health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes.
  - i. **Coroners, Funeral Directors and Organ Donation.** We may disclose protected health information 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 protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
  - j. **Research.** We may disclose protected health information to researchers when their research has been approved by a privacy board or an institutional review board.
  - k. **Criminal Activity.** Consistent with applicable federal and state laws, we may disclose protected health information 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.
  - l. **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a

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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 services. We may also disclose protected health information to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President of the United States or others.

- m. Employers.** We may disclose to your employer protected health information obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.
  - n. Correctional Institutions.** If you are an inmate or in legal custody, we may disclose to the correctional institution or law enforcement official having legal custody of you, protected health information if necessary for health and safety purposes.
  - o. Workers' Compensation.** Protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
  - p. Compliance.** Under the law, we must make disclosures of protected health information to the Secretary of the Department of Health and Human Services to enable it to investigate or determine our compliance with the requirements of the privacy laws.
- 3. Written Authorization.** We may only use and disclose your psychotherapy notes for purposes other than certain treatment, payment or health care operations with your written authorization. We may only use and disclose your protected health information for marketing purposes with your written authorization, except if the communication is in the form of face-to-face communication made by us to you or is a promotional gift of nominal value from us to you. We may only sell your protected health information with your written authorization. Further, any other uses and disclosures of your protected health information for purposes other than those described above in this Notice will be made only with your written authorization. A valid authorization may be revoked in writing at any time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation. We will accept authorizations that are received by facsimile or electronically submitted and will treat such as originals.
- 4. Others Involved in Your Healthcare.** 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 or who has responsibility for payment of your health care. We may also use or disclose your protected health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. If you are not present or able to express an objection or request a restriction to such use or disclosure, we may, using our professional judgment, determine whether the use or disclosure is in your best interest. Further, in the event of your death, 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 or who has responsibility for payment of your health care, unless such disclosure is inconsistent with your prior expressed preference that is known to us. In addition, we may use or disclose your protected health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.
- 5. Breach.** In the event your unsecured protected health information has been accessed, acquired, used or disclosed in a manner not permitted by law which compromises the security or privacy thereof, we are required by law to notify you of such breach within 60 days after we have discovered the breach.
- 6. Your Rights.** Following is a statement of your legal rights with respect to your protected health information and a brief description of how you may exercise these rights.

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- a. **Access.** You have the limited right, subject to certain grounds for denial, to inspect and obtain a copy of your protected health information that we keep except for psychotherapy notes and information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. Our office may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your protected health information must be in writing and provided to our Privacy Officer. If your request for access to or copies of your protected health information is denied, you may, depending on the circumstances, have a right to have such denial reviewed. We will provide you, in writing, with our reasons for denial and, if, by law, you are allowed to have such denial reviewed, we will provide you with instructions for having a denial of access reviewed.

If we maintain your health information electronically, we will provide you with a copy of your medical record in the electronic form and format that you request, if we can readily produce such format. If we cannot readily produce the format you requested, we will produce your electronic health information in at least one readable electronic format as agreed to between you and us.

If your request directs us to transmit the copy of your protected health information directly to another person, we will provide the copy of your protected health information to the person you designated, if your request was made in writing, signed by you and clearly identifies the designated person and where to send the copy of your protected health information.

- b. **Restrictions.** You may ask us to restrict the use or disclosure of any part of your protected health information to carry out treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family, relatives or friends who may be involved in your care or to notify them of your location, general condition or death. Your request must be in writing, addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply.

Except as provided below, we are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless there is an emergency. We may terminate a restriction by providing you with written notice of such; provided, however, that our termination shall only be effective with respect to protected health information created or received after we have given you notice of termination of the restriction.

If the requested restriction relates to a disclosure to a health plan for payment or health care operation purposes, and the health information to be disclosed pertains solely to an item or service for which we have been paid in full by you or another person on your behalf (other than the health plan), we must agree to the restriction if it is not otherwise required by law. Further, we may not terminate this restriction.

- c. **Confidential Communication.** You have the right to request that we send your protected health information to you by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by having you sign an authorization, 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. Your request must be in writing, addressed to our Privacy Officer, and state the accommodations you are requesting.

- d. **Amendments.** You may request an amendment of your protected health information or other record that we maintain. Such request must be in writing and provided to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your record. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your record.

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- e. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures made in the six years prior to the date on which the accounting is requested, except for disclosures (i) to carry out treatment, payment or healthcare operations; (ii) made directly to you; (iii) incident to a use or disclosure otherwise permitted or required by law; (iv) pursuant to a written authorization; (v) to persons involved in your care or for notification purposes; (vi) for national security or intelligence purposes; (vii) to correctional institutions or law enforcement officials having custody over you; [or] (viii) as part of a limited data set; or [(x) for our facility directory]. The right to receive an accounting is subject to certain restrictions and limitations. Your request for an accounting must be in writing, addressed to our Privacy Officer.
- f. **Electronic Notice.** If you receive a copy of this Notice on our website or by e-mail, you have the right to obtain a paper copy from us upon request.
7. **Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To complain to us, you may send our Privacy Officer a letter describing your concerns to the address found below. We respect your privacy and support any efforts to protect the privacy of your protected health information. We will not retaliate against you for filing a complaint.
8. **Privacy Officer Contact Information.** If you have any questions about this Notice, you may contact our Privacy Officer by telephone, e-mail, facsimile, or mail at the address set forth below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and faxed or mailed to our Privacy Officer at the address set forth below.

***HEMATOLOGY & ONCOLOGY CONSULTANTS, P.C.***

***ATTN: PRIVACY OFFICER***

***6901 North 72<sup>nd</sup> Street, Suite 2244***

***Phone: 402-572-3535***

***Facsimile: 402-572-2688***