

Notice of Privacy Practices

YOUR RIGHTS

Your Information. Your Rights. Our Responsibilities.

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.**

You have the right to

- Get an electronic or paper copy of your medical record
 - Ask us to correct your medical record
 - Request confidential communications
 - Ask us to limit what we use or share
 - Get a list of those with whom we've shared information
 - Get a copy of this privacy notice
 - Choose someone to act for you
 - File a complaint if you feel your rights are violated
- ▶ See page 2 for more information on these rights and how to exercise them.

You have some choices in the way we use and share information as we

- Tell family and friends about your condition
 - Provide disaster relief
 - Include you in a hospital directory
 - Provide mental health care
 - Market our services and sell your information
 - Raise funds
- ▶ See page 3 for more information on these choices and how to exercise them.

We may use and share your information as we

- Treat you
 - Run our organization
 - Bill for your services
 - Help with public health and safety issues
 - Do research
 - Comply with the law
 - Respond to lawsuits and legal actions
- ▶ See pages 3 and 4 for more information on these uses and disclosures.

YOUR CHOICES

USES & DISCLOSURES

OUR CHOICES

In these cases, you have the right and choice to tell us to

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, tell us and we will follow your instructions.

- Share information with family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory
- If you cannot tell us your preference — for example, if you are unconscious — we may share information if we believe it is in your best interest. We may also share when necessary to prevent a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give written permission

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising

- We may contact you for fundraising, but you can tell us not to contact you again.

OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with professionals who treat you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Run our Organization	• We can use and share your health information to run our practice, improve care, and contact you when necessary.	Example: We use health information to manage your treatment and services.
Bill for your Services	• We can use and share your health information to bill and get payment.	Example: We give information to your health plan so it will pay for your services.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Get an electronic or paper copy of your medical record

- You can ask us to correct information you think is incorrect or incomplete.
- We may say "no," but we'll tell you why in writing within 60 days.

Ask us to correct your medical record

- You can ask us to contact you in a specific way or send mail to a different address.
- We will say "yes" to all reasonable requests.

Request confidential communications

- You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree and may say "no" if it affects your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information with your insurer. We will say "yes" unless the law requires sharing.

Ask us to limit what we use or share

- You can ask for a list of disclosures for the prior six years.
- We will include all disclosures except those related to treatment, payment, health care operations, and certain others.
- One free list per year; additional requests may have a cost-based fee.

Get a list of those with whom we've shared information

- You can request a paper copy anytime, even if you get it electronically.

Get a copy of this notice

- If you have given someone medical power of attorney or have a legal guardian, that person can act for you.
- We will ensure they have appropriate authority before acting.

Choose someone to act for you

- You can complain using the contact information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
 - Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
 - Phone: 1 (877) 696-6775
 - Website: [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

File a complaint if you feel your rights are violated

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually for public good such as public health and research. Many conditions must be met before sharing.

[hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html)
We can share health information about you for certain situations such as:

- Preventing disease
- Product recalls
- Reporting adverse medication reactions
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Help with public health and safety issues

We may use or share information for health research.

Do research

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Comply with the law

We can share health information about you with organ procurement organizations.

Respond to organ/tissue donation requests

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Work with a medical examiner or funeral director

We can share information:

- For workers' compensation
- For law enforcement purposes
- With health oversight agencies
- For special government functions (military, national security, presidential protections)

Address workers' compensation, law enforcement, and government requests

We can share information in response to a court or administrative order or subpoena.

Respond to lawsuits and legal actions

The Practice may use and disclose health information about you for purposes of treatment, payment, healthcare operations, public health and other purposes permitted by applicable law. The Practice participates, or may in the future participate, in Health Information Exchanges (HIEs) or other organizations with healthcare providers, insurers, and/or other health care industry participants and their subcontractors to share health information for treatment, payment, health care operations and other purposes permitted by law. Unless you notify the Practice, in writing, that you desire to opt-out of participation, your health information may be shared with participants in HIEs and other organizations as described above.

- We are required by law to maintain privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised your information.
- We must follow the duties and practices described in this notice and provide you a copy.
- We will not use or share your information beyond what is described unless you authorize it in writing. You may revoke permission at any time in writing.

For more information

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Contact

Compliance and Privacy Officer: Andra Hinz, CHPC, CHG
Phone: 1 (844) 473-5115
Email: CompliancePrivacyandEthics@OneOncology.com