

# Medical Oncology Hematology Consultants, PA

## Notice of Privacy Practices

Effective Date: April 14, 2003

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.

If you have any questions about this Notice of Privacy, please contact our Practice Administrator at (302) 366-1200, extension 262.

This Notice of Privacy describes how Medical Oncology Hematology Consultants may use and disclose your health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted by law. This notice also explains your rights to access and amend your health information and receive an accounting of disclosures of this information. Your individually identifiable health information is information that may identify you and that relates to your past, present, or future physical or mental health or condition; healthcare services you receive; or payment for your care.

Medical Oncology Hematology Consultants will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal and we are committed to protecting your privacy and ensuring that your medical information is not used inappropriately.

Medical Oncology Hematology Consultants is required by law to:

- maintain the confidentiality of your medical information;
- provide you a Notice of Privacy Practices that outlines our legal duties for protecting the privacy of your medical information and that explains your rights to have your medical information protected; and
- abide by the terms of the Notice of Privacy Practices.

### IMPORTANT SUMMARY INFORMATION

**Requirement for Acknowledgment of Notice of Privacy Practices.** We will ask you to sign a form that will serve as an acknowledgment that you have received this Notice of Privacy Practices.

**Requirement for Written Authorization.** We will generally obtain your written authorization before using your health information or sharing it with others outside our group practice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke the authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to the Practice Administrator.

**Exceptions to the Above Requirement.** There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exceptions for Treatment, Payment, and Business Operations.** We are allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our practice's normal business operations.

- Exception to Disclosure to Friends and Family Involved in Your Care. Unless you have an objection, we may share information about your health with your family and friends involved in your care. More information about this exception is provided below.
- Exception in Emergencies or Public Need. We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of disease. Additional examples of exceptions are detailed below.
- Exception if Information Does Not Identify You. We may use or disclose your health information if we have removed any information that might reveal who you are.

How to Access Your Health Information. You generally have the right to inspect and have copies of your health information. Details about this right are provided below.

How to Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. A description of this right is included below.

How to Keep Track of the Ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us, called an "accounting list," which provides information about when and how we have disclosed your health information to outside persons or organizations. The list will identify non-routine disclosures of your information, but routine disclosures will not be included. The list will not include disclosures you have authorized. For more information about your right to see this list, see below.

How to Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

How to Request More Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of work. We will try to accommodate all reasonable requests.

How Someone May Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How to Obtain a Copy of This Notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. Our revised notice will be available in our waiting room. You will also be able to obtain your own copy of the revised notice by calling our office at (302) 366-1200, by asking for one at the time of your next visit, or by accessing our website at [www.cbg.org](http://www.cbg.org). The effective date will always appear at the top of the first page.

How to File a Complaint. If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Practice Administrator at Medical Oncology Hematology Consultants, 4701 Ogletown-Stanton Road, Suite 2200, Newark, DE 19713. You will not be retaliated against in any way for filing a complaint.

#### WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected information are:

- information about your health condition (such a disease you may have);

- information about healthcare services you have received or may receive in the future (such as an operation or specific therapy);
- information about your healthcare benefits under an insurance plan (such as whether a prescription or medical test is covered);
- geographic information (such as where you live or work);
- demographic information (such as your race, gender, ethnicity, or marital status); unique numbers that may identify you (such as your social security number or phone number);
- other types of information that may identify you.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

### Treatment, Payment, and Normal Business Operations

The physicians and other clinicians and staff members within our group practice may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the practice's normal business operations. Your health information may also be shared with affiliated hospitals and healthcare providers so that they may jointly perform certain payment activities and business operations along with our practice. Below are further examples of how your information may be used for treatment, payment, and healthcare operations.

**Treatment.** We may share your health information with doctors and nurses within our practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. For example, a doctor within our practice may share your health information with another doctor within our practice, or with a doctor at another healthcare institution (such as a hospital), to determine how to diagnose or treat you. A doctor in our practice may also share your health information with another doctor to whom you have been referred for further healthcare. Another example is that a nurse in our practice may share your health information with a home health agency that is involved in your care.

**Payment.** We may use your health information or share it with others so that we obtain payment for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. We may also share information about you with your health insurance company to determine whether it will cover your treatment or to obtain necessary pre-approval before providing you with treatment.

**Business Operations.** We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our physicians and staff in caring for you, to educate our physicians and staff on how to improve the care they provide for you, and to provide training for students under supervision. We may ask you to sign your name to a sign-in sheet at the front desk and we may call your name in the waiting room when it is time for your appointment. We may also share your health information with another company that performs business services for us. If so, we will have a written agreement to ensure that this company also protects the privacy of your health information.

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

## **Friends and Family**

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment of your care without your written authorization. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise. In some cases, we may need to share your health information with a disaster relief organization that will help notify these persons.

## **Emergencies or Public Need**

**Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you and are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

**As Required by Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

**Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

**Victims of Abuse, Neglect, or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the healthcare system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair, and Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- to comply with court orders, subpoenas, or laws that we are required to follow;
- to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- if you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- if we suspect that your death resulted from criminal conduct; or if necessary to report a crime that occurred on our property.

**To Avert a Serious Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners, and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that

research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our offices. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our offices any information that identifies you.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

### **Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Practice Administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request.

We ordinarily will respond to your request within 30 days. If we need additional time to respond, we will notify you in writing within the time frame to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny part or all your request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

### **Right to Amend Records**

If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Practice Administrator. Your request should include the reasons why you think we should make the amendment. Ordinarily, we will respond to your request within 60 days. If we need additional time to respond, we will notify you in within the time period to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

### Right to Accounting of Disclosures

After April 14, 2003, you have the right to request a "accounting of disclosures" which is a list with information about how we have shared your information with others. An accounting list, however, will not include:

- disclosures we made to you; disclosures you authorized;
- disclosures we made in order to provide you with treatment, to obtain payment for that treatment, or to conduct our normal business operations;
- disclosures made to your friends and family involved in your care; disclosures made to federal officials for national security and intelligence activities;
- disclosures about inmates or detainees to correctional institutions or law enforcement officers; or disclosures made before April 14, 2003.

To request this list, please write to the Practice Administrator. Your request must state a time period for the disclosures you want us to include. Accounting requests may not be made for periods longer than 6 years. You have the right to one list within every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement officer or government agency has asked us to do so.

### Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery or therapy that you had. To request restrictions, please write to the Practice Administrator. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way. To request more confidential communications, please write to the Practice Administrator. We will not ask you

the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.