



experience, compassion, integrity...

## Oncology Associates

### Health Insurance Portability and Accountability Act

### Notice of Privacy Practices

Effective April 14, 2003

**WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **INTRODUCTION**

This Notice of Privacy Practices describes how *Oncology Associates* may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also explains your rights to access and amend your health information and receive and 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; health care services you receive; or payment for your care.

*Oncology Associates* 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.

*Oncology Associates* 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.

*We reserve the right to change the Notice of Privacy Practices. The new notice will be effective for all protected health information that **Oncology Associates** maintains at that time. We will provide you a copy of the new notice if you call our office and request it, or we will provide you a copy at your next appointment. You may also obtain a copy of the revised notice on our website, [www.iowacancercare.com](http://www.iowacancercare.com).*

## USES AND DISCLOSURES BASED ON REGULATORY CONSENT

The federal medical records privacy regulations authorize the use and disclosure of protected health information for treatment, payment, and health care operations.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This notice describes the categories of uses and disclosures of health information that may occur. Once you give your written consent, we can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. If you refuse to consent, we do not have to provide you with non-emergency care.

- *Treatment* means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from health care provider to another. ***Oncology Associates*** will disclose medical information about you to doctors, nurses, technicians, training doctors or others that are involved with your care. For example, your health information will be disclosed to the oncology nurses who participate in your care. Different health care professionals also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We might also disclose your protected health information to another oncologist for the purpose of a consultation. If we have the necessary approval from you, we might also share your health information with an oncologist, home health care agency, or hospice to be sure those health care providers have all the information necessary to diagnose and treat you.
- *Payment* means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. ***Oncology Associates*** will use and disclose your health information in order to receive payment from you, an insurance company, or a third party for the services provided to you. We may contact you for additional information in order to process your claim. We may share your health information with payers to obtain prior approval authorization, and we may contact you, your insurance company, or your employee benefit manager if your claim is rejected or to resolve issues regarding your insurance benefits.

With your permission, we may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

- *Health Care Operations* means the support functions of ***Oncology Associates*** related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided care to you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also provide your protected health information to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

We may call your name in the waiting room when we call you for your appointment.

*Oncology Associates* will disclose your protected health information with third party business associates that perform various services (e.g. billing and collection) for *Oncology Associates*. In these cases, we will enter into a written agreement with the business associate to ensure that the business associate protects the privacy of your protected health information.

## OTHER USES AND DISCLOSURES

- **Appointment reminders** – *Oncology Associates* may use your health information to provide you appointment reminders.
- **Treatment Alternatives and Health-Related Benefits and Services** – *Oncology Associates* may use your health information to inform you of services or programs that we believe would be beneficial to you. We may call or mail you information about these services or goods. For example, we may contact you to alert you to a new patient assistance program that may be available to you.
- **Newsletters and Other Information** – *Oncology Associates* may use your health information in order to send you educational materials.

If you do not wish to receive these materials, you may contact our Privacy Official to request that these materials not be sent to you.

- **Individuals Involved in Your Care or Payment for Your Care** – *Oncology Associates* may release your medical information, including information about your condition, to a friend or family member who is involved in your medical care or who helps pay for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care. When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts so that your family can be notified about your condition, status, and location.

*Oncology Associates* will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, and similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

We may contact you as part of our marketing efforts as permitted by applicable law.

- **Emergency Situations** – *Oncology Associates* may use or disclose your health information in an emergency treatment situation to ensure that you receive quality care. If this happens, your consent will be sought as soon as possible after the delivery of care.
- **Communication Barriers** – *Oncology Associates* may use and disclose your protected health information if we determine that there is a communication barrier that prevents you from authorizing the use or disclosure of your health information but we conclude, using our professional judgment, that it is your intent to authorize such use or disclosure.

- **As Required By Law** – Oncology Associates may disclose your medical information when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** – Oncology Associates may use and disclose your medical information if necessary to prevent serious harm to your health and safety or the health and safety of the public or another person. Any such use of disclosure would only be to an individual who could intervene to prevent the harm.

## SPECIAL SITUATIONS

- **Public Health Risks** – *Oncology Associates* may disclose information about you for a number of public health activities. These include disclosures:
  - ❖ To prevent or control disease, injury, or disability;
  - ❖ To report births and deaths;
  - ❖ To report child abuse or neglect;
  - ❖ To report adverse events, product defects, or problems;
  - ❖ To notify people of product recalls, repairs or replacement;
  - ❖ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - ❖ To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. These disclosures will be made only if you agree or to the extent required by law.
- **Research** – In most circumstances, your protected health information will be used in research only if you authorize that disclosure and use. Your protected health information may be released without your authorization only if an Institutional Review Board (IRB) or specially constituted Privacy Board reviews the research protocol, assesses a number of specific issues, and determines that appropriate safeguards are in place to allow the use of protected health information in the research project.
- **Health Oversight Activities** – *Oncology Associates* may disclose medical information to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose protected health information to persons under the Food and Drug Administration’s jurisdiction to track products or to conduct post-marketing surveillance.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement** – *Oncology Associates* may release medical information if asked to do so by a law enforcement official:
  - ❖ In response to a court order, subpoena, warrant, summons or similar process;
  - ❖ To identify or locate a suspect, fugitive, material witness, or missing person;
  - ❖ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;

- ❖ About a death we believe may be the result of criminal conduct;
  - ❖ About criminal conduct on our premises; and
  - ❖ In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors** – *Oncology Associates* may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
  - **National Security and Intelligence Activities** – *Oncology Associates* may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.
  - **Protective Services for the President, National Security and Intelligence Activities** – *Oncology Associates* may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized person or foreign heads of state or conduct special investigations.
  - **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, *Oncology Associates* may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
  - **Military and Veterans Activities** – If you are a member of the Armed Forces, *Oncology Associates* may release your medical information to military command authorities. Medical information about foreign military personnel may be disclosed to foreign military authorities.
  - **Workers' Compensation** – *Oncology Associates* may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
  - **Organ and Tissue Donation** – If you are an organ donor, *Oncology Associates* may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - **Required Uses and Disclosures** – As required by the law, *Oncology Associates* must make disclosures to you and to the Secretary of Health and Human Services to determine our compliance with federal medical privacy regulations.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH

- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

*Oncology Associates* is not required to agree to your request. If we do not agree, *Oncology Associates* will not comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Inspect and Copy** – You have a right to inspect and copy your medical record, or the health information that is used by your health care providers to make decisions about your care. Billing information would generally be considered to be part of your medical record. However, you will not have access to psychotherapy notes or information that is compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy medical information that may be used to make decisions about your care, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, you may be charged a fee for the costs of copying and mailing and for other supplies that are required to respond to your request.

If we deny your request to review your medical record, you may appeal that denial.

- **Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information in your medical record. You have the right to request that we amend the information for as long as we keep your medical record. You must make a written request for amendment that includes the reason(s) for your request and submit it to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request if it is not in writing and does not include a reason to support the request. We may also deny your request if the information that you wish to amend:

- ❖ Was not created by *Oncology Associates*, unless the person or entity that created the information is not able to act on the requested amendment;
- ❖ Is not part of the medical record kept by *Oncology Associates*;
- ❖ Is not part of the information which is available for inspection and copying;  
or
- ❖ Is complete and accurate.

If we deny your request to amend your record, you may still file a statement of disagreement with *Oncology Associates* and we may in turn prepare a response to your statement of disagreement.

- **Right to Accounting of Disclosures** – You have the right to request an accounting of disclosures of your medical information for purposes except for treatment, payment, and health care operations. Certain disclosures, including those we made to you and to family members and friends involved in your care and those you authorize, will be excluded from the accounting list.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request

within a 12-month period will be free. For additional lists, *Oncology Associate* may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Confidential Communications** – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice** – You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please request one in writing from our Privacy Officer at the address below.

**CHANGES TO THIS NOTICE**

*Oncology Associates* reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The effective date of the current notice will be contained on the first page, below the document title.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with *Oncology Associates* or with the Secretary of the Department of Health and Human Services. To file a complaint with *Oncology Associates*, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to *Oncology Associates* will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**PRIVACY OFFICER**

Senior Managing Partner  
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Cedar Rapids, IA 52403

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