

## **Notice of Privacy Practices**

This Notice describes how information about you may be use and/or disclosed as well as how you may gain access to this information. Please review it carefully.

### **Introduction**

In this Notice, we use terms such as “we”, “us” and “our” to refer to Texas Cancer Associates, its physicians, employees, staff and other personnel. All of the sites and locations of Texas Cancer Associates follow the terms of this Notice and may share health information with each other for treatment, payment or healthcare operations purposes as described in this Notice.

### **Purpose of this Notice**

At Texas Cancer Associates, we are committed to protecting your privacy and ensuring that your health information is not used inappropriately. This Notice describes the personal information we collect as well as how and when we may use and/or disclose your health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and describes your rights as they relate to your health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Information**

Each time you visit Texas Cancer Associates a record of your visit is made. Typically, this record contains your symptoms, physical examination, lab and diagnostic test results, diagnosis, current treatment and a plan for future care or treatment. In addition to medical information, the record also contains demographic information such as your address and telephone number as well as billing information such as insurance information and billing records. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating heath professionals
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- A source of data for medical research
- A source of data for our planning and marketing
- A source of information for public health officials charged with improving the health of this state and the nation
- Legal document describing the care you received

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Make more informed decisions when authorizing disclosure to others
- Better understand who, what, when, where, and why others may access your health information

## Your Health Information Rights

Although your health record is the physical property of Texas Cancer Associates the information belongs to you. You have the right:

*To Obtain a Paper Copy of This Notice:* You have the right to a paper copy of this Notice at any time. A copy may be obtained from our receptionist. We are obligated by federal regulations to obtain your signature documenting your receipt of this Notice.

*To Inspect and Copy:* You have the right to inspect and copy your health information. This includes medical and billing records but does not include psychotherapy notes or information that is compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. If you request a copy of your health information, we are permitted by state law to charge a fee for the costs of copying, mailing or preparing the requested documents. To inspect and copy your health information you must make your request in writing by filling out the appropriate form provided by us and submitting it to our Privacy Officer.

Texas law requires us to provide copies or a denial of access within 15 days of your request. We may only deny your request to inspect and copy your health information under very limited circumstances. If you are denied access to your health information you may request that the denial be reviewed by a licensed healthcare professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

*To Amend:* You may request that we amend your health information if you feel that it is incorrect or incomplete. We must respond to your request within 60 days of your request. We may deny your request for an amendment for the following reasons:

- The information in question was not created by this practice or the physicians in this practice
- The information in question is not part of the medical record
- The information in question is accurate and complete

If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us to be placed in the medical record. To request an amendment you must make your request in writing by filling out the appropriate form provided by us and submitting it to our Privacy Officer.

*To An Accounting of Disclosures:* You have the right to request an accounting of certain disclosures we make of your health information. Please note that disclosures made for treatment, payment or healthcare operations will not be included in the accounting we provide to you. Your request must state a time period that may not exceed six years and cannot include dates prior to April 14, 2003. The first accounting of disclosures within a 12-month period will be free. We are permitted by federal regulations to charge for subsequent requests. To request an accounting of disclosures you must make your request in writing by filling out the appropriate form provided by us and submitting it to our Privacy Officer.

*To Request Confidential Communications:* You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. We will attempt to accommodate all reasonable requests. To request confidential communications you must make your request in writing and submit it to our Privacy Officer.

*To Request Restrictions:* You have the right to request restrictions on how we use and disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to our Privacy Officer.

*To Revoke Your Authorization:* Uses and disclosures of your health information not covered by the Notice or the laws that apply to us will be made only with your authorization. You may revoke an authorization at any time in writing. If you revoke your authorization we will no longer use or disclose your health information as specified by the revoked authorization as of the date the revocation is received and processed. To request a revocation, you must make your request in writing and submit it to our Privacy Officer.

*To Complain:* If you believe your privacy rights have been violated, you may file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

## **Our Responsibilities**

Texas Cancer Associates is required to:

- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you if we are unable to agree to a requested restriction
- Maintain the privacy of your health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we currently maintain as well as any health information we receive in the future. If our privacy practices change we will post statement that the Notice has been updated and that a copy is available on request.

## **Examples of How We May Use and/or Disclosures Your Health Information**

### ***We will use your health information for treatment.***

**For example:** We may use and disclose your health information in order to provide you with medical treatment or services. Information obtained by a physician, physician assistant, nurse practitioner, nurse, medical assistant or other member of your healthcare team will be recorded in your record. This information, as well as information supplied by you and other physicians, will be used to determine our recommended treatment plan. Your physician will document the appropriate medical information, observations and medical orders in your record. In addition, members of your health care team will record the actions they took and their observations (this includes documenting vital signs, treatments given and lab results). In this way, your physician will be aware of each visit to our office.

We will provide copies of your medical records to physicians outside of our office if the physician is directly involved with your care and treatment or if you are in an emergent medical situation.

We may discuss your health information with another physician for the purpose of consultation. We may also disclose necessary health information to pharmacies in order to facilitate prescription refills and to call in prescribed medication.

**For the purposes of community support the infusion areas are open and/or semi-private areas. You may request a private area in which to receive your treatment if you so desire.**

***We will use your health information for payment.***

**For example:** We may use and disclose your health information in order to receive payment for services rendered. A bill may be sent to you, your insurance company or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We may disclose your health information to pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for services rendered.

***We will use your health information for regular healthcare operations.***

**For example:** We may use and disclose your health information in order to support our day-to-day business activities. Members of the medical staff, process improvement committee members or members of the management team may use information in your medical record to evaluate and promote quality, to assess the care and outcomes in your case and others like it and/or to support budgeting and financial reporting. We may also use or disclose your health information for training of medical students, for necessary credentialing and for other essential business activities.

We may ask you to sign your name to a sign-in sheet at the reception desk and we may call your name in the waiting room.

***Business associates:*** We may disclose your health information to a third party that performs services on our behalf (business associate). In these cases, we will enter into a written agreement with the third party to ensure the protection and privacy of your health information.

***Appointment Reminders:*** We may use and disclose your health information in order to contact you and remind you of an upcoming appointment.

***Treatment Alternatives and Health Related Benefits and Services:*** We may use and disclose your health information in order to inform you of services or programs that we believe would be beneficial to you. We may call, mail or e-mail you information about these services or goods. For example, we may contact you to make you aware of new products, to supply product information or to inform you of a new patient assistance program that may be available to you.

We may **NOT** provide your name or other demographic information (such as name, address, phone number and dates of services rendered) to persons outside of our employment or to non-business associates for such services or programs without your prior authorization.

***Persons Involved in Your Care or Payment for Your Care:*** We may release your health information to a family member or friend who is involved in your medical care or who helps pay for your care **ONLY** if you have given us authorization to do so. You will be asked to complete a form documenting who we are authorized to speak to and what information we are permitted to discuss.

***We are also allowed by law to use and disclose your health information without your authorization for the following purposes:***

*As Required by Law:* We may use and disclose your health information when required to do so by federal, state or local law.

*Judicial and Administrative Proceedings:* We may disclose your health information in response to a court or administrative order if you are involved in a legal proceeding. We may also release your health information 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 inform you of the request and/or to obtain an order protecting the information requested.

*Law Enforcement:* We may disclose your health information to law enforcement officials for many different purposes:

- To comply with a court order, warrant, subpoena, summons or other similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To report a crime, the location of a crime and the identity, description and location of the individual who committed the crime
- To report the victim of a crime, if unable to obtain the victim's agreement
- To report a death we suspect may have resulted from criminal conduct
- To report criminal conduct we believe in good faith to have occurred on our premises

*Correctional Institution/Inmate:* Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution, agents thereof or law enforcement officials to assist them in providing you care, protecting your health and safety and the safety of others as well as for the safety of the institution.

*Victims of Abuse, Neglect or Domestic Violence:* We may disclose your health information to the appropriate government agency if we believe you have been the victim of abuse, neglect or domestic violence. Texas law requires us to report child abuse or neglect. Texas law also requires us to report abuse, neglect or exploitation of the elderly and disabled. If we suspect abuse, neglect or domestic violence and are not permitted by law to report the suspicion we will only make this disclosure if you allow us to do so.

*Serious Threat to Health or Safety:* If there is a serious threat to your health and safety or the health and safety of the public or another person, we may disclose your health information to someone able to help prevent the threat.

*Public Health:* We may use and disclose your health information for public health activities. Federal, state or local government mandates public health activities for many different purposes:

- To prevent or control disease, injury or disability
- To report disease reports to the tumor registry
- To report births or deaths
- To report adverse events and/or product defects or problems
- To report child abuse or neglect
- To track FDA regulated products
- To notify people and enable product recalls
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition

*Health Oversight Activities:* We may use and disclose your health information to health oversight agencies for activities authorized by law. Examples of these activities include audits, investigations licensure applications and inspections. These oversight activities are necessary for the government to monitor the healthcare system, government benefit programs, and compliance with government regulatory programs and/or civil rights laws.

*Workers Compensation:* We may disclose your health information for workers compensation or similar programs; these programs provide benefits for work-related injuries or illness.

*Organ Procurement Organizations:* If you are an organ donor we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of donation and transplant.

*Coroners, Medical Examiners and Funeral directors:* We may use and disclose your health information to a coroner, medical examiner or funeral director.

*Research:* We may use and disclose your health information for certain limited research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project, assesses a number of specific issues and determines that appropriate privacy safeguards are in place to allow the use of health information in the research project. However, we may disclose your health information to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the practice.

*Other Uses and Disclosures of Your Health Information:* Uses and disclosures of your health information not covered by the Notice or the laws that apply to us will be made only with your authorization. You may revoke an authorization at any time in writing. If you revoke your authorization we will no longer use or disclose your health information as specified by the revoked authorization as of the date the revocation is received and processed. To request a revocation, you must make your request in writing and submit it to our Privacy Officer.

## **Questions and Contact Information**

If have questions and would like additional information or to execute any of your rights regarding your health information, please contact our Privacy Officer:

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