

NEBRASKA CANCER SPECIALISTS

the Physicians of Oncology Hematology West



NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

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.

A. OUR COMMITMENT TO YOUR PRIVACY

Our office is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. In conducting our business, we will create records regarding you and the treatment and services we provide to you. This Notice contains policies and procedures that govern our use and disclosure of your PHI and your rights regarding your PHI.

Under the Health Insurance Portability and Accountability Act, we are required by law to maintain the confidentiality of health information that identifies you and to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning you. By law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in regard to your PHI
- Our obligations concerning the use and disclosure of your PHI

We may change the terms of our Notice, at any time. The new Notice will be effective for all PHI that we maintain at that time. You may request a copy of our most current Notice at any time. We will post a copy of our current Notice in our offices in a visible and prominent location at all times and on our website at www.nebrasksacancer.com.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT: Our Privacy Officer at (402) 393-3110

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS

The following are examples of the types of uses and disclosures of your PHI that our office may make under this Notice. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1. **Treatment.** Our office will use and disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine test), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our office—including, but not limited to, our doctors and nurses—may use or disclose your PHI in order to treat you or to assist others such as hospitals, specialists, home health agencies or your primary physician in your treatment. Additionally, we may disclose your PHI to others who assist in your care, such as your spouse, children or parents.
 - a. **Appointment Reminders/Returning Your Phone Call/Treatment Options/Health Related Benefits.** Our office will try to disclose only the minimum necessary PHI for our patients while completing these tasks.

6. **Abuse or Neglect.** Our office may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
7. **Deceased Patients.** Our office may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties.
8. **Research.** Our office may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary to prepare a research protocol or for other uses in preparation for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our office; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of decedents.
9. **Threatening Activity.** Consistent with applicable federal and state laws, we may disclose your 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.
10. **Military.** Our office may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
11. **National Security.** Our office may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
12. **Inmates.** Our office may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for the purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
13. **Workers' Compensation.** Our office may release your PHI for workers' compensation and similar programs as required by law.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our privacy officer specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate reasonable requests. You do not need to give reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use and/or disclosure of your PHI for treatment, payment and/or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request such a restriction in our use or disclosure of your PHI, you must make your request in writing to our privacy officer.

- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our privacy officer in order to inspect and/or obtain a copy of your PHI. Our office may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our office may deny your request to inspect and/or copy in certain limited circumstances; however, you may ordinarily request a review of our denial.
- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to our privacy officer. You must provide us with at reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for our office; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our office has made for your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our office is not required to be documented. Examples: the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our privacy officer. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our office may charge you for additional lists within the same 12-month period. Our office will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact our privacy officer at (402) 393-3110.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our privacy officer. All complaints must be submitted in writing. **We would not retaliate against you for filing a complaint.**
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** Our office will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. In addition, an authorization may be requested for uses and disclosures that are identified in this Notice. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer at (402) 393-3110.

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My signature below acknowledges that I have received the Notice of Privacy Practices.

(Signature of patient or legal guardian)

(Date)

(Printed name of patient)

(Printed name of legal guardian)

(Witness)

(Date)