

PORTER RADIATION ONCOLOGY, P.A.

Notice of Information and Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CARE MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Any reference to {the Practice, "we," "us" or "our" refers to Porter Radiation Oncology, P.A. and all physicians, radiation therapists, or other health care professionals or administrative staff that provide medical treatment to you or participate in and coordinate your care while you are a patient of the Practice.**

*Understanding Your Health Record/Information*

Each time you visit the Practice for medical treatment, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This record serves as a basis for planning your care and treatment and as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Health information includes all information in your health record, as well as other personally identifiable information, such as your name and address, social security number, insurance information, or other personally identifiable information we collect in the course of providing you treatment.

*Your Health Information Rights*

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. But the information belongs to you, and you have certain rights with respect to how the health information is used and disclosed. You also have the right to access and obtain copies of your health information in most circumstances. These rights include the following:

- Right to Request Restrictions. You may request in writing a restriction on certain uses and disclosures of your information. If you have paid the entire cost of an item or service out of pocket, you may ask us not to disclose information about that item or service to your healthcare plan, and we will comply with this restriction. We are not required to agree to any other requested restriction.
- Right to Request Amendments. You may request, in writing, that we make amendments to your health record if you feel the information is inaccurate or incomplete. We will review all written requests and make any amendments we believe, in our professional judgment, are necessary to make your health record accurate and complete. If we do not agree to your request to amend your health record, you may submit a statement of disagreement that we will add to your health record.
- Right to Inspect and Request Copies. You may inspect and request in writing a copy of your health record. To the extent that we maintain your health information electronically, you may request that a copy in electronic format be sent to you or someone else at your direction. We may charge you a reasonable fee for the costs of copy, mailing or otherwise complying with your request, unless the request is for a claim for benefits under a state or federal needs-based

benefit program. We may deny your request in certain limited circumstances, and we will explain in writing the grounds for such denial.

## NOTICE OF INFORMATION AND PRIVACY PRACTICE

**Right to Obtain an Accounting of Disclosures.** You may obtain an accounting of disclosures we have made of your health information for purposes other than treatment, payment and health care operations by submitting a written request. In certain circumstances, such as disclosures we may have been required to make for law enforcement purposes, we may not be allowed to release this information to you.

- **Right to Confidential Communications.** You may request that all we conduct all communications of your health information with you only by certain means or at certain locations. For instance, you may request that we only contact you by mail, or that we do not contact you at work. Any request for such restricted communications must be in writing and specify how and/or where you wish to be contacted.
- **Right to Revoke Authorization.** You may revoke any authorization you have previously made for us to use or disclose health information, except to the extent that action has already been taken.
- **Right to be Notified of a Breach.** You have the right to be notified of any breach of your unsecured health information as soon as possible, but in any event, no later than sixty (60) days following our discovery of the breach.

### *Our Responsibilities*

We are required by law to maintain the privacy of your health information. In addition, we will:

- Provide you with our privacy practices. We are 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. We will abide by the terms of this notice.
- Notify you of any changes. We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our practices change, we will post information regarding the new practices in our offices and on our website. We will provide you with a written copy upon request.
- Accommodate reasonable requests. We will accommodate reasonable requests you may have regarding communicating health information to you by alternative means or at alternative locations. We will comply with any authorization, or revocations, and requests for information that you submit in writing to us.
- Notify you of any breach. We must notify you if we discover there has been a breach of your unsecured protected health information. We will make this notification to you as soon as possible, but in any event, no later than sixty (60) days following our discovery of the breach.

### USES OF YOUR HEALTH INFORMATION

We will use your health information in a variety of ways. This notice describes many of the ways in which your health information may be used by us in accordance with law.

*We will use your health information for treatment.*

Information obtained by the assessment professional will be recorded in your record and used to determine the course of treatment that should work best for you. By way of example, members of your healthcare team will then record the actions they took, their observations and education provided. We will also provide other practitioners involved with your care with copies of various reports that should assist them in treating you.

*We will use your health information for payment.*

Your information will be utilized to obtain payment for services provided. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, services provided and supplies used. Outside collection agencies may also be utilized.

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

We may use and disclose health information in order to facilitate operations and as necessary to provide quality care to all patients. Examples include:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce healthcare costs
- Protocol development, case management and care coordination
- Employee performance and evaluation
- Training programs including those in which students, trainees or practitioners in healthcare learn under supervision
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
- Business planning and development
- Patient satisfaction surveys
- In coordination of emergency and disaster planning and implementation

*We may use your healthcare information for treatment alternatives.*

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may interest you.

*We may disclose your healthcare information to Business Associates.*

There may be some services provided in our organization through contracts with third parties, called Business Associates. Business Associates may include, but are not limited to, staffing and service providers, laboratory tests, suppliers, distributors and billing and audit services. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information however, we require the Business Associate to appropriately safeguard your information and to notify us of any breach of your health information.

*We may disclose your healthcare information to your family, unless you object.*

Unless you object we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to agree or object to such disclosure, we may disclose such information if we determine that it is in your best interest based on our reasonable professional judgment.

*We may disclose your healthcare information for research purposes.*

We may disclose information to researchers when a review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information, has approved their **research**.

*We may use your healthcare information to contact you about fundraising activities.*

We may contact you about fundraising activities we are conducting. You have the right to opt out of any such fundraising activities we conduct by notifying us in writing at any time.

*We may disclose your healthcare information In other special situations, including, but not limited to, the following:*

- Food and Drug Administration (FDA): As required by law we may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- Workers Compensation: We may disclose your health information, to the extent authorized or required by state and other laws, relating to workers compensation or other similar programs.
- Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as preventing or controlling disease, injury or disability or identifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Lawsuits and Disputes: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, discovery request or subpoena. To the extent required by law, we will tell you about the request and provide you with an opportunity to obtain an order protecting the information requested.
- Law Enforcement: We may disclose health information to law enforcement officials, whether in response to a court order, subpoena, warrant, summons or other judicial process or otherwise, to the extent authorized or required by law. Federal law also makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney in certain situations. We may also disclose health information, to the extent required or authorized by law, to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

- **Public Safety:** We may disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Organ and Tissue Donation:** If you are an organ donor, we may release your health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues in order to facilitate such donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release health information as required by military command authorities. We will make reasonable efforts to limit all such disclosures of your health information to the minimum amount necessary.
- **Coroner's Office:** We may release health information to a coroner, other medical examiner or funeral director to assist in their duties, such as to allow them to identify a deceased person or to determine the cause of death.
- **Correctional Institutions:** If you are an inmate of a correctional institution or otherwise under the custody of a law enforcement official, we may release health information to the institution or official, but only if the information is necessary to (1) provide you with health care, (2) protect your health and safety, or the health and safety of others, or (3) maintain law enforcement and safety and security at the correctional institution.
- **Disaster Relief:** In the event of a disaster, we may disclose your health information to disaster relief organization in order to coordinate your care or notify family and friends of your location **or condition.**

*Notice of Privacy Practices Availability:*

This notice will be prominently posted in the office. Patients will be provided a hard copy when they first begin receiving treatment by the Practice, and the notice will be maintained on our website.

*Authorizations to use or disclose health information:*

Other than stated in this document, we will not disclose your health information without your written authorization. We are required by law to obtain your authorization for the following types of disclosures, and will not make such disclosures without your written authorization:

- Disclosures of psychotherapy notes, unless the use or disclosure is (i) for treatment; (ii) for our own training programs for students, trainees, or practitioners in mental health; (iii) to defend our practice in a legal action or other proceeding brought by you; (iv) required to determine our compliance with HIPAA; (v) required by law; (vi) to a health oversight agency for oversight activities authorized by law; (vii) to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law; or (viii) believed by the Practice, in good faith, to be necessary *to* prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Psychotherapy notes means

notes of a mental health professional from a counseling session that are maintained separate from the rest of your medical record.

- Disclosures for marketing purposes that are not face-to-face communications or promotional gifts of nominal value.
- Disclosures that are the sale of protected health information.

If you or your representative authorizes the Practice to use or disclose your health information, you may revoke such authorization in writing at any time and for any reason. However, disclosures we made in reliance on your authorization before you revoke it will not be affected by this revocation.

*For more information or to report a problem*

To request any health information to which you are entitled, to authorize any uses or disclosures of your health information, to request any restrictions or limitations on the use of your health information, or to revoke any prior authorizations or restrictions you have imposed, you may contact us at (941) 924-8700.

This contact information may also be used if you have any questions or would like further information about the information in this notice.

If you believe your privacy rights have been violated, you can also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint, either with the Practice or the Secretary.

EFFECTIVE DATE: This notice was published and becomes effective on September 9, 2013.