



## ALABAMA ONCOLOGY®

### HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH 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, please contact our Privacy Officer at (205) 803-4330. We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this notice that describes the health information privacy practices and legal duties of ALABAMA ONCOLOGY. We are also required by law to notify you following a breach of unsecured protected health information. We reserve the right to change this Notice of Privacy Practices from time to time.

#### WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of health information we gather about you while providing health-related services. Some examples of protected health information are information about your health condition; information about health care services you have received or may receive in the future; information about your health care benefits under an insurance plan; geographic information; demographic information; unique numbers that may identify you; and other types of information that may identify who you are.

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

##### 1. Treatment, Payment, and Normal Healthcare Operations

**Treatment.** We may share your health information with doctors or nurses who are involved in taking care of you, and they may in turn use that information to diagnose or treat you.

**Payment.** We may use your health information or share it with others so that we can obtain payment for your health care services. For example we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you.

**Health Care Operations.** We may use your health information or share it with others in order to conduct our normal health care operations. We may also share your health information to other health care providers, health plans or health care clearing houses for their limited health care operations, such as quality assessment activities, licensing and other health care compliance activities.

**Business Associates.** We may disclose your health information to our business associates that assist us in our delivery of health care and related services, such as billing companies, lawyers, accountants and others.

**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.

##### 2. Friends and Family

**Friends and Family Involved In Your Care.** We may share your health information with family and friends involved in your care without your written authorization. It is our policy to give you an opportunity to object unless there is insufficient time because of a medical emergency. We may notify a family member, personal representative or another person responsible for your care about your general condition, or about the unfortunate event of your death. In some cases we may need to share your information with a disaster relief organization that will help us notify these persons.

##### 3. Public Need.

We may use your health information and share it with others in order to meet important public needs.

**As Required By Law.** We may use or disclose your health information if we are required by law to do so.

**Public Health Activities.** We may use or 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.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information in some instances if we reasonably believe you are a victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may release your health information to health oversight agencies for health oversight activities authorized by law, such as conducting audits, investigations, and inspections of our facility.

**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.

**Law Enforcement.** We may disclose your health information to law enforcement officials for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**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.

**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.

**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.

**Worker's Compensation.** We may disclose your health Information for workers' compensation or similar programs that provide benefits for work-related injuries as authorized by and to the extent necessary to comply with such laws.

**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. 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.** We may use or disclose you medical Information for research purposes In certain limited circumstances.

**Personal Representatives.** We may disclose your health information to your personal representatives that are appointed by you or authorized by applicable law. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by applicable law to act on their own behalf with respect to health care services.

## **POTENTIAL IMPACT OF STATE LAW**

In some situations, the federal privacy laws do not preempt (or take precedence over) state privacy laws that give you greater privacy protections. As a result, the privacy laws of our state might impose a privacy standard under which we will be required to operate. For example, Alabama law may provide greater privacy protections to health information related to HIV and AIDS.

## **YOUR AUTHORIZATION IS NEEDED FOR OTHER USES AND DISCLOSURES**

We will not use or disclose your health information for any other purpose unless you give us written authorization to do so. A signed authorization is necessary for most uses and disclosures related to psychotherapy notes (where appropriate). Uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information also require an authorization. If you give us written authorization to use or disclose your health information for a purpose that is not described in this notice, then you may revoke it in writing at any time. Your revocation will be effective for all your health information that we maintain, unless we have taken action in reliance on your authorization.

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

We want you to know that you have the following rights to access and control you health information.

### **1. Right To Inspect And Copy Records.**

You have the right to inspect and obtain 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. Under certain very limited circumstances, we may deny you request to inspect or obtain a copy of your information.

### **2. Right To Amend Records.**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the Information for you. You have the right to request an amendment for as long as the information is kept in our records. If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so.

### **3. Right To An Accounting of Disclosures.**

After April 14, 2003, you have a right to request an "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 certain disclosures. A request for an accounting must be in writing.

### **4. 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 healthcare operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. 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. If we do agree to your request to restrict the use and disclosure of health information, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Please note that we must agree to your request to restrict disclosure of your health information to a health plan if (a) the request is for the purpose of carrying our payment or health care operations and is not otherwise required by law; and (b) the information pertains solely to a health care item or service for which you have already paid us in full.

### **5. Right To Confidential Communications.**

You have the right to request that we communicate with you about your medical matters in a more confidential way. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

### **6. Right to Obtain Paper Copy of this Notice.**

You have the right to request and receive a paper copy of this notice.

### **7. Right to Complain.**

If you think we may have violated your privacy rights, you may file a complaint with our Privacy Officer at **ALABAMA ONCOLOGY**, Attn: Privacy Officer, 500 Office Park Drive Suite 400, Birmingham, AL 35223. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

**Effective Date: April, 2003**

**Revised -March 1, 2013**