

The Texas Hematology/Oncology Center Network

Patients' Notice of Privacy Practices

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.

You should read this NOTICE before signing that authorizes the use and disclosure of health information for treatment, payment and health care operations.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

For purposes of this Notice Individually identifiable information is considered "Protected health Information" ("PHI").

Defined; Individually identifiable health information is information that is your health information, including a subset of demographic information, collected from you, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of you and the provision of your health care; or the past, present or future payment for the provision of your health care; and that identifies you, or there is a reasonable basis to believe the information can be used to identify you.

We are required to extend certain protections of your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI--Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new Notice in our reception area, treatment room and website (<http://www.pccctx.com/>). You may request a copy of the new notice from us by calling (972) 395-1010.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your acknowledgement that you have read and signed this Notice. For others, we will request your written authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we shall have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information as we must apply to your PHI.

However, the law provides that we are permitted to make some uses/disclosures without your agreement or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.

Generally, we shall require that you read this Notice and acknowledge with your signature for permission to use/disclose your PHI. With your permission, we may use or disclose your PHI as follows:

For Treatment: We may disclose your PHI to doctors, nurses and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with pharmacy staff. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or x-rays.

To Obtain Payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and /or release portions of your PHI to the Medicaid program and/or private insurer to get paid for services that we delivered to you, if applicable.

For Health Care Operations: We may use/disclose your PHI in the course of operating our offices. For example, we may take your photograph for medication identification purposes; use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office area or our Office of Support Services for similar purposes. Release of your PHI to the state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment Reminders, Fax, E-Mail, Reception Area: Unless you provide us with alternative instructions, we may phone you regarding appointment reminders or appointment schedules, leave voice messages, send appointment reminders and other similar materials to your home by mail or by phone. In addition, we may regularly fax patient information to other covered entities, we may communicate protected health information in e-mails in order to communicate with other covered entities or physicians, in the course of routine performance of our duties we may call out your name in our reception areas, and Physicians and/or members of our staff may discuss your treatment or condition in common areas which may incidentally be heard by others.

EXCEPTIONS: Although your permission is usually required for the use/disclosure of your PHI for the activities described above, the law allows us to use/disclose your PHI without your permission in certain situations. For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your permission prior to the disclosure and we think that you would give permission, if able. Also, if we are required by law to provide your treatment, we may use/disclose your PHI for treatment, payment and operations without obtaining your prior permission.

USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING PERMISSION OR AUTHORIZATION

The law provides that we may use/disclose your PHI from mental health records without permission or authorization in the following circumstances.

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors and to organ procurement organizations relating to organ, eye or tissue donations or transplants.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

To avert threat to health or safety: In order to a void a serous threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

USES AND DISCLOSURES OF PHI FROM ALCOHOL AND OTHER DRUG RECORDS NOT REQUIRING PERMISSION OR AUTHORIZATION

The law provides that we may use/disclose your PHI from alcohol and other drug records without permission or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

For research, audit or evaluation purposes: In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object, as long as the law does not otherwise prohibit the disclosure. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends or others involved in your care. We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition or death.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put the request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, your family or the facility directory). The list will also not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of the Notice and/or an electronic copy by email upon request.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., SW., Room 515-F, Washington, DC 20201. We will take no retaliatory action against you if you make such complaints.

CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT

If you have questions about this Notice or any complaints about our privacy practices, please contact:

Mark Gollner, Executive Director
mgollner@pccctx.com

(972) 247-5510

Effective Date: This Notice was effective on **April 15, 2003.**

I have read this Privacy Notice and understand my rights.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Description of Personal Representative's Authority

Date

Address

City

State

Zip

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