

## **Your Right to Privacy**

A notice of Privacy Policies and Practices for Clearview Cancer Institute

### **DEAR PATIENT:**

This notice describes how information about you may be used and disclosed and how you can get access to this information.

**PLEASE REVIEW IT CAREFULLY.**

### **Introduction**

At Clearview Cancer Institute, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective June 19, 2015, and applies to all protected health information as defined by federal regulations.

### **Understanding Your Medical Information**

Each time you visit Clearview Cancer Institute, a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent health care data. This information, often referred to as your health record, serves as a:

- Basis for planning you care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- Tool that you or another payer (your insurance company) will use to verify that services billed were actually provided
- Source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- Tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

### **Your Rights**

You have certain rights under the federal privacy standards. These include the right to:

- Request restrictions on the use and disclosure of your protected health information
- Receive confidential communications concerning your medical condition and treatment
- Inspect and copy your protected health information
- Amend or submit corrections to your protected health information
- Receive an accounting of how and to whom your protected health information has been disclosed
- Receive a printed copy of this notice

### **Our Responsibilities**

Clearview Cancer Institute is required to:

- Maintain the privacy of your health information
- 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
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/or locations
- Notify you if there is a breach related to your medical information

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and/or state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised policy at your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

### **How We May Use and/or Disclose Your Health Information**

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

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. **For example:** results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

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

Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the services rendered to you.

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

Your health information may be used, as necessary, to support the day-to-day activities and management of Clearview Cancer Institute. **For example:** information of services you received may be used to support budgeting and financial reporting, or activities reviewed to evaluate and promote quality of care.

#### **Business Associates**

In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” are: billing or collection agencies, answering services, and computer/software providers.

#### **Communication with family**

Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your health information.

#### **Research/Teaching/Training**

We may use your information for the purpose of research, teaching, and training.

#### **Healthcare Oversight**

Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee in certain circumstances.

#### **Public Health Reporting**

Your health information may be disclosed to public health agencies as required by law.

#### **Required by Law**

Your health information may be disclosed to law enforcement agencies, and as otherwise required by law, including to support government audits and inspections, to facilitate law-enforcement investigations, to comply with federal government mandated reporting, and to identify suspects.

#### **Judicial or Administrative Proceedings**

In certain circumstances, your health information may be used or disclosed in legal proceedings, such as when we are required to respond to a subpoena or order of a court.

#### **Organ and Tissue Donation**

We may use your health information to notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

#### **Abuse**

We may use or disclose your medical information in some instances if we reasonably believe that you are a victim of abuse.

#### **Decedents**

We may use or disclose health information about decedents to coroners, medical examiners, funeral directors, and others involved in your care.

**Serious Safety Threat**

We may use or disclose your health information if we believe it is necessary to prevent or lessen a serious threat to the safety of another person or the public.

**Special Government Functions**

We may use or disclose your health information under some circumstances for specialized government functions, including those related to the armed forces, national security, and intelligence.

**Workers' Compensation**

We may use or disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers' compensation and similar programs.

**Appointment Reminders**

The practice may use your information to remind you about upcoming appointments. If you don't approve of the reminders or if you prefer alternative methods of notification (i.e.; e-mail), please inform the practice.

**Other uses and disclosures**

Disclosure of your health information or its use for any purpose other than those listed above requires specific written authorizations. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

**Below are some of the circumstances when we may use and disclose your medical information only with your authorization:**

Marketing - With limited exceptions, your authorization is required for use or disclosure of your medical information for marketing purposes.

Sale of Your Medical Information - Your authorization is required if we want to sell your medical information.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have complaints, questions, or would like additional information regarding this notice or the privacy practices of Clearview Cancer Institute:

Chief Operations Officer  
Clearview Cancer Institute  
3601 CCI Drive  
Huntsville, AL  
(256) 705-4224  
1-888-374-1015

If you believe that your privacy rights have been violated, please contact the Privacy Official for the address above, or you may file a complaint 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 practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is:

OFFICE FOR CIVIL RIGHTS  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Room 509, HHH Building  
Washington, D.C. 20201

If you have other privacy needs, please let your nurse or physician know