



Partners in Cancer Care

## Notice Of Privacy Practices

Effective date: April 14<sup>th</sup>, 2003  
Revised: March 2015

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

*We understand the importance of privacy and are committed to maintaining confidentiality of your information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. **We are required by law to maintain the privacy of protected information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.** This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy/Security Officer.*

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## How this Medical Practice May Use Or Disclose Your Medical Information

Epic Care collects health information about you and stores it in a computer. This is your medical record. The medical record is the property of this medical practice; however, the information in the medical record belongs to you. The law permits us to use or disclose your medical information without your authorization for the following purposes. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy/Security Officer

## We May Share Your Medical Information To:

### **a. Medically Care For You**

We use medical information about you to provide your medical care. We disclose your medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services we do not. Alternatively, we may share this medical information with a pharmacist who needs to dispense a prescription to you or a laboratory that performs tests.

### **b. Obtain Payment**

We use your medical information to obtain payment for the services we provide. For example, we give your health plan the medical information it requires before it will pay us. We may also disclose your medical information to other health care providers to assist them in obtaining payment for services they have provided to you.

### **c. Manage Health Care Operations**

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our offices. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

### **d. Administer Your Care**

We may use and disclose your information for administrative purposes. For example, we may use and disclose your medical information to review and improve the quality of care we provide or disclose this information to get your health plan to authorize services or referrals. We may share your information with our “business associates”, who perform administrative services for us. We have a written business contract with each of these business associates that contains terms requiring them to protect the confidentiality of your information. Although federal law does not protect health information, which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

**e. Provide Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services**

We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you.

**f. Provide Information To Family & Friends Allocated By You**

We may disclose your information to notify or assist in notifying a family member, your legal representative or another person responsible for your care about your location, your general condition or in the event of your death. Please refer to the Patient Registration form. In the event of a disaster, we may disclose your information to a relief organization so that they may coordinate these notification efforts. In a disaster we may disclose information, even over your objection if we believe it is necessary to respond to emergency circumstances.

**g. Participate In Medical Research Studies**

Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

**We May Use Your Health Information For:**

**a. Health & Safety Reasons**

We may, and are sometimes required by law to disclose your information to public health authorities for purposes related to preventing or controlling disease, injury or disability, to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public; reporting elder or dependent adult abuse or neglect; reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. We may also and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings subject to the limitations imposed by federal and California law.

**b. Business Associates**

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**c. Organ & Tissue Requests**

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

**d. Military & National Security Reasons**

We may disclose your health information for certain essential government functions. This includes assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs

**e. Inmates or Individuals in Custody**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or the safety and security of the correctional institution.

**f. Data Breach Notification Purposes**

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**g. Worker's Compensation Requests**

We may disclose your health information as necessary to comply with worker's compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

**h. Lawsuits and Disputes**

We may and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected or if your objections have been resolved by a court or administrative order.

**i. Law Enforcement Requests**

As required by law (Federal, state and local) we will use and disclose your information, to respond to judicial or administrative proceedings, or to law enforcement officials, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, we will inform you or your legally authorized individual promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**j. Coroner, Medical Examiner Or Funeral Director Use**

We may, and are often required by law, to disclose your health information to coroners, medical examiners or funeral directors in connection with their investigations of deaths.

## You Have The Right To:

### a. **Inspect and Copy**

You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than psychotherapy notes. To inspect and copy your medical information, you must submit a request in writing detailing what information you want access to and whether you want to inspect it or get a copy of it. We have up to 30 days to make your Protected Health Information available to you. We will charge a reasonable fee, based on supplies, time, and mailing charges if applicable. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional that was not directly involved in the denial of your request, and we will comply with the outcome of the review.

### b. **An Electronic Copy of Electronic Medical Records**

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or electronic health record) you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hardcopy form. We may charge you a reasonable cost based fee for the labor associated with transmitting the electronic medical record.

### c. **Get Notice of a Breach**

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

### d. **Have Your Medical Record Reviewed & Corrected If Necessary**

You have the right to request that we amend the health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. You have the right to receive a response to your written request within 60 days of Epic Care receiving your written request. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if Epic Care did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or inaccurate.

**e. Get A List Of Who We Share Your Health Information**

You have a right to receive a list of to whom we have disclosed your health information. This practice does not have to account for the disclosures as outlined above. You must make this request in writing.

**f. Ask Us To Limit The Information We Share**

You have the right to request restrictions on certain uses and disclosures of your information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.

**g. Not Disclose Information for Out of Pocket Payments**

If you paid out of pocket (i.e. you have requested we do not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request.

**h. To Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**i. Ask For A Copy Of Our Privacy Notice**

You have the right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website [www.epic-care.com](http://www.epic-care.com)

**j. Complain In Writing To The Practice If You Believe Your Privacy Rights Have Been Violated By Us**

Complaints about this Notice of Privacy Practices or how this medical practice handles your information should be directed to our Privacy/Security Officer, listed on the front page of this Notice of Privacy Practices. You will not be penalized for filing a complaint

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office Of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 2021

## **Changes To This Notice Of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protection will apply to all protected health information that we maintain, regardless of when it was created or received and will be made available upon request. We will post a current Summary Notice Of HIPAA Privacy Practices at all of our locations. The notice will contain the effective date in the footer.

## **Change Of Ownership**

In the event that this medical practice is sold or merged with another organization, your information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.