

# WIND RIVER ONCOLOGY

## 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.**

If you have any questions about this notice, please contact our privacy official.

This Notice of Privacy Practices describes how WIND RIVER ONCOLOGY may use and disclose your protected health information to carry our treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

WIND RIVER ONCOLOGY is required to abide by the terms of this Notice and may change the terms of this notice at any time. The new notice would be effective for all protected health information maintained at that time. Upon your request, WIND RIVER ONCOLOGY will provide you with any revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:**

You will be asked to sign an authorization form for use and disclosure of your protected health information for specified reasons as outlined in the authorization form.

### **Treatment:**

WIND RIVER ONCOLOGY will use and disclose your protected health information to provide, coordinate, or manage your health care and any related issues. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, WIND RIVER ONCOLOGY would disclose your protected health information, as necessary, to a home health agency that provides care to you. WIND RIVER ONCOLOGY will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician for whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, WIND RIVER ONCOLOGY may disclose your protected health information from time-to-time to another health care provider (e.g., a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

### **Payment:**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services WIND RIVER ONCOLOGY - has recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:**

WIND RIVER ONCOLOGY may use or disclose, as needed, your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities.

For example, WIND RIVER ONCOLOGY may disclose your protected health information to medical students that see patients at our office. In addition WIND RIVER ONCOLOGY may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. WIND RIVER ONCOLOGY may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, and transcription services) for the practice. Whenever an arrangement between WIND RIVER ONCOLOGY and a business associate involves the use or disclosure of your protected health information; we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:**

WIND RIVER ONCOLOGY will employ other uses and disclosures of your protected health information only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician or WIND RIVER ONCOLOGY has taken an action in reliance on the use or disclosure indicated in the authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object:**

WIND RIVER ONCOLOGY may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclose of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved In Your Healthcare:** Unless you object, WIND RIVER ONCOLOGY may disclose to a member of your family, a relative, or close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest, based on our professional judgment WIND RIVER ONCOLOGY may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. Finally, WIND RIVER ONCOLOGY may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** WIND RIVER ONCOLOGY may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** WIND RIVER ONCOLOGY may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under any circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:**

WIND RIVER ONCOLOGY may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** WIND RIVER ONCOLOGY may use or disclose your protected health information to the extent that the use or disclose is required by law. The use or disclose will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** WIND RIVER ONCOLOGY may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** WIND RIVER ONCOLOGY may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** WIND RIVER ONCOLOGY may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

**Abuse or Neglect:** WIND RIVER ONCOLOGY may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** WIND RIVER ONCOLOGY may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** WIND RIVER ONCOLOGY may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** WIND RIVER ONCOLOGY may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is unlikely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** WIND RIVER ONCOLOGY may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. WIND RIVER ONCOLOGY may also disclose protected health information to a funeral director, as such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**You have the right to request confidential communications from us by alternative means or at an alternative location.** WIND RIVER ONCOLOGY will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to our Privacy Official.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, WIND RIVER ONCOLOGY may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**Waiver of Rights:**

WIND RIVER ONCOLOGY may not require individuals to waive their rights as a condition of the provision of treatment.

**Complaints:**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our privacy official of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Front Office Coordinator at (307) 856-4688 for further information about the complaint process.

This notice was published and becomes effective on July 1, 2008.