

**North Shore Oncology-Hematology Associates Ltd.**

## **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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information for treatment, payment or health care operations and as required by law. It also describes your rights regarding your protected health information. "Protected health information" includes demographic information that may identify you and which relates to your past, present, or future health or condition and related health care services. Hereafter, we will refer to your protected health information as information or health information.

Your information is protected by us through protocols which ensure security and confidentiality. Our building has physical security and we utilize passwords and virus detection software to protect databases. Access to your information is limited to the minimum necessary to perform a specified job function.

We are required by law to:

- maintain the privacy of your protected health information;
- provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- abide by the terms of the Notice that are currently in effect.

### **How We May Use and Disclose Your Protected Health Information**

We will use your information for the following:

**Treatment.** Your health information will be used or disclosed to provide, coordinate, or manage your health care and any related services. For example, a doctor within our practice may share your health information with another doctor within our practice, or at another health care facility, in order to better diagnose and treat you. Different health care professionals may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and other diagnostic tests or procedures.

*Please Note:*

Our facility maintains a semi-private chemotherapy treatment area for our patients. Due to the nature of oncology, and the administration of chemotherapy, many patients require a support system that may include family, friends or care-givers. We strive to accommodate this need as long as safety is not compromised. In our efforts to do so, there may be non-patients present elsewhere in the treatment room at any given time during your chemotherapy treatment. Drapes are available to be drawn and our staff makes every effort to protect your privacy and the details of your health information.

**Payment.** We will use and disclose your information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may contact Medicare or your health plan to confirm your coverage or to request coverage information for a proposed treatment or service.

**Health Care Purposes.** We will use and disclose information about you to support the business activities of our practice. These activities include employee reviews, quality assessment and training of new clinical staff. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We will use a sign-in sheet at the registration desk where you will be asked to sign your name and inform us of any insurance changes. We will also call you by name in the waiting area at the time of your appointment.

We may share your protected health information with third party business associates for various activities. For example, transcription services. Whenever this involves the use of your health information, we will obtain a business associate agreement to protect your privacy.

**Appointment Reminders.** We will contact you as a reminder that you have an appointment for treatment.

**Treatment Alternatives and Health-Related Benefits and Services.** We may discuss treatment options with you or other health care providers.

## **Other Uses and Disclosures of Protected Health Information**

The following uses and disclosures will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke that authorization, in writing, at any time. If you revoke the authorization, we will no longer use or disclose your information as covered in the authorization.

***You have the opportunity to object to the use or disclosure of your health information.***

If you are not able to agree or object, your physician may use professional judgement to determine whether the disclosure is in your best interest. The minimum information necessary will be used.

**Individuals Involved in Your Care.** With your written approval, we may release your information to a friend, family member or any person authorized by you.

**Emergencies.** We may use or disclose your information in an emergency treatment situation. Your physician will attempt to obtain your consent as soon as reasonably possible.

**Research.** We may use and disclose information about you for research purposes, such as clinical trials, which may include preparation for the intended purpose.

***We may use or disclose your health information in the following situations without your authorization.***

**As Required By Law.** We will use or disclose information about you as required by federal, state or local law. We will provide the minimum necessary to achieve the desired result.

**Legal Proceedings.** We may disclose information in response to a subpoena, discovery request, court order, etc..

**Law Enforcement.** We may release information, with proper legal authorization, for law enforcement purposes including criminal investigations or in response to a medical emergency, and will be limited to the information needed for that specific purpose.

**Health Oversight Activities.** We may disclose your information to a health oversight agency for the purpose of audits, investigations, inspections, and licensure. Agencies collecting this information oversee the health care system, government benefit and regulatory programs, and civil rights laws.

**Public Health Risks.** We may disclose your protected health information for public health activities and purposes, as required by law, to a public health authority. These activities may include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**Additional Uses and Disclosures:**

- Organ and tissue donation.
- Medical examiners, coroners and funeral directors.
- Military and veterans.
- Protective services for the President, National Security and Intelligence activities.
- Worker's compensation.

**Required Uses and Disclosures.** Disclosures must be made to you and as required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements stated in Section 164.500 et. seq.

## **Your Rights Regarding Protected Health Information**

**Right to Inspect and Copy.** You may inspect and obtain a copy of your health information. This usually includes medical and billing records, not psychotherapy notes. A written request must be made to our Privacy Officer. A fee may be charged as necessary. We may deny your request under certain circumstances. You have the right to request a review of the denial.

**Right to Amend.** You have the right to amend your information if you feel it is incorrect or incomplete. You have this right for as long as the information is maintained at our facility. A request must be made in writing to our Privacy Officer. Your request may be denied for the following reasons:

- was not created by us;
- is not part of information kept by us;
- no supporting reason;
- is not part of the information which you would be permitted to inspect or copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request a list of all those to whom your information has been provided. A written request must be made to our Privacy Officer. We cannot provide disclosures for anything prior to April 14, 2003 or exceed a period of six years. You will be notified if there is a charge for the list.

**Right to Request Restrictions.** You have the right to request a restriction or limitation regarding your health information and who is involved in your care. A request must be made in writing to our Privacy Officer and include guidelines as to how you want the information restricted. If we do not agree to your restriction, you will be informed in writing.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you regarding your health information in a specified manner. For example, you may want to specify an address or phone number to be used for all communications. A request must be made in writing to our Privacy Officer. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You may receive an additional copy of this notice at any time by requesting one in writing to our Privacy Officer or at the time of your appointment.

### **Changes To This Notice**

We reserve the right to change the terms of this notice and make new notice provisions for all protected health information. A copy of the current notice will be posted and it will be available at the time of your appointment, or you may request one by mail. The effective date will be printed in the top right-hand corner of the notice.

### **Complaints**

If you feel your privacy rights have been violated, you may file a complaint in writing to our Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be discriminated against for filing a complaint.

#### **Privacy Officer**

North Shore Oncology-  
Hematology Associates, Ltd.  
1800 Hollister Drive, Suite 112  
Libertyville, IL 60048  
847-367-6781

#### **U.S. Department of Health and Human Services**

Office of Civil Rights  
223 North Michigan Avenue, Suite 240  
Chicago, IL 60601  
312-886-2359