

NOTICE OF PRIVACY PRACTICES FOR Cancer Specialists of North Florida

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 Cancer Specialists of North Florida (“CSNF”), we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices (“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 March 26, 2013 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

Each time you visit CSNF; a record of your visit is made.

Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health record serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Marketing: Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses and disclosures not described in this notice or required by law will be made only with your separate written permission. If you give us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provide to you.

Open Treatment Areas: Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear some patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Fund Raising: We may contact you as part of a fund-raising effort, though you will have the right to opt out of such communications.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. State law requires the reporting of certain types of cancer to the Florida Cancer Data System. Under HIPAA, covered entities may disclose protected health information to these registries without the individual informed consent of each patient pursuant to the “public health” exception to HIPAA general disclosure rule. A log of these releases will be maintained. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notification: We may disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure

the privacy of your health information.

Communication from Office: We may call your home or other designated location and leave a message on voice mail or in person in reference to any items that assist CSNF in carrying our Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to my clinical care. We may mail to your home or other designated location any items that assist CSNF in carrying our Treatment, Payment and Health Care Operations, such as appointment reminder cards and patient statements.

Communication with Family/Personal Friends: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany the patient into the exam room, it is considered implied consent that a disclosure of the patient medical data is acceptable.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations, federally funded registries, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Reproductive Health Information: If any reproductive healthcare PHI is lawfully requested by the government or its agencies (“Government”), a separate government attestation form must be completed. Pursuant to the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) before your PHI can be released, the Government shall truthfully attest that the Government is not investigating, identifying, or seeking to impose any criminal, civil, or administrative liability concerning your lawful reproductive health care. Understanding what is in your record and how your health information is used helps you: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of CSNF, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- If electronic health record is available, it will be provided in an electronic format, if requested by the individual as expressed in the HITECH Act.
- Amend your health record as provided in 45 CFR 164.526.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Restrict the disclosure of PHI (for payment or health care operations) to a health plan when you alone have paid for our services in full.
- Be notified when a breach of your unsecured PHI has occurred.

Authorization Required

Your authorization will be required for:

- Most uses and/or disclosures of psychotherapy notes
- Uses and/or disclosures of PHI for marketing purposes
- The sale of any PHI

Our Responsibilities:

CSNF is required to:

- Maintain the privacy of your health information.
- Abide by the terms of the Notice currently in effect.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you if we are unable to agree to a requested

restriction.

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

- CSNF must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying payment or health care operations if the protected health information pertains solely to a health care item or service for which you have been paid out of pocket in full.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem
If you have questions and would like additional information, you may contact CSNF’s Privacy Officer:

Beth Page
904-538-3664

Cancer Specialists of North Florida
7751 Belfort Pwky, Suite 350
Jacksonville, FL 32256

If you believe your privacy rights have been violated, you can file a complaint with CSNF’s Privacy Officer, or with the Officer for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Examples of Disclosures for Treatment, Payment and Health Care Options

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team.

Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures, and supplies used.

We will use your health information for regular health care operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.