



NOTICE OF PRIVACY PRACTICES

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

General Information

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality Law.

YOUR HEALTH INFORMATION IS PRIVATE- We understand, that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information.

WHO SEES AND SHARES MY HEALTH INFORMATION?

Your private health information may be used by health care providers such as doctors, nurses, therapists and social workers who take care of you. They may need your private health information in order to determine your plan of care. This may apply to health care services you had before now, or services you may have later on. We may also share health information about you in order to help you get services you may need. We may also use your information to contact you about appointment reminders or to tell you about treatment alternatives.

MAY I SEE MY HEALTH INFORMATION?

YES. Most of the time you can receive a copy if you ask. However you may be charged a small fee for the copying cost.

WHAT IF I NEED MY HEALTH INFORMATION SENT SOMEWHERE ELSE?

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if:

- 1) Your health care provider needs to send it to other places;
- 2) You want us to send it to another health care provider; or,
- 3) You want it sent to another person for you.

COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?

When private health insurance information is released without Authorization, it is normally used to support Treatment or Payment of medical situations. There are several situations that may require us to release information without your consent, the following situations and circumstances are, but are not limited to;

- 1) Reporting contagious disease and Cancer;
- 2) Reactions and problems with medicine;
- 3) Work related injuries to workers Compensation;
- 4) Birth, Death and immunization information;
- 5) To the federal Government when they are investigating something important to protect our country, the President and/or other government workers.

MAY I HAVE A COPY OF THIS NOTICE?

Yes. Upon your request we will be more than happy to give you a copy.

QUESTIONS OR COMPLAINTS?

If you have any questions about this notice, or you think that we have not protected your private health information and you wish to complain about it, please contact either of the following:

The Oncology Institute of Hope and Innovation
 Administrator: **HILDA H. AGAJANIAN**
OR

Office for Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Avenue, S.W.
 Room 509F, HHH Building
 Washington, D.C. 20201-0004

Or by calling the office for Civil Rights at: (800) 368-1019

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date of Birth: _____

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of The Oncology Institute of Hope and Innovation.

Patient Signature: _____ Date: _____

If signed by Patient's Personal Representative:

Print Name: _____

Signature: _____

Address: _____

Telephone Number: _____