



R. Steven Bass, MD
Todd E. Williams, MD
Paul G. Goetowski, MD
Stephen F. Andrews, DO
Board Certified Radiation Oncologists

NOTICE OF PRIVACY PRACTICES

Effective November 1, 2002

This is a description of how medical information about you may be used and/or 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 Officer.

This Notice describes how Carolina Regional Cancer Center may use and/or disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. "Protected health information" (PHI) 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 healthcare services. We are required to abide by the terms of this Notice. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, you will be provided with any revised Notice by accessing our website at crccmd.com, by calling the office and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION. *With or without Your Written Consent:* Although not required by law for the purposes of treatment, payment and healthcare operations, you are asked to sign a consent form. Once you have consented to the use and/or disclosure of your PHI for treatment, payment and healthcare operations, your physician may use/disclose your PHI as described in Section 1. Your PHI is used/disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing healthcare services to you, to obtain payment for your healthcare bills, and to support the operation of the practice. Following are examples of the types of uses/disclosures of your PHI that CRCC is permitted to make. They are not meant to be exhaustive but to describe the types of uses/disclosures that may be made by our office.

- Treatment:** To provide, coordinate, or manage health care and any related services, to include the coordination or management of health care with a third party that has already obtained your permission to have access to your PHI. For example, we disclose PHI, as necessary, to a home health agency that provides care to you and/or to other physicians who are treating you when we have the necessary permission from you to disclose your PHI. Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you, and, from time to time, to another physician or healthcare provider (e.g., a specialist or laboratory) who at the request of your physician becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.
- Payment:** To obtain payment for your healthcare services, to include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we 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 relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
- Healthcare Operations:** As needed in order to support the business activities of our practice. These activities include (but are not limited to) quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose PHI to medical school students who see patients at our office. We use a sign-in sheet at the registration. We call you by name in the waiting room. We use/disclose PHI as necessary to contact you to remind you of your appointments. We share your PHI with third party "business associates" who perform various activities (e.g., billing, transcription services) for CRCC. Whenever an arrangement between our office and a business associate involves the use/disclosure of PHI we have a written contract that contains terms that protect the privacy of your PHI. We use/disclose PHI as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use/disclose PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about CRCC and the services we offer. We may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you. We may use/disclose your demographic information and the dates that you received treatment from your physician as necessary in order to contact you for fundraising activities supported by CRCC. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

Uses and Disclosures of PHI Based upon Your Written Authorization: Other uses/disclosures of PHI will be made 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 CRCC has taken an action in reliance on the use/disclosure indicated in the authorization.

Other Permitted and Required Uses/Disclosures That May Be Made with Your Consent, Authorization or Opportunity to Object: We may use/disclose PHI in the following instances. You have the opportunity to agree or object to the use/disclosure of all or part of your PHI. If you are not present or unable to agree or object to the use/disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only PHI that is relevant to your health care will be disclosed.

- Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, PHI 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 professional judgment. We may use/disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. We may use/disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses/disclosures to family or other individuals involved in your health care.
- Emergencies:** In an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practical

after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and has attempted to obtain your consent but is unable to do so, he may still use/disclose your PHI to treat you. •Communication Barriers: 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 physician determines, using professional judgment, that you intend to consent to use/ disclosure under the circumstances. Other Permitted and Required Uses/Disclosures That May Be Made without Your Consent, Authorization or Opportunity to Object: We may use/disclose PHI in the following situations without your consent or authorization. These situations include: •Required By Law: To the extent that the use/disclosure is required by law. The use/disclosure 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/disclosures. •Public Health: 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 PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. •Communicable Diseases: 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: 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 healthcare system, government benefit programs, other government regulatory programs, and civil rights laws. •Abuse or Neglect: To a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose PHI 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: To a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, or track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required. •Legal Proceedings: In the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosures are expressly authorized) in certain conditions in response to a subpoena, discovery request or other lawful process. •Law Enforcement: 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 pertaining to victims of a crime; (3) suspicion that death has occurred as a result of criminal conduct; (4) in the event that a crime occurs on the premises of CRCC; and (5) medical emergency (not on CRCC's premises) in which it is likely that a crime has occurred. •Coroners, Funeral Directors, and Organ Donation: 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; to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. PHI may be used/disclosed for cadaveric organ, eye or tissue donation purposes. •Research: 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 PHI. •Criminal Activity: Consistent with applicable federal and state laws, if we believe that the use/disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI necessary for law enforcement authorities to identify or apprehend an individual. •Military Activity and National Security: When the appropriate conditions apply, of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the VA of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. •Workers' Compensation: As authorized to comply with workers' compensation laws and other similar legally established programs. •Inmates: If you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you. •Required Uses and Disclosures: Under law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. YOUR RIGHTS. Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights. You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that CRCC uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record. You have the right to request a restriction of your PHI. You may ask us not to use/disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use/disclosure of your PHI, it will not be restricted. If your physician does agree to the requested restriction, CRCC may not use/disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. Your restriction request must be in writing and will be a part of your medical record. You may request a restriction form at our front office. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. CRCC will accommodate reasonable requests. We may 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 the request. Please make this request in writing to our Privacy Officer. You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, 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 Officer 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 PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a facility directory, 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 a shorter time frame. 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.

3. COMPLAINTS. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at 843-449-9415 for further information about the complaint process.