

HEMATOLOGY & ONCOLOGY CONSULTANTS, P.A.
NOTICE OF PRIVACY PRACTICES
EFFECTIVE 4/14/03

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

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our Hematology/Oncology practice and any affiliated health care providers that jointly perform payment activities and business operations with our practice. A copy of our current notice will always be posted in our reception area. You may also pick up a copy on your next visit to the office.

If you have any questions or would like further information, please contact our HIPAA officer, Lynn Sawyer, at 407-898-5452, ext. 2242.

Requirement for Acknowledgement of Notice of Privacy Practices. Our office will ask you to sign a form that will serve as an acknowledgement that you have received this Notice of Privacy Practices.

Requirement for Written Authorization. Our office will generally obtain your written authorization before using your health information or sharing it with others outside our group practice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please contact Lynn Sawyer at 407-898-5452, ext. 2242.

Exceptions to Requirement. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are as follows:

- **Exception for Treatment, Payment, and Business Operations.** Our office is allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our practice's normal business operations.
- **Exception for Disclosure to Friends and Family Involved In Your Care.** We will ask you whether you have any objection to including information about you in our patient directory or sharing information about your health with your friends and family involved in your care. More information about this exception is provided below.
- **Exception in Emergencies or Public Need.** Our office may disclose your health information in an emergency or for important public needs. For example, our

office may share your information with public health officials who are authorized to investigate and control the spread of diseases.

- **Exception if Information Does Not Identify You.** Our office may use or disclose your health information if we have removed any information that might reveal who you are.

How to Access Your Health Information. You generally have the right to inspect and copy your health information.

How to Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.

How To Keep Track Of The Ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us, called an “accounting list” which provides information about when and how we have disclosed your health information to outside persons or organizations. The list will identify non-routine disclosures of your information, but routine disclosures will not be included. The list will not include disclosures you have authorized.

How to Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

How to Request More Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of work. We will try to accommodate all reasonable requests.

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How to Learn About Special Protections For HIV, Substance Abuse, and Mental Health Information. Special privacy protections apply to HIV-related information, substance abuse information, and mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact Lynn Sawyer, Privacy Officer, 407-898-5452, ext. 2242.

How to Obtain A Copy of This Notice. You have the right to a paper copy of this notice. You may request a copy of this notice at any time. To do so please call Lynn Sawyer, Privacy Officer at 407-898-5452, ext. 2242.

How to Obtain A Copy of Revised Notices. Our practice may change our policy from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post all revised notices in our reception area. You may also request a revised copy from the Privacy Officer.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of The Department of Health and Human Services. To file a complaint with our practice, please contact Lynn Sawyer, Privacy Officer at 407-898-5452, ext. 2242. No One will retaliate or take action against you for filing a complaint.

What Health Information Is Protected. We are committed to protecting the privacy of information we gather about you while providing health-related services. Examples of protected health information are:

- Information about your health condition (disease type)
- Information about health care services you have received or may receive in the future
- Information about your health care benefits under an insurance plan
- Geographic information
- Demographic information
- Unique numbers that may identify you
- Other types of information that may identify you

How We May Use And Disclose Your Health Information Without Your Written Authorization:

- **Treatment, Payment, And Normal Business Operations**
The physicians and other clinicians and staff members within Hematology & Oncology Consultants, P.A. may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the practice's normal business operations. Your health information may also be shared with affiliated hospitals and health care providers so that they may jointly perform certain payment activities and business operations along with our practice.

Appointment Reminders, Treatment Alternatives, Benefits and Services. Our practice may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health related benefits and services that may be of interest to you.

Friends and Family. We may use your health information in our patient directory, or share it with friends and family involved in your care, without your written authorization. We will always give you an opportunity to object unless there is insufficient time because

of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Friends and Family Involved In Your Care. If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another person responsible for your care about your general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Emergencies or Public Need. We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons.

Emergencies. We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonable can after we treat you.

Communication Barriers. We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability.

Victims of Abuse, Neglect, or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government

benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to report or track product defects or problems. To repair, replace or recall defective or dangerous products or to monitor the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by some else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders, subpoenas, or law that we are required to follow
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person
- If you have been the victim of a crime and we determine that we have been unable to obtain your consent because of an emergency or your incapacity
- If law enforcement officials need this information immediately to carry out their law enforcement duties and we believe in our professional judgment disclosure to these officers is in your best interests
- If we suspect that your death resulted from criminal conduct
- If necessary to report a crime that occurred on our property

To Avert A Serious Threat To Health or Safety. We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.

Workers' Compensation. We may disclose your health information for worker's compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly.

Your Rights To Access and Control Your Health Information. We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

Right To Inspect and Copy Records. You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Lynn Sawyer, Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request.

We ordinarily respond to your request within 30 days if the information is located in our facility and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to

explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or your entire request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

Right To Amend Records. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Lynn Sawyer, Privacy Officer. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

Right To An Accounting of Disclosure. After April 14, 2003, you have a right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. An accounting list, however, will not include the following:

- Disclosure we made to you
- Disclosures you authorized
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations
- Disclosures made from the patient directory
- Disclosures made to your friends and family involved in your care
- Disclosures made to federal officials for national security and intelligence activities
- Disclosures about inmates or detainees to correctional institutions or law enforcement officers
- Disclosures made before April 14, 2003

To request this list, please write to Lynn Sawyer, Privacy Officer. Your request must state a time period for the disclosures you want us to include. You have the right to one list per calendar year for free. However, we may charge you for the cost of providing any

additional lists in the same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

Right To Request Additional Privacy Protections. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions, please write to Lynn Sawyer, Privacy Officer. Your request should include what information you want to limit, how we may use it, how we may share it with others and to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency care or comply with the law. Once we have agreed to a restriction, you have the right to revoke it at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

Right To Request Confidential Communications. You have the right to request that we communicate with you about your medical matters in a more confidential way. To request more confidential communications, please write to Lynn Sawyer, Privacy Officer. We will not ask for the reason for your request, we will try to accommodate all reasonable requests. Please be specific when requesting your needs.

HEMATOLOGY & ONCOLOGY CONSULTANTS, P.A.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By Signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of Hematology & Oncology Consultants, P.A.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

HEMATOLOGY & ONCOLOGY CONSULTANTS, P.A.
PRIVACY OFFICER JOB DESCRIPTION

POSITION TITLE: Privacy Officer

IMMEDIATE SUPERVISOR: David K. Smith, M.D.

DUTIES AND RESPONSIBILITIES: The Privacy Officer is responsible for overseeing the development and implementation of the practice's policies, procedures, and systems for protecting the privacy health information, maintained by the practice or its business associates, that has the potential to reveal the identity of patients (protected health information). Specific duties and responsibilities are as follows:

Privacy Policies and Procedures. The Privacy Officer is responsible for the developing and implementing the practice's policies and procedures for protecting the privacy of protected health information. At a minimum, this includes:

- Overseeing the development and implementation of formal written policies relating to the privacy of protected health information.
- Ensuring that the practice has and maintains appropriate forms and notices necessary to comply with federal and state health information privacy regulations.
- Overseeing the development of, and implementation of, standards for limiting the practice's uses and disclosures of, and requests for, protected health information to the minimum amounts necessary to accomplish the purposes of such uses, disclosures, and requests.
- Working with other employees and managers to develop administrative, technical, and physical safeguards to protect the privacy of protected health information.
- Working with the practice's security officer to coordinate and align the practice's policies and practices on privacy and security of protected health information.
- Identifying business associates of the practice and participating in the development and implementation of all business associates agreements to ensure that all privacy concerns, requirements, and responsibilities under the practice's policies and under applicable law are addressed.

Privacy Training, Awareness and Consultation. The privacy officer is responsible for developing and implementing the practice's privacy training and awareness programs. At a minimum, this includes:

- Overseeing and ensuring the delivery of initial and periodic follow-up privacy training to all employees, volunteers, medical and professional staff, business associates, and other appropriate parties.
- Promoting information privacy awareness among all staff members, business partners, and business associates.
- Serving as information privacy consultant for the practice, all staff members, and business associates.

Response to Patient Requests and Requests by Third Parties. The privacy officer is responsible for overseeing the practice's response to patient's requests related to the privacy of their protected health information. The privacy officer also oversees the practice's response to court and administrative orders, or requests by law enforcement officers, seeking access to records that may contain protected health information. At a minimum, this includes:

- Overseeing the response to patient requests for access to or amendment of patient records that include protected health information.
- Overseeing the response to patient requests for accountings of disclosures of protected health information.
- Overseeing the response to patient requests for restrictions on uses and disclosures of protected health information.
- Overseeing the response to patient requests for confidential communications.
- Overseeing the response to court orders, subpoenas, or administrative requests seeking access to protected health information.
- Overseeing the response to any requests for the release of protected health information to law enforcement officers or federal officials conducting national security and intelligence activities.

Compliance Monitoring, Investigations and Enforcement. The privacy officer is responsible for monitoring ongoing compliance with the practice's privacy policies and procedures. He or she is also responsible for investigating and responding to privacy complaints and violations. At a minimum, this includes:

- Performing initial and periodic information privacy risk assessments, audits, and related ongoing compliance monitoring activities.
- Performing ongoing compliance monitoring of all Business Associate Agreements to ensure that all privacy concerns, requirements and responsibilities under these agreements are met by the practice's business associates.
- Establishing and administering a process for receiving, documenting, tracking, investigating and responding to all complaints concerning the content of the practice's privacy policies and procedures or the practice's compliance with those policies and procedures.
- Developing and implementing a process for mitigating any harmful effect of an unauthorized use or disclosure of protected health information that is known to the practice.
- Establishing and administering sanctions applicable to all staff, and all business associates of the practice, who fail to comply with the practice's privacy policies.
- Cooperating with the Department of Health and Human Services' Office of Civil Rights and other governmental agencies or accrediting organizations during any compliance review or investigation of the practice's privacy policies or practices.

New Development in Health Information Privacy Law. The privacy officer is responsible for monitoring new developments in health information privacy law. At a minimum, this includes:

- Working with legal counsel to review new or revised healthcare laws, regulations, and accreditation standards pertaining to the privacy of patient health information to determine whether new policies, or modification of current policies of the practice are needed.
- Working with administration and legal counsel to represent the practice's interests before federal, state, or local governments that undertake to adopt or amend privacy legislation, regulations or standards.

Recommended Qualifications.

- Knowledge of and experience with health information privacy laws and regulations.
- Knowledge of and experience with technology-related laws and regulations.
- Knowledge of and experience with the principles of health information management and privacy technologies.
- Knowledge and experience with the principles of health information management, project management and change management.
- General knowledge of and experience with medical practice operations or the operations of a health system.
- Demonstrated organization, facilitation, communication and presentation skills.
- A high level of integrity and trust.
- The responsibilities of this position can be performed by one or more individuals.
- Practices may choose to reference which persons, departments, or outside professionals the privacy officer may work with to accomplish these duties and responsibilities.