

CASCADE CANCER CARE NOTICE OF PRIVACY POLICY

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.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information 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.

Payment: Your protected health information will be used, as needed, to obtain payment or pre-approval of payment for your health care services. For example, we give information about you to your insurance company so it will pay for your services. Your insurance company may require medical records to secure payment. This may include medical information related to drug or alcohol abuse, sexually transmitted diseases, HIV/AIDS, and mental health. If you have a guarantor for your insurance, account balance or due dates may be disclosed to the guarantor to secure payment.

Healthcare operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk that asks for your name and physician, or call you by name in the waiting room when your physician is ready to see you.

Other Disclosures: We are allowed or required to share your information in other ways (that usually contribute to the public good, such as public health or research). These uses may be:

- To help with public health and safety (i.e., preventing diseases, helping with product recalls, report bad reactions to medications, reporting suspected abuse, neglect or domestic violence, or reducing serious threats to others' health)
- To contribute to public health research
- Comply with the law (releases required by state or federal law, including to verify compliance with privacy laws)
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, or other government requests
- Respond to lawsuits and other legal actions (such as responding to a court or administrative order or in response to a subpoena)

We must meet many conditions before sharing your information for these purposes. For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

YOUR RIGHTS

Get a copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record. Upon request, we will provide a copy or summary of your health information, usually within 30 days of the request. We may charge a reasonable, cost-based fee.

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 protected health information that is subject to law that prohibits access to protected health information.

Request a correction to your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way or send mail to a different address. We will say "yes" to all reasonable requests.

Request us to limit what we use or share. You can ask us *not* to use or share certain health information for treatment, payment, or our operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service

or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” to this request unless a law requires us to share that information.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take action.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting our Privacy Official or the US Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint. Here is the contact information if you need to file a complaint:

Privacy Official, Cascade Cancer Care
Katherine Neubauer, ND, FABNO, 403 NE Franklin Ave, Bend, OR 97701
Tel 541.323.3833 Fax 541.797.7740

HHS Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
Tel: 1-877-696-6775
Web: www.hhs.gov/ocr/privacy/hipaa/complaints/

YOUR CHOICES

You have choices over how we share certain health information. If you want us to share information with your family, close friends, or others involved in your care, then talk to us and we will follow your instructions. *However, if you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* We will never share your information for marketing purposes or sell your information without your written consent.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information, and we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices contained in this notice, and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you do change your mind. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This notice is effective as of September 2, 2018.