



The Oncology Institute of Hope & Innovation

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 CAREFULLY.

YOUR RIGHTS: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Your Health Information is Private

- a. 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 it.
- b. We will let you know promptly if a breach of your privacy were to ever occur that may have compromised your privacy or security of your information.

2. Who Sees and Shares my Health Information?

- a. Your private health information may be used by health care providers such as physicians, nurses, therapists or social workers who care for you.
- b. We will not use or share your information other than described here unless you tell us we can in writing.

3. Get an Electronic or Paper Copy of your Medical Record

- a. You can ask to see or receive an electronic or paper copy of your medical record and information. We will provide a copy or a summary of your health information as soon as possible. We may charge a reasonable, cost-based fee.

4. Ask us to Correct your Medical Record

- a. You can ask us to correct your health information that you think is inaccurate or incomplete.

5. Request Confidential Communications

- a. You can ask us to contact you in a specific way, ex. phone, email or regular mail.

6. Ask us to Limit what we Share and Use

- a. You can ask us not to use or share certain health information for treatment, payment or our operations.

7. Get a List of Those with Whom We've Shared Information

- a. You can ask for a list of the times we've shared your information for six years prior to the date you ask, who we've shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations.

8. Get a Copy of This Privacy Notice

- a. You can ask for a copy of this notice at any time. We will provide you with a paper copy promptly.

9. Choose Someone to Act for You

- a. 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.
- b. We will make sure the person has the authority and can act for you before we take any action.

10. File a Complaint if you Feel Your Rights are Violated

- a. You can complain if you feel we have violated your rights by contacting our compliance office. We will not retaliate against you for filing a complaint.



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YOUR CHOICES: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do and we will follow your instructions.

1. **In These Cases You Have Both the Right and Choice to Tell Us to Share or Withhold Information**
 - a. Share information with your family, friends or others involved in your care.
 - b. Share information in a disaster relief situation.
 - c. Include your information in a patient directory.
2. **In These Cases We May Never Share Your Information Unless You Give Us Written Permission**
 - a. Marketing purposes
 - b. Sale of your information.
 - c. Most sharing of psychotherapy notes.

OUR USES AND DISCLOSURES: We Are Allowed or Required to Share Your Health Information in the Following Ways

1. **To Treat You**
 - a. We can use your health information and share it with other health professionals treating you.
2. **To Run Our Organization**
 - a. We can use and share your health information to run our practice, improve your care and contact you when necessary.
3. **To Bill for Your Services**
 - a. We can use and share your health information to bill and get payment from health plans.
4. **To Help with Public Safety**
 - a. We can share your health information to prevent disease pandemics, help with product recalls, report suspected abuse, neglect or domestic violence, or prevent a serious threat to someone's safety.
5. **To Comply with the Law**
 - a. We will share health information if required by State or Federal law.
6. **To Respond to Lawsuits and Legal Actions**
 - a. We can share health information in response to a court or administrative order, or in response to a subpoena.

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 any of the following:

The Oncology Institute of Hope and Innovation
Administrator: Hilda Agajanian
General Counsel: Mark Hueppelsheuser
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

www.theoncologyinstitute.com