

# Oncology Specialists of Charlotte, P.A.

## Notice of Privacy Practices

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

This Notice describes how Oncology Specialists of Charlotte may use and disclose your protected health information (PHI) to provide treatment, obtain payment and conduct health care operations (TPO) and for other purposes permitted or required by law. It also describes your rights concerning your PHI. "Protected Health Information" (PHI) is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

---

### **Uses and Disclosures of Protected Health Information**

**Treatment:** We will use and disclose your health information to provide, coordinate and manage health care and related services for you. For example, we will disclose information to a specialist to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may also disclose information to a laboratory that, at our request, becomes involved in your care.

**Payment:** We may use and disclose your information to obtain payment for services rendered. For example, we will send the necessary information to your insurance carrier to obtain authorization and/or payment for treatment provided.

**Healthcare Operations:** We may use or disclose your PHI to conduct the business activities of our office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, certification or credentialing activities.

We may use a sign-in sheet at the registration desk. We may also call you by name in the waiting room when we are ready to initiate treatment. Prior to your appointment, we may call and remind you of the appointment. We may leave a message on your voice mail or with another member of the household.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the 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.

**Other permitted and required uses and disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

---

## **Your Rights**

Your rights with respect to your PHI and how you may exercise those rights are outlined below.

**You have a right to obtain a copy and/or inspect your health information.** You may obtain a form from our office to request access. A reasonable cost-based fee will be charged for expenses such as staff time, copies and postage.

**You have a right to request a restriction on the use and disclosure of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also 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 of Privacy Practices. 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.

**You have the right to request confidential communications from us by alternative means or at an alternate location.** We will accommodate reasonable requests.

**You may have the right to request and amendment to your PHI.** Your request must be in writing with an explanation. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

**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.

---

## **Questions and Complaints**

If you have any questions, concerns or want more information about our privacy practices, please contact us using the information below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your health information or any other request you have made in the exercise of your rights, you may send your complaint to us. You may also submit a written complaint to the Secretary of Health and Human Services.

We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

This notice was published and became effective April 14, 2003.

---

**HIPAA Compliance Officer**  
**Oncology Specialists of Charlotte, PA**  
**2711 Randolph Road, Suite 100**  
**Charlotte, NC 28207**  
**704-342-1900**  
**Fax 704-377-0353**