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**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Revised: February 23, 2016

**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.**

The Federal Government’s Health Insurance Portability and Accountability Act (HIPAA) require covered health care providers to issue a Privacy Notice to their patients. This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected.

Oklahoma Cancer Specialists and Research Institute (OCSRI) understands that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately. We will abide by the terms of this Notice.

**HOW THE COMPANY MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We use an electronic medical record. This is a computer system that allows OCSRI providers and other providers that are not related to us to read and add health information about you.

The following categories describe some of the ways that OCSRI may use and disclose your health information.

**Treatment:** We may use your health information to provide you with medical treatment or services. *Example:* Your health information will be disclosed to the oncology nurses who participate in your care. We may also disclose your health information to other health care providers involved in your care to ensure those parties have all the information necessary to help diagnose and treat you.

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining financial and non-financial support for your care.

**Payment:** We may use your health information for payment activities, including but not limited to, determining plan coverage, billing/collection, and assisting another health care provider with payment activities. *Example*: Your health information may be released to an insurance company to obtain pre-approval of services or payment for services.

**Health Care Operations:** We may use and disclose your health information to support our health care operations. *Example:* Your health information may be used for quality assessment/improvement activities or conduct internal audits to verify proper billing procedures.

**Research:** We may use and disclose your health information 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 health information.

**Business Associates:** We may disclose your health information to other individuals or companies that provide a service to or on OCSRI’s behalf. Your health information will be released only if we have received satisfactory assurance through a written agreement that these entities will properly safeguard your information. *Example:* Your health information may be released to business associates involved in billing or transcription services.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use your health information to inform you of services or programs that we believe would be of interest to you. *Example:* We may contact you to make you aware of new products, supply product information, or a new patient assistance program that may be available to you.

**Appointment Reminders:** We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

**Individuals Involved in Your Care or Payment for Your Care:** We may release your health information to a family member, friend, or legal guardian who is involved in your care or who helps pay for your care unless you asked us not to. If you are unable to agree or object to these disclosures, our health care professionals will use their best judgment in communicating with your family and others.

**YOUR HEALTH INFORMATION RIGHTS**

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that is compiled in reasonable anticipation of, or use in, a civil, criminal, and administrative action or proceeding. You must make your request in writing by filling out the appropriate form provided by us. We may charge you for health records in a paper or digital format and cost of mailing in accordance with state and/or federal laws.

**Right to Request Changes:** You have the right to identify and request changes or additions to your health information when you believe information is incorrect or incomplete. It is up to your provider whether or not the requested change or addition will be made to the health record. However, your written request for changes or additions will remain with your health record.

**Right to a Copy of This Notice:** You have the right to receive a copy of this Notice electronically or obtain a paper copy of the Notice from us upon request. The Notice is posted and available at each of OCSRI’s location(s) and on our website.

**Right to Accounting of Disclosures:** You have the right to request a free list of certain disclosures every 12 months. We are not required to list all disclosures, such as those authorized or made for treatment, payment, or operations. Your request must state a time period which may not be longer than six years, and which may not include dates before April 14, 2003. If you request more than one accounting in a 12 month period, we may charge you for the cost of the list. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

**Right to Request Confidential Contacts:** You have the right to request that OCSRIcontact you about medical issues in a certain way or place, such as by mail. You must specify how or where you want to be contacted. We will attempt to accommodate all reasonable requests.

**Right to Request Restrictions:** You have a right to request a limit on the medical information released to others involved in your care or the payment of your care. Your provider has the right to deny the request, but must provide you with a reason if it cannot be met. You may request to restrict disclosure of protected health information to a health plan if the healthcare item or service is paid out of pocket in full at time of delivery.

**Right to Be Informed About Privacy and Security Breaches:** You have the right to expect that we will hold staff responsible for any improper access, use, or release of your health information. You have the right to expect that if your protected health information has been compromised, we will investigate the breach as required by law and you will be notified and assisted accordingly.

**USES AND DISCLOSURES OF HEALTH INFORMATION REQUIRED OR PERMITTED BY LAW**

The following categories describe some of the ways that OCSRImay be allowed or required to use and disclose your health information without your consent or agreement.

**Law Enforcement:** We may disclose your protected health information if required by federal, state, or local law, such as when required by a court order, cases involving felony, or to the extent an individual is in the custody of law enforcement.

**Food and Drug Administration (FDA):** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

**Public Health and Safety/Serious Threat:** We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, abuse or neglect, disaster relief assistance, and averting a serious threat to the health and safety of a person or the public.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your health information to a coroner or funeral director as necessary for them to carry out their duties.

**Organ/Tissue Donation:** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Workers’ Compensation:** We may disclose your health information to the extent necessary to comply with laws relating to Workers Compensation.

**Specialized Government Functions:** We may disclose your health information to national security agencies for the protection of persons or to conduct special investigations. If you are in the armed forces or reserves, your health information may be disclosed to military authorities.

**Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose to the institution or its agents the health information necessary for your health and the health and safety of other individuals.

**OTHER INFORMATION TO KNOW**

**Oklahoma law requires that OCSRI inform you that your health information used or disclosed as described in this Notice may include information which may indicate the presence of a communicable disease or non-communicable disease. It may also include information related to mental health.**

**Other uses and disclosures of your health information for a purpose not described in this Notice or required/permitted by law, *we must obtain a specific authorization from you for that use or disclosure, and you may revoke that authorization at any time.* Examples of specific authorizations may include most uses and disclosures of psychotherapy notes, marketing disclosures and sale of protected health information. We will not use or disclose your health information for fundraising activities.**

**OCSRI reserves the right to amend, change, or eliminate provisions in our Notice and to enact new provisions regarding the health information created, received and maintained about you. Revised Notices will be posted and available by request at OCSRI’s location(s) and on our website.**

**If you have questions, would like additional information, or want to report a problem regarding your privacy rights, you may contact the Compliance Coordinator at 918-499-2115. You may also file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights. You will not be retaliated against for filing a complaint.**