



Privacy Policy

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

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 **Southeast Radiation Oncology Group, P.A. (SERO) and Radiation Oncology Centers of the Carolinas, Inc. (ROCC)**. A copy of our current notice will always be displayed at our various locations, along with our other patient information material. This notice can also be found on our website at treatcancer.com. You may obtain your own copies by calling our business office at (704) 680-6570, or by asking for one at the time of your next visit. We are also required to provide notice to you in the event that we become aware of a breach of your unsecured protected health information.

If you have any questions about this notice, would like to make a request pursuant to this notice, or would like further information, please contact:

HIPAA Privacy Officer

KD Lanning
200 Queens Road, Suite 400
Charlotte, NC 28204
(704) 680-6570

Direct: (980) 890-6082

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

information about your health condition (such as a disease you may have);
information about health care services you have received or may receive in the future (such as an operation or specific therapy);
information about your health care benefits under an insurance plan (such as whether a prescription or medical test is covered);
geographic information (such as where you live or work);
demographic information (such as your race, gender, ethnicity, or marital status);
unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment and Normal Business Operations. *The physicians and other clinicians and staff members within **Southeast Radiation Oncology Group, P.A. (SERO)** and **Radiation Oncology Centers of the Carolinas, Inc. (ROCC)** 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. Below are further examples of how your information may be used for treatment, payment, and health care operations.

Treatment. We may share your health information with doctors or other staff within our practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor within our practice may share your health information with another doctor within our practice, or with a doctor at another health care institution (such as a hospital), to determine how to diagnose or treat you.. A doctor in our practice may also share your health information with another doctor to whom you have been referred for further health care. Your health information may be shared through an electronic health information exchange.

Payment. We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your [health insurance](#) company in order to obtain reimbursement after we have treated you. We may also share information about you with your health insurance company to determine whether it will cover your treatment or to obtain necessary pre-approval before providing you with treatment.

Business Operations. We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our physicians or staff in caring for you, or to educate our physicians or staff on how to improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services. We 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.

2. 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. Forms are available at our front desk should you wish to delineate persons that we may or may not speak with about your health information. This request must come from you in writing.

3. 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 reasonably 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 a 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. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work related injury or disease that your employer must know about in order to comply with employment laws.

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: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) 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 someone 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 a law enforcement official for the following reasons:

To comply with court orders, subpoenas, or laws 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: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;

If we suspect that your death resulted from criminal conduct; or

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. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

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 workers' 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 your 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. We may also release your health information without your authorization to people who are preparing a future research project, so long as the information identifying you does not leave our offices. In the unfortunate event of your death, we

may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our offices any information that identifies you.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us, including uses or disclosures for most marketing purposes and any sale of your health information, except for sales of your health information related to your treatment or as otherwise permitted by law, will be made only with your written authorization.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You acknowledge that we cannot take back any disclosures that were already made with your authorization, and that we are required to maintain records of your medical care.

In the event that North Carolina law requires us to provide more protection to your health information than stated in this notice or required by Federal Law, we will provide that additional protection.

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.

1. 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. If you request a copy of the information, we may charge a fee for the actual costs of copying, mailing or other supplies we use to fulfill your request. If your records are stored electronically, you may request an electronic copy of your records.

We ordinarily will 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 all of your 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.

2. 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 our Privacy Officer at the address above.

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 all of your 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. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Service. These procedures will be explained in more detail in any written denial notice we send you.

3. Right to an Accounting of Disclosure

After April 14, 2003, you have the 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: disclosures 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, or disclosures made before April 14, 2003, unless otherwise required for electronic medical records.

Your request must state a time period for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between April 14, 2003 and April 14, 2004. You have a right to one list within every 12-month period without charge. 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.

4. 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. For example, you could request that we not disclose information about a surgery or therapy you had. You may also request to pay in full for your services and request that we not notify your insurance carrier, as described in applicable law.

Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) 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 treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction 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.

We are required to agree to your request for a restriction of a disclosure of your health information to a health plan if the health information pertains solely to a health care item or service for which you, or someone on your behalf, has paid us in full.

5. 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. For example, you may ask that we contact you at home instead of at work.

We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

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 us, please contact:

HIPAA Privacy Officer
200 Queens Road, Suite 400
Charlotte, NC 28204
704-680-6570

No one will retaliate or take action against you for filing a complaint.

How to Obtain a Copy of Revised Notices. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices and it will be made available to you in the same manner described above. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. The effective date of the notice will always be located on the notice.