

**Hematology Oncology Associates of CNY**

**Privacy Disclosure Notice Acknowledgement**

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of Hematology Oncology Associates of CNY Notice of Privacy Practice.

I understand that the Notice of Privacy Practice may periodically be revised and that I am entitled to request a copy of any revised Notice of Privacy. I also understand that if I have questions or complaints, I may contact:

Matthew Korzeniewski  
Director of EMR/HIM  
Hematology Oncology Associates of CNY  
315-472-7504

You may also contact the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to reach the DHHS.

**Patient or Personal Representative**

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**For Office Use Only**

We made a good- faith effort to obtain an acknowledgement of \_\_\_\_\_'s receipt of our Notice of Privacy Practice. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply)

Patient refused to sign (date of refusal) \_\_\_\_/\_\_\_\_/\_\_\_\_

Communications barriers prohibited obtaining an acknowledgement

Other \_\_\_\_\_

# Notice of Privacy Practices

**Hematology Oncology Associates of CNY wants you to know that we take your privacy very seriously. This document explains our policies and rules on how we will protect and maintain the confidentiality of your personal information which is contained in your medical records and in our business records.**

**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.**

Hematology Oncology Associates of CNY (referred to in this document as "HOACNY" or "We") is required by federal and New York State law to maintain the privacy of your health information and to provide you with this notice describing its privacy practices and obligations. HOACNY will not use or disclose your health information, including your medical and billing records maintained at HOACNY, except as described in this notice. For purposes of this Notice, your "health information" refers to biographical information, such as your name, address, social security or patient number, medical record number, or other items of information that alone or in combination with other information can be used to identify you, and also information about your health, including past history, treatment, diagnosis, test results, and any other information about your health or condition, or relating to payment of charges for medical treatment, found in your medical record or in other records that are maintained by HOACNY.

HOACNY will require an authorization prior to releasing any psychotherapy notes. Any Protected Health Information (PHI) for marketing purposes or sale of any PHI will also require patients' authorization.

On your initial registration at HOACNY you will be asked to acknowledge in writing that you have received a copy of this form. HOA will notify patients if there are any changes made to the Notice of Privacy Practices.

## **How HOACNY May Use or Disclose Your Health Information:**

**Treatment:** We will use your health information in providing and coordinating your care and treatment. We may disclose all or any portion of your medical record information to your attending physicians at HOACNY, consulting physician(s), nurses, technicians, and other health care providers who have a legitimate need for such information in order to provide or participate in your care and treatment. A variety of HOACNY departments will share your health information in order to coordinate specific services, such as providing medications, lab work, and imaging. We also may, where necessary and appropriate, disclose your health information to people outside HOACNY who are involved in your medical care after you leave HOACNY, such as your personal physician, immediate family

members, friends who are to be involved in your care, and others (as directed by you) who will provide services that are part of your care. We may use and disclose your health information in order to contact you and provide you with information about possible treatment options, alternatives, or other health related services that may be of benefit to you.

**Payment:** We may use or disclose your health information for the purpose of ascertaining whether you have insurance coverage, to send billing for your treatment, to facilitate claims management, medical data processing, and to collect reimbursement. The information may be released to an insurance company, government health payer such as Medicare or Medicaid, or other entities (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts from your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

Patients may restrict certain disclosures of PHI to a health plan if they pay for a service in full, out of pocket. The billing department must be notified to determine how to manage such a request.

**Family/Friends:** HOACNY may release health information about you to a member of your family or a friend of yours who is involved in your medical care. We may also give information to a family member or other person who is or agrees to be responsible for your medical bills. In addition, in the event you were involved in a disaster or catastrophe, we may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Healthcare Operations:** HOACNY may use and disclose your health information in the course of routine healthcare operations, including quality assurance, utilization review, peer review, internal auditing, accreditation, certification, licensing or credentialing activities, and for educational purposes for students, medical residents and trainees. Appointment Reminders: We may, unless you tell us not to, use and disclose your health information to contact you by telephone or mail as a reminder that you have an appointment for treatment or medical care at HOACNY.

**Business Associates:** A business associate is an individual or entity under contract with HOACNY to perform or assist HOACNY in performing a function or activity involving you or your care which necessitates a permissible use or disclosure of your health information. HOACNY may use and disclose health information about you to business associates. Examples of business associates, include, but are not limited to, collection agencies, accountants, lawyers, medical transcriptionists and third-party billing companies. We maintain a written contract with each business associate, which requires the business associate to protect the confidentiality of your health information.

**Research:** If you are a participant in research at HOACNY, your health information may be used or disclosed as part of that research, as described in a specific authorization signed by

you as part of the process by which you enroll as a participant in the research. There may be instances in which HOACNY may use and disclose medical information about you in the absence of a specific authorization, when the use of such information in a clinical research study or an outcomes analysis has been approved by HOACNY. Such approval will only be given where the use or disclosure will not involve a significant risk of a breach of confidentiality. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition who received one medication to those who received another. In those instances, there will be no outside disclosure of your health information. In addition, as a major part of our mission is research, we may use your health information for accumulating databanks, outcome reviews and screening for eligibility for participation in clinical trials. In these instances, there will be no disclosure to outside parties.

**Law Enforcement/Litigation:** HOACNY will disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, HOACNY may disclose your health information to public health or government authorities charged with preventing or controlling disease, injury or disability. For example, HOACNY is required to report the existence of or exposure to communicable diseases, such as AIDS or hepatitis, to the New York State Department of Health.

**Workers Compensation:** HOACNY may release health information about you to your employer or an insurance company in connection with a workers' compensation claim filed by you.

**Military/Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

**Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, HOACNY may release your health information to the correctional institute or law enforcement official.

**Coroners, Medical Examiners, Funeral Directors:** HOACNY may notify a coroner, funeral director or medical examiner in case of death.

**Other Uses/Revocation of Authorizations:** Any other uses and disclosures of your health information not described in this Notice will be made with your written authorization. An authorization permitting HOACNY to use or disclose your health information can be revoked by you at any time by providing a written notice clearly identifying the written authorization that is being revoked, specifying the portion or all of the authorization being revoked, and delivering the revocation to the Health Information and Medical Records

Department at HOACNY. Such revocations shall be effective two business (2) days after receipt thereof by that department.

HOACNY may contact patients regarding fundraising however patients have the right to opt out of receiving fundraising communications. It is not required that HOACNY offer presolicitation opt outs.

**Breach:** In the event of a breach of your health information, HOACNY will notify the patient(s) and follow the guidelines set forth by the Department of Health and Humans Services.

Any other disclosures not accounted for in this notice will only be made with an authorization from the patient or their representative.

## **Your Health Information Rights:**

You have the following rights concerning your health information maintained at HOACNY:

**Right to Confidential Communications:** You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For example, you may request that HOACNY only contact you at work or by mail, and to tell us not to contact you at a certain address or telephone number.

**Right to Inspect and Copy:** You have the right to inspect and copy all or portions of your medical record. New York State law permits HOACNY to recover costs for copies of the paper medical chart up to \$.75 per page and a reasonable charge for any radiology films provided.

**Right to Amend:** You have the right to request an amendment to your medical record or other health information as provided by HOACNY Right to Amend Policy. A written request form, and a copy of this policy and procedure, may be obtained by contacting the Health Information Management Department at (315) 472-7504, or by contacting your HOACNY physician. HOACNY may deny such an amendment under certain circumstances and in accordance with the procedures outlined in HOACNY Right to Amend Policy.

**Right to an Accounting:** You have the right to obtain an accounting of certain disclosures to third parties outside of HOACNY of your health information as provided by 45 CFR §164.528 Disclosures which you have authorized will not be reflected in this accounting, nor will disclosures for treatment, payment or operations.

**Right to Request Restrictions:** You have the right to request additional restrictions on certain uses and disclosures of your health information under 45 CFR § 164.522. HOACNY may agree to honor your request but has the right to refuse requests for restrictions which are not mandated by law. You must make your request in writing, and HOACNY will respond to your request within ten (10) business days thereafter.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request.

### **For More Information or to Report a Problem:**

If you have questions, need additional information, or wish to file a complaint, you may contact the Privacy Officer of HOACNY at (315) 472-7504. If you believe your privacy rights have been violated, you may file a complaint with HOACNY or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. Federal law and HOACNY policy prohibit retaliation against a person for filing a complaint.

**Changes to this Notice:** HOACNY will abide by the terms of this notice currently in effect. HOACNY reserves the right to change or modify its privacy practices, provided such changes or modifications comply with applicable law, and further provided it then issues an updated Notice of Privacy Practices. HOACNY reserves the right to change the terms of this Notice to reflect changes in practices and to make the new notice provisions effective for all protected health information that it maintains, including information received by HOACNY prior to such change.

Revised March 2013