



## **NOTICE OF PRIVACY PRACTICES**

### **REGIONAL CANCER CARE ASSOCIATES LLC**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (Notice) is provided to you by Regional Cancer Care Associates LLC (RCCA) pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended (HIPAA). The Notice describes how RCCA may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a healthcare clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to the following: (i) your past, present or future physical or mental health or condition; (ii) provision of health care services to you; or (iii) the past, present or future payment for the provision of health care services to you.

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

RCCA may use and disclose your PHI in categories described below, for the purposes of providing health care services to you, to pay your health care bills, to support the operation of the physicians' practice, and any other uses required or permitted by law. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose health information will fall within at least one of the categories.

#### **Treatment**

RCCA may use and disclose your Protected Health Information to provide, coordinate, and manage your health care and any related treatment. This includes the coordination or management of your health care with a third party. For example, RCCA may disclose your PHI to a home health agency that provides care to you; or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, RCCA may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. RCCA personnel may also call you by name in the waiting room when your physician is ready to see you.

**Additionally, RCCA may use or disclose your Protected Health Information, as necessary, to**

**contact you to remind you of your appointment or to provide you with information about alternative treatments or other health care services we provide. If you request in writing that 2 Payment**

RCCA may use or disclose your PHI to obtain payment for your health care services. For example, obtaining approval for a procedure requiring prior authorization by your health plan or obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the procedure or hospital admission.

### **Healthcare Operations**

RCCA may use or disclose your PHI in order to support the business activities of the medical practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical and health care students, licensing, and conducting or arranging for other business activities. For example, RCCA may disclose your PHI to medical school students that see patients at our offices.

### **Business Associates**

There are some services that RCCA may provide through agreements with business associates. When these services are contracted, RCCA may disclose your PHI to our business associate and bill you or your health plan for the services rendered. This may include accounting services, consulting services, or legal services. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

### **Other Uses and Disclosures That Do Not Require Prior Authorization**

There are a variety of circumstances in which your health information will be used and/or disclosed, without your prior consent or authorizations. These circumstances include the following:

***Required By Law:*** RCCA may use or disclose your PHI as required by federal, state or local law. For example, RCCA may disclose your PHI when required by national security laws or public health disclosure laws.

***To Avert a Serious Threat to Health or Safety:*** RCCA may disclose your PHI in order to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Any disclosure, however, would only be to someone able to help prevent the threat.

***Health Oversight Activities:*** RCCA may use or disclose your PHI to a federal or state health oversight agency for oversight activities authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Public Health Risks:*** RCCA may disclose your PHI to appropriate government authorities for public health activities. These activities generally include: preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect, or abuse of a vulnerable adult; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; reporting to the FDA

as permitted or required by law; or supporting public health surveillance and to combat bioterrorism.

**Law Enforcement and Lawsuit Purposes:** RCCA may use or disclose your PHI to law enforcement officials to identify or locate a suspect, fugitive, material witness, or missing person, or, in some cases, to comply with a court order or subpoena and for other law enforcement purposes.

**Coroners or Funeral Directors:** RCCA may disclose your PHI to coroners or funeral directors consistent with applicable law to carry out their duties. This may be necessary to identify a deceased person or determine the cause of death.

**Organ and Tissue Donation:** RCCA may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Specialized Government Functions:** RCCA may use or disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, prospective services for the President, and medical suitability determinations of the Department of State.

**Workers' Compensation:** RCCA may disclose your PHI to the extent authorized and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Research:** RCCA may disclose your PHI to researchers when their research has been approved by an Institutional Review Board (IRB). IRBs review research proposals and established protocols to ensure the privacy of your Protected Health Information.

**Correctional Institution:** RCCA may disclose your PHI to corrections officials or agents necessary for the health or safety of inmate patients or other individuals.

### **Uses and Disclosures That Require Your Express Authorization**

RCCA will not disclose or use your Protected Health Information in the situations listed below without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this Notice will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing:

**Fundraising, Sale, or Marketing Purposes:** RCCA may use or disclose your PHI for the purposes of communicating with you as part of RCCA's or RCCA affiliates' fundraising activities, only when you provide your written consent. You may opt out of receiving such fundraising communications by submitting a request in writing. RCCA may not condition treatment or payment on your choice regarding fundraising communications.

**Psychotherapy notes:** RCCA will not use or disclose psychotherapy notes without your written consent.

**Personal representatives:** RCCA will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc. if you provide RCCA

with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (i) You have been, or maybe, subjected to domestic violence, abuse, or neglect by such person; (ii) Treating such a person as your personal representative could endanger you; or (iii) In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Family and Friends:** Unless you indicate otherwise, RCCA may release your PHI to a family member or friend identified by you, that is helping you pay for your health care or who assists in taking care of you. In addition, RCCA may use or disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

**Health Information Exchange:** RCCA may use or disclose your PHI electronically for treatment, payment and health care operation purposes through its participation in a health information exchange with other health care providers. You may opt-out of the health information exchange. If so, your PHI will continue to be used in accordance with this Notice and the law; however, your PHI will not be made electronically available through the health information exchange.

### **De-Identified Information**

Any information RCCA provides to a third party other than to our business associates or other health care providers with a treatment relationship to you will be de-identified or stripped of any and all personal data which could be used to identify a specific individual.

### **Your Rights With Respect to Your Protected Health Information**

You have certain rights regarding access to, and the use and disclosure of your PHI as described below. To exercise any of these rights, contact us. Specifically, you have the right to:

**Right to Inspect and Copy Health Information:** Pursuant to your written request, you have the right to inspect and obtain a copy of your health record in paper or electronic format. This includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records. You may also request RCCA to transmit an electronic or paper copy of your health record directly to a designated individual or entity of your choice. Your request must be made in writing, signed by you, clearly identify the designated individual or entity of your choice and the location for where to send the copy of your health record. To inspect, obtain or send a copy of your health record maintained by RCCA, please see "Contact Us" below. RCCA will provide the copy in the requested form or format if it can be easily made. If not, we will arrange with you to provide the copy in another readable electronic format, usually within 30 days of your request. In certain limited circumstances, RCCA may deny your request to inspect and copy your health record. If RCCA does so, it will inform you in writing. In those instances, if you are denied access to your health record, you may request a review of the denial. RCCA may charge a fee per page for the cost of copying your health record and charge you the cost of mailing your health record to you.

**Right to Request that Your Health Information Be Amended:** You have the right to request that RCCA amend your PHI if you believe the information is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for RCCA. To request an amendment, you must submit a detailed request in writing, that provides the reason(s) that support

your request. Please see “Contact Us” below. RCCA may deny your request if you have

asked to amend information that: (i) Is not part of the PHI maintained by or for RCCA; (ii) Was not created by RCCA, unless you provide RCCA with information for which the person or entity that created the information is no longer available to make the amendment; (iii) Is not part of the information which you would be permitted to inspect and copy; or (iv) Is already accurate and complete.

RCCA will notify you in writing as to whether it accepts or denies your requests for an amendment to your health information. If RCCA denies your request, it will explain the reason(s) for the denial and describe how you can continue to pursue the denied amendment

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your PHI. The accounting is a list of disclosures of your PHI by RCCA to others. The accounting will not include: (1) disclosures for treatment, payment or health care operations; (2) disclosures made to you or authorized by you; (3) disclosures made to friends or family in your presence or because of an emergency; (4) disclosures for national security purposes; and (5) disclosures incidental to otherwise permissible disclosures. The accounting covers up to six years prior to the date of your request. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your PHI that RCCA uses or discloses about you for treatment, payment or health care operations. You also have the right to request restrictions on your PHI that RCCA discloses to others, such as a family member, friend, or individual, who is involved in your care or the payment for your care. RCCA is not required to agree to your request for such restrictions, and RCCA may terminate its agreement to the restrictions you requested.

To request restrictions, you must submit your request in writing to the contact noted under "Contact Us" below, and include the specific restriction requested, whom you would like the restriction to apply, and why you would like to impose the restriction. RCCA will notify you in writing as to whether it agrees to your request for restrictions. RCCA will also notify you in writing if it terminates an agreement to the restrictions that you requested.

**Right to Request Confidential Communications:** You have a right to request confidential communications from RCCA by alternative means or at an alternative location. For example, you may designate RCCA send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which telephone numbers we are allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing. Generally, RCCA communicates with patients via telephone and US mail service.

**Right to Be Notified of a Breach:** You have the right to be notified in the event that RCCA (or a business associate) discovers a breach of unsecured PHI.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice. You may ask RCCA to give you a copy of the Notice at any time, even if you have agreed to receive this Notice electronically. To make such a request, you must submit a written request to the contact noted under "Contact Us" below.



## **RCCA's Responsibilities**

RCCA is required by law to maintain the privacy of PHI; to provide you with certain rights with respect to your PHI; to provide you with notice of our legal duties and privacy practices with respect to PHI; to notify you following a breach of unsecured PHI; and to follow the privacy practices described in this Notice.

### **Effective Date**

This Notice is effective as April 14, 2003, and it has been updated effective June 3, 2022.

### **Amendments**

RCCA reserves the right to change the privacy practices described in this Notice at any time. Changes to the privacy practices will apply to all Protected Health Information RCCA maintains, even Protected Health Information created prior to the changes in the revised Notice. If RCCA makes changes to the Notice, RCCA will immediately display the revised Notice at our offices and on our website at [regionalcancercare.org](http://regionalcancercare.org). RCCA will also provide you with a copy of the Notice upon request.

### **Complaints**

If you believe that your privacy rights have been violated, you may send questions or complaints to us and/or the Secretary of the Department of Health and Human Services. RCCA will not retaliate against you for filing such a complaint. All complaints must be submitted in writing.

### **Contact Us**

If you have any complaints or objections related to the matters discussed in this Notice, you may direct your communication to the Privacy Officer at:

Regional Cancer Care Associates LLC  
25 Main Street  
Suite 301  
Hackensack, NJ 07601

Attn: Privacy Officer

(201)-510-0950