

This **condensed** notice describes how medical information about you may be used, disclosed and how you can access this information. This notice applies to all the records of your care generated by the practice, whether made by the practice or an associated facility. Our practice provides the Notice to Comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA along with the Health Information Technology for Economic & Clinical Health (HITECH).

Law requires us to:

- 1) Make sure that the protected health information about you is kept private.
- 2) Provide you with a notice of our privacy practices and your legal rights with respect to protected health information about you.
- 3) Follow the conditions of the Notice that is currently in effect.
- 4) Keep all storage

We may use and disclose medical information about you for:

- **Treatment-** We may use protected health information about you to treat you with health care services. This will include doctors, nurses, laboratories, and any other personnel who is involved in your care.
- **Payment-** We may use and disclose protected health information about you with your insurance carrier so that services you receive may be billed, approved, and paid by your insurance company and/or third party.
- **Health care operations-** We may use and disclose protected health information about you for our practice operations.
- **Appointment and patient recall reminders-** We may use and disclose protected health information with our admin staff to contact you as a reminder that you have an appointment with our office.
- **Emergency situations-** We may use and disclose protected health information about you to an organization assisting in disaster relief effort or in an emergency, so that family can be notified about your condition, status, and location.
- **Required by law-** We may use and disclose protected health information about you in a situation when required to do so by federal, state, and local law.
- **Avert a serious threat to health safety-** We may use and disclose protected health information about you in a situation to help prevent the threat to your health and safety.
- **Organ or tissue donation-** We may use and disclose protected health information about you to facilitate organ or tissue donation and transplantation.
- **Workers' compensation-** We may use and disclose protected health information about you for workers' comp or similar programs.
- **Public health risk-** We may use and disclose protected health information about you in a situation when law or public policy may require us to disclose medical information for public health activities.
- **Investigation and government activities-** We may use and disclose protected health information about you to a local, state, or federal agency for activities authorized by law.



- **Lawsuits and disputes-** If you are involved in a lawsuit or a dispute, we may use and disclose protected health information about you in response to a court or administrative order.
- **Coroners-** We may use and disclose protected health information about you, if necessary, to identify a deceased person or determine the cause of death.
- **Inmates-** We may use and disclose protected health information about you to a correctional institution or law enforcement official if required by law.

Changes to this notice- We reserve the right to change this notice at any time, but you will be notified through the email you have provided on this form.

Complaints- If you believe your rights have been violated you can file a complaint with our privacy officer at Los Angeles Cancer Network or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the manager in writing. All complaints will be investigated with our compliance officer without repercussion to you.

Compliance Officer for Los Angeles Cancer Network: Agatha Asemota agatha.asekota@oneoncology.com

Patient Rights: You have the following rights regarding your medical records.

- *The right to inspect and have a copy of your chart.
- *The right to amend your medical information in your chart.
- *The right to an accounting disclosure.
- *The right to a paper copy of this notice.
- *The right to request restrictions or limitations of the medical information that we use.

By signing this form, you acknowledge that you have received, read, understand, and consent to the terms of our use and disclosure of health information about you as set forth in this notice.

● **Print Name:** _____

● **Patient Signature:** _____ **Date:** _____