

## Oncosure HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

### Your Rights

You have the right to:

- **Get a copy of your medical record:** You can ask to see or obtain a copy of your health information, including test results, kept by Oncosure. We will provide a copy or summary of your health information, usually within 30 days of your request.
- **Correct your medical record:** You can ask us to correct your health information if you think it is incorrect or incomplete.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- **Ask us to limit what we use or share:** You can request restrictions on how your information is used or shared. We will consider your request, though we are not required to agree to it.
- **Get a list of those with whom we've shared information:** You can request a list (an "accounting") of the times we've shared your health information for six years prior to the date you ask.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice, even if you agreed to receive it electronically.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can file a complaint with Oncosure or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

### Your Choices

For certain health information, you can tell us your preferences regarding what we share.

- **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- **If you are unable to tell us your preferences**, we may share your information if we believe it is in your best interest. We may also share your information when necessary to lessen a serious and imminent threat to health or safety.

### How We Use and Share Your Information

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

### Other Uses and Disclosures

We are allowed or required to share your information in other ways – typically in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues:** We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

### **Contact Information**

If you have any questions about this notice, please contact us:

1-888-925-4816