

## 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. PLEASE REVIEW IT CAREFULLY.**

**EFFECTIVE DATE: APRIL 14, 2003**

At Minneapolis Radiation Oncology, P.A., and our related entities, we recognize that information about you and your health is personal and private. "Protected health information" is any clinical, social, financial or other personal data that identifies you. We are committed to protecting such information from improper use and disclosure by complying with all applicable federal and state privacy and confidentiality requirements. We have educated our employees about protecting your health information. We have developed policies and procedures and maintain physical, electronic and procedural safeguards to protect your health information.

Minneapolis Radiation Oncology, P.A. provides health care services through various separate legal, but related entities. At the end of this notice is a list of Minneapolis Radiation Oncology, P.A. entities. For the purposes of following federal privacy regulations, all of these entities are considered one "covered entity" and will follow and abide by the terms of this Notice of Privacy Practices.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices. We may change this notice at any time. If we change our privacy practices, the new Notice of Privacy Practices will be available from the medical secretary.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

This section describes different ways that we use and disclose health information. We will obtain your consent prior to using or disclosing your protected health information. For each category, we explain what we mean and give an example.

**For Treatment:** Your protected health information will be used and disclosed to provide treatment, coordinate or manage your health care and any related services. For example, referring physicians will receive the Radiation Oncologists opinion in regard to treatment options using radiation therapy and if treated, a summary of your radiation treatment.

**For Payment:** Your protected health information will be used and disclosed so that the services you receive may be billed to, and payment may be collected from you, the responsible party, Medicare or other government programs, an insurance company or a third party. For example, we need to provide your diagnosis and charges to your insurance company so the insurance company will pay us or reimburse you for the treatments provided to you. We may also tell your insurance company about a treatment you are going to receive to determine whether your policy or plan will cover the treatment.

**For Health Care Operations:** We will use and disclose protected health information about you for health care operations and to support our business activities. For example, we will disclose information to physicians, nurses, therapists, dosimetrists, physicists and support staff involved in providing quality care to you. It may be necessary for us to hire outside consultants to help us carry out certain health care operations. We will provide them with protected health information when it is absolutely necessary and only after they have signed a written agreement (Business Associate Agreement) to protect the privacy of your protected health information. We may disclose information for audits, investigations and inspections.

**Individuals Involved in Your Care:** While you are receiving treatment from us, we may disclose protected health information about you to a friend, family member or other person identified by you on the Consent for Services Form. If you are unable to speak for yourself due to physical condition, disease process or medication and your authorized person/persons is not available, we may need to disclose your protected health information with available family members/friends.

For example, we may disclose your protected health information to a person possessing the authority to act on your behalf in making health care related decisions (Health Care Directive, Power of Attorney for Health Care or Durable Power of Attorney.)

**For Research:** We participate in research programs to learn better ways to diagnosis and treat illnesses. We may use protected health information that may or may not be individually identifiable to you for research. For example, we participate in medical research and clinical trials affiliated with NCI clinical Cooperative Oncology Groups. Use of your health information for clinical trials will be reviewed and approved by an Institutional Review Board (IRB). If you are participating in a clinical trial, an authorization for release of protected health information will be obtained. We comply with Minnesota law that requires participation in research of diagnosis and treatment of cancer conducted by the Minnesota Cancer Surveillance System and the Commission on Cancer.

## **POTENTIAL DISCLOSURES WITHOUT SPECIFIC AUTHORIZATION**

**As Required by Law:** We will use and disclose protected health information about you when required to do so by federal, state or local laws.

**Disclosures for Special Situations:** We may disclose your protected health information, without specific authorization for public health activities and purposes in the following extreme instances:

- **To Avert a Serious Threat to Health or Safety:** We may disclose health information about you when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Any disclosure would only be to someone able to prevent or lesson the threat.
- **Organ and Tissue Donation:** If contacted by organizations that handle organ procurement, we may disclose your protected health information.

- **Public Health Activities**  
 Prevention or control of disease, injury or disability  
 To report deaths  
 To report abuse, neglect or domestic violence  
 To report reactions to medications or problems with products
- **Coroners, Medical Examiners and Funeral Directors**
- **Lawsuits and Disputes:** We may disclose your protected health information in response to an order, subpoena, discovery request or other process from a court or administrative authority.
- **Law Enforcement**
- **National Security and Intelligence Activities:** We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence and other national security purposes and activities.
- **Correctional Institution:** If you are an inmate of a correctional institution, we will disclose protected health information for the institution to provide health care to you.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

This section describes your rights in regard to your protected health information.

**Right to Inspect and Copy:** You have the right to inspect and to obtain a copy of your protected health information. To obtain a copy of your health information, you must submit a written request. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

**Right to Amend:** You have the right to make a written request that we correct or amend any information about you that is incorrect or incomplete in the medical record created by us. You must provide a reason that supports your request. Under certain circumstances, we may deny your request for amendment. If we deny your request, we will provide you a written denial, explaining the basis for the denial.

**Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures of your health information made other than for treatment, payment and health care operations without your written authorization. To request this list, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions:** You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatments, payment or healthcare operations. We are not required by law to agree to a restriction that you may request, and it is our policy to refuse any and all requested restrictions.

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. You must submit requests for confidential communications of protected health information to us in writing and specify how or where you wish to be contacted. We will use the mailing address/telephone number on your registration form and consent for service form unless you notify us by a written request.

**Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices. You may ask the Medical Secretary for a copy of this notice at any time.

### **COMPLAINT PROCEDURE**

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with us, contact the Clinic Supervisor/Chief Therapist, who will help you contact our Compliance Nurse. All complaints to us must be submitted in writing and contain a brief description of the alleged violation of your privacy rights. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.

### **CONTACT INFORMATION**

If you have any questions about this Notice of Privacy Practices, or desire additional information, please contact the Clinic Supervisor/Chief Therapist at the Clinic.

### **MINNEAPOLIS RADIATION ONCOLOGY, PA ENTITIES COVERED BY THIS NOTICE:**

- Minneapolis Radiation Oncology, P.A.
- Minneapolis Radiation Oncology Physicians, P.A.
- Brainerd Radiation Therapy Center, Inc.
- Mercy Radiation Therapy Center, Inc.
- Mid-Minnesota Radiation Oncology, P.A.
- North Radiation Therapy Center, Inc.
- Ridges Radiation Therapy Center, LLC
- Radiation Therapy Center at Fairview-Southdale, Inc.
- St Francis Radiation Therapy Center, Inc.
- Unity Radiation Therapy Center, Inc.
- Waconia Radiation Therapy Center, Inc.
- West Bank Radiation Center, Inc.

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