

RPCI ONCOLOGY, P.C.
BREAST CARE OF WESTERN NEW YORK
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. *This notice takes effect on November 1, 2014 and remains in effect until we replace it.*

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law Requires Us to:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
- Follow the terms of the notice that is now in effect.
- Notify you if there is a breach of your protected health information (PHI) unless we determine, after completing a risk analysis, that there is a low probability of PHI compromise.

We have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will use and disclose elements of your protected health information in the following ways:

Without your signed authorization

- **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, technicians, medical students or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.
- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed and payment may be collected from you and your insurance company or a third party. You may request in writing that we not disclose PHI to a health plan for those services for which you paid out of pocket.
- **FOR HEALTH CARE OPERATIONS:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs and getting the accreditation, certificates, licenses and credentials we need to serve you.
- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- **EMERGENCIES:** We may use or disclose your medical information in emergency situations or to avert serious health/safety situations.
- **TO MEDICAL EXAMINERS, coroners or funeral directors** to aid in identifying you or to help them in performing their duties.

- TO ORGAN, TISSUE and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- INDIVIDUALS INVOLVED IN YOUR CARE: We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- APPOINTMENT REMINDERS: To contact you about appointment reminders, treatment alternatives and other health related benefits and services.

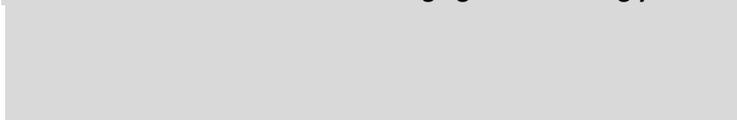
Special Cases

- TO THE SPONSOR OF YOUR HEALTH PLAN unless related to services for which you paid out of pocket and were not billed to the health plan and you have requested this restriction in writing.
- RESEARCH IN LIMITED CIRCUMSTANCES: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
- MILITARY AND VETERANS: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- PUBLIC HEALTH RISKS: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes.
- WORKERS COMPENSATION: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
- HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure.
- LAW ENFORCEMENT: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

Other

- All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

YOUR RIGHTS – You have the following rights concerning your PHI:



- **ACCESS:** To inspect or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You may request access by sending a letter to the Practice Administrator.
- **ACCOUNTING:** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request.
- **RESTRICTIONS:** Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of any emergency).
- **COMMUNICATION:** To request that we communicate with you about your medical information by different means or to different locations. Your request must be made in writing to the Practice Administrator.
- **AMENDMENTS:** To request changes be made to your PHI. To do this, a written request should be made to the Practice Administrator. We are not required to grant your request.
- **THIS NOTICE:** To get updates or reissue of this notice, at your request.
- **COMPLAINTS:** To complain to us or the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please contact the Practice Administrator.

PRIVACY CONTACT - For more information about our privacy practices, please contact:

Sharon A. Winkler
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