



19917 Seventh Avenue, Suite 100 Poulsbo, WA 98370
(360) 697-8000
(360) 598-6227 Fax
www.peninsulacancercenter.com

NOTICE OF PRIVACY PRACTICES SUMMARY FOR PENINSULA CANCER CENTER (PCC)

NAME: _____ DATE: _____

SIGNATURE: _____

Each time you visit Peninsula Cancer Center, a record of your visit is made. Typically, this record documents your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the medical information contained in records of your care, whether made by PCC personnel, agents of PCC, or your physician.

When you are in the PCC facility, your physician, the PCC staff, and other members of the Medical Staff function in a clinically integrated care setting where you, as a patient, may receive care from more than one of these providers and where these providers participate in joint utilization review, quality assurance, peer review and credentialing activities. This Notice of Privacy Practices is being given to you as a joint notice on behalf of PCC, your physician and the other providers participating in the Organized Health Care Arrangement.

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.

DUTIES OF PENINSULA CANCER CENTER (PCC)

PCC is required by law to:

1. Maintain the privacy of protected health information
2. Provide patients with notice of its legal duties and privacy practices
3. Abide by the terms of the Notice of Privacy Practices currently in effect
4. Prominently display and make available Notice of Privacy Practices in the medical group.

PCC reserves the right to change the terms of its Notice of Privacy Practices as directed by HIPAA and to make the new notice provisions effective for all protected health information that it maintains.

PCC PERMITTED USES & DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

By signing a Consent Form, you authorize PCC to use and disclose information about you (e.g., name, address, social security number) and your medical condition(s) which includes past, present and future for the following areas:

Treatment - such as disclosed information about you to doctors, nurses, technicians or other healthcare providers involved in your treatment or care at PCC and to coordinate the things you may need, such as prescriptions, lab work, x-rays, etc.

Payment - for example, information disclosed to bill and collect payment from you, your insurance company, or a third party payer or to determine coverage.

Please fill out the form, print it and bring it with you to your appointment.

(Due to privacy concerns, the form cannot be e-mailed)



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Healthcare Operations - information disclosed within our organization to assess the care and outcomes in your case and others like it for purposes such as improving the quality of care for all patients we serve.

Business Associates – outside services with which we are contracted, such as an answering service.

Individuals Involved in Your Care – release of health information about you to a friend or family member involved in your medical care or who helps pay for your care.

PCC MAY ALSO USE AND DISCLOSE YOUR HEALTH INFORMATION TO CONTACT YOU REGARDING:

1. Appointment reminders
2. Information about treatment alternatives
3. Other health-related benefits or services that may be of interest to you.

PCC MAY ALSO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT FURTHER CONSENT FROM YOU IN THE FOLLOWING CIRCUMSTANCES:

Public Health Agencies – for the purpose of reporting disease, vital statistics, or adverse effects from drugs, supplies or equipment.

Serious Threats to Health/Safety – in cases of medical emergencies or instances where imminent and serious health or where safety threats exist.

Deceased Patients – to coroners, medical examiners, funeral directors and organ donor officials.

Law Enforcement – to law or military officials for the purposes of health delivery oversight, judicial or administrative proceedings, law enforcement and national security.

Required by Law – to State officials for the purpose of management and financial audits, program monitoring and evaluation, licensure and certification.

Healthcare Oversight – to the Department of Health and Human Services for purposes of compliance investigations and reviews.

Research – to researchers when their research has been approved by an Institutional Review Board who reviews research proposals and established protocols to ensure the privacy of protected health information.

Worker's Compensation – to Employers as required by Washington Worker's Compensation Laws in case of a work related injury.

Victims of Abuse, Neglect or Domestic Violence – PCC may be required to disclose medical information if there is evidence of abuse or neglect to appropriate enforcement agencies.

NOTE: Any other uses and disclosures, except for those noted above, will be made **ONLY** with your written authorization of which you may revoke. PCC is not permitted to sell or rent your personal information and may not use or share your personal information for marketing purposes without your authorization.



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YOUR PATIENT RIGHTS

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in **WRITING**.

You Have the Right To:

1. Request restrictions or limits on certain uses and disclosures of your protected health information. PCC is not required to agree with your request; however, if we do, we will abide with your request except as required by law. Your request must describe the information you want restricted, state if the restriction is to limit our use or disclosure, and state to whom the restriction applies. You may request that certain health care services or items that you pay for in full at the time of service not be shared with your health plan. Please let your provider know before, or at the time of service or we may not be able to fulfill your request.
2. Request different ways for us to communicate with you regarding your protected health information. Example: you may prefer we contact you by email or forward any PCC correspondence to another family member at a different address.
3. Inspect and copy your protected health information. PCC will act upon your request within 15 days of receipt if records are onsite (30 days if offsite). If we must deny your request, we will send you a written denial. In this case, you may request a review of the denial. A scheduled appointment is required for requests to inspect information. PCC may charge you a copying fee.
4. Request an amendment of your protected health information if you believe your health information is incorrect or incomplete. You must submit in writing stating requested amendment and reason for amendment. PCC will act upon your request within 60 days. Request may be denied if PCC believes the information is complete and accurate, or the information is not part of the medical information that you would be permitted to inspect or copy, or if PCC did not create the information.
5. Object or agree to certain uses and disclosures of your protected health information that we may share about your condition with family members or a public agency in emergency situations. To object, please contact the PCC Privacy Officer.
6. Receive an accounting of any disclosures that PCC has made of your protected health information for non-routine purposes only. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You may request a list of disclosures PCC has made of your medical information for the six (6) years prior to your request. You may not request an accounting for dates of service prior to September 22, 2009. Your first request within a 12-month period is free; however, PCC may charge for additional requests within the same 12-month period. PCC will act upon your request within 60 days of receipt.
7. Receive notification of any breach of unsecured protected health information.
8. Receive a paper copy of this notice upon request. You may also request a detailed listing. In addition, each time you register at PCC for treatment or health care services, a copy of the current notice in effect will be available to you.
9. File a complaint if you believe PCC has violated your privacy rights. You may file a complaint to the PCC Privacy Officer, 19917 Seventh Avenue, Suite 100, Poulsbo, WA 98370, phone (360) 697-8000, fax (360) 598-6227, or directly with the Secretary of the Department of Health and Human Services, Officer of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.