

BCG Oncology
Donald Lamm, MD, FACS
16620 N. 40th Street, Suite E
Phoenix, AZ 85032

Phone 602-493-6626

FAX 602-996-1383

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have a legal duty to safeguard your Protected Health Information (PHI):

We are legally required to protect the privacy of your health information. We call this information “protected health information” or “PHI”. This includes information that can be used to identify you, which we have created or received about your past, present or future health condition. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than necessary to accomplish the purpose of this use or disclosure.

We reserve the right to change the terms of this notice and privacy policies at any time. Any changes will apply to the PHI we already have. When we make an important change to our policies, we will post a new notice in the waiting room. You may also request a copy of this notice.

How we may use and disclose your Protected Health Information (PHI):

Uses and disclosures relating to payment or health care operations require your prior written consent.

To Obtain Payment for Treatment: We may use and disclose your PHI in order to bill and collect payment for treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan(s) to obtain payment. We may also provide your PHI to our business associates, such as our transcription company or others involved in the claims process.

Certain Uses and Disclosures Do Not Require Your Consent: We may use and disclose your PHI without your consent or authorization for the following reasons:

1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we must report victims of abuse, neglect or domestic violence when dealing with gunshot wounds or other wounds, or when ordered in a judicial or administrative proceeding.
2. Public health activities. For example, coroners or funeral directors.
3. Health oversight activities. For example, we will provide information to assist the government when it conducts investigations.
4. For purposes of organ donations.
5. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. For Workers’ Compensation purposes. We will provide PHU to comply with Workers’ Compensation law.
7. Appointment reminders.

All other uses and disclosures require your prior *written* authorization. For any other situation not described in the section regarding treatment, payment and operations, we will ask for your written authorization. If you choose to sign an authorization to disclose your PHI, you may later revoke that authorization *in writing* to stop any future uses or disclosures.

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You have the following rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of your PHI: You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but may be legally required to accept it. If we accept your request, we will put any limits in writing. You may not limit the uses and disclosures that we are legally required or allowed to make.

The Right to Choose How We Send PHI to You: You have the right to ask that we send PHI to an alternate address. We must agree if we can easily do this.

The Right to View and Receive Copies of Your PHI: In most cases you have the right to view or receive copies of your PHI that are generated in this office, but you *must* make the request *in writing*. We will respond to you within 30 days after the receipt of your written request. If you request copies of your PHI, we will charge you the prevailing fee at the time of request, *which must be prepaid*.

The Right to Obtain a List of the Disclosures We Have Made: The list will include uses or disclosures to which you have already consented, such as those made for treatment, payment or health care operations directly to you or family. We will respond within sixty (60) days of receiving your written request. The list provided you will include disclosures made with the last six (6) years, unless you request a shorter time period. The list shall include the date of disclosure, to whom the PHI was disclosed, the address, if known, a description of information, and the reason for the disclosure. We will provide the list to you at no charge, but if another request is made within a 365-day period (within one year of the first request); we will charge you the prevailing rate.

The Right to Correct or Update Your PHI: If you believe a mistake exists in you PHI, or that a piece of important information is missing, you have the right to request that we correct or add missing information. You must provide the request and explain you reason *in writing*. We will respond within sixty (60) days of receiving your request. We may deny your request in writing if the PHI is deemed: 1) correct and complete, 2) not created by this office, 3) not allowed to be disclosed, 4) not part of our record. Our written denial will stat the reasons for the denial and explain your right to file a written Statement of Disagreement with the denial. If you do not file one, you have the right to ask that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will ask add the changes to your PHI, notify you of its completion, and inform appropriate others who require knowledge of changes to your PHI.

If you feel that we may have violated your privacy rights, or disagree with a decision we made about access to your PHI, you may file a written complaint with the office manager. You may also send a written complaint to the Secretary of the Department of Health and Human Services.

THIS NOTICE IS EFFECTIVE, JANUARY 1, 2003

Signature: _____

Date: _____