

Notice of Privacy Practices

Oncology Rehabilitation Specialists, Inc.,
1239 120th Ave NE, Suite E, Bellevue, WA 98005
(425) 467-7105

Effective Date: 4/14/03

Oncology Rehabilitation Specialists, Inc. is required by law to maintain the privacy of your medical information, and to provide you with notice of our legal duties and privacy practices with respect to your medical information. This notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your medical information. We will not use or disclose your medical information without your written authorization, except as described or otherwise permitted by this notice. We reserve the right to change our practices and this notice, and to make the new notice effective for all medical information we maintain. Upon request, we will provide any revised notice to you.

How we use and disclose medical information about you:

Treatment: We may use your medical information to provide and coordinate the treatment and services you receive. We may also use your medical information to provide you with information about benefits available to you, and, in limited situations, about health-related products or services that may be of interest to you.

Payment: We may use your health information for various payment-related functions, i.e. contact your insurer to determine whether it will pay for your treatment and the amount of your co-payment. We will bill you or a third-party payor for the cost of treatment given to you. The information on or accompanying the bill may include information that identifies you, as well as the treatment you have received.

Health Care Operations: We may use your medical information for certain operational, administrative and quality assurance activities. For instance, we may use information in your records to monitor the performance of your provider(s) to assess quality and effectiveness of care. We may also disclose health information to another business associate, if this knowledge is necessary for them to provide a service to us, and provided they agree to abide by HIPAA rules relating to the protection of medical information.

We are permitted to use or disclose your medical information for the following purposes, though Oncology Rehabilitation Specialists, Inc. may never have reason to make some of these disclosures:

- To communicate with individuals involved in your care or payment of your care
- Workers' compensation Claims
- Public health requirements
- Law Enforcement as required by law or in response to a subpoena or court order
- As required by federal, state or local law.
- Health oversight activities such as audits, investigations, inspections and credentialing necessary for licensure, governmental monitoring of the health care system, government programs and compliance with civil rights laws.
- Judicial and administrative proceedings
- Notification to or conversations with a family member or personal representative
- To avert serious threat to the health or safety of you or another person(s).
- Victims of abuse or neglect in order to avoid serious harm to you or someone else.

We will obtain your written authorization before using or disclosing your medical information for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your medical information except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

- You may request a copy of our current notice of privacy practices at any time. Even if you have agreed to receive the notice electronically, you are still entitled to a paper copy.
- You have the right to request additional restrictions on our use or disclosure of your medical information by sending a written request to the Privacy Officer at Oncology Rehabilitation Specialists, Inc. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required or which are necessary to administer our business.
- In most cases, you have the right to access and copy the medical information that we maintain about you. You must send a written request to the Privacy Officer at Oncology Rehabilitation Specialists, Inc in order to inspect or copy your medical information. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. Washington State law allows 83cents per page for the first 30 pages, and 63 cents per page for the remaining pages. The maximum fee for searching and handling is \$19.00, in addition to the per page cost. You will receive your copy within 15 days of receipt of your request.
- You may request that we amend your medical information retained by us. To request an amendment, you must send a written request to the Privacy Officer at Oncology Rehabilitation Specialists, Inc. You must include a reason that supports your request. In certain cases, we may deny your request for amendment i.e. if it was not created by us, unless the person or entity that created the information is no longer available to make the amendment; if it is not part of the medical information kept by this practice; if it is not part of the information which you would be permitted to inspect and copy; or if it is accurate and complete. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. These requests must be made in writing to the Privacy Officer at Oncology Rehabilitation Specialists, Inc. and must include 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply. We are not, however, required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.
- You have the right to request a list accounting for any disclosures of your medical information we have made, except for uses and disclosures for treatment, payment and health care operations, as previously described. You must make this request in writing to the Privacy Officer at Oncology Rehabilitation Specialists, Inc. Your request must specify a time period no longer than 6 years, and may not include dates prior to April 14, 12003.
- You have the right to request that we contact you at a specific location i.e. office phone, residential address, P.O. Box, etc. You must submit a request in writing to the Privacy Officer at Oncology Rehabilitation Specialists, Inc. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, submit a written account of your complaint to the Privacy Officer at Oncology Rehabilitation Specialists, inc. You will not be penalized for filing a complaint.