

NEW HAMPSHIRE ONCOLOGY-HEMATOLOGY, PA

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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.

If you have any questions about this Notice please contact the NHOH Privacy Officer

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our duties and our policies with respect to your protected health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms or our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices if you call our office and request that we send it to you in the mail or if you ask for one at the time of your next appointment.

Your Health Information Rights

You have the right to inspect and copy your protected health information. This means you have the right to inspect and obtain a copy of your protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information.

We are not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations,

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice electronically.

You have the right to revoke your authorization to use or disclose protected health information. This right applies if you have provided us with a written authorization to use or disclose your protected health information for purposes other than treatment, payment or healthcare operations. Any revocation will be effective when we receive it and will not apply to uses or disclosures that have already taken place in reliance upon the authorization.

Examples of how we will use and disclose your Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to enable us to be paid for the services we render to you and to support the operation of our practice.

Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, provides assistance with your health care diagnosis and/or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for the health care services we provide to you. This may include certain activities that your health plan may undertake before it approves or pays for the health care service we recommend for you. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to quality assessment activities, training and supervision of staff members, training of medical students, licensing, marketing activities, and conducting or arranging for other business activities.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to schedule outside testing at laboratories, hospitals, and other test facilities.

We will share your protected health information with third party "business associates" that perform various activities (e.g. billing and transcription services) that are essential to the operations of our practice. Whenever an arrangement between our office and a business associate is made, we will limit the amount of protected health information that we provide to the minimum necessary to accomplish the particular task. We will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with appointment reminders and information about treatment alternatives or other health related benefits and services that may be of interest to you. Your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer at any time to request that these materials not be sent to you.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

In the following situations, we may use or disclose your protected health information if we inform you about the disclosure in advance and you do not object. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be use or disclosed.

Others involved in your healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens your physician will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use or disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

Other uses and disclosures not requiring your authorization

The federal privacy rules provide that we may use or disclose your protected health information in the following situations without your authorization.

Required by law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include the government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to the FDA or to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (1) in response to a search warrant or court order, (2) limited information requests for identification and location purposes in connection with the apprehension of a suspect, (3) reports pertaining to victims of a crime, (4) suspicion that a death or serious injury has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) disclosure in the course of a medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers without your express authorization when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We may also disclose your protected health information to a researcher if he or she represents to us that the disclosure is sought solely to review protected health information to prepare a research proposal or similar preparatory purpose and that no protected health information will be removed from our offices. We may provide protected health information with respect to deceased patients if the researcher represents to us that the use or disclosure is sought solely for research purposes and the researcher provides us with documentation of the death of the individuals whose protected health information is sought.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military activity and national security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) to activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conduction of national security and intelligence activities including the provision of protective services to the President or other legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: If you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you, we may use or disclose your protected health information as necessary for your health and the health and safety of other individuals.

Uses and disclosures of protected health information based upon your written authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in the Notice. You may revoke this authorization, at any time, in writing except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (603) 622-6484 for further information about your privacy rights and for information about the complaint process.

Effective date April 14, 2003