
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

At The Center for Cancer and Blood Disorders, we believe your health information is personal. We keep records of the care and services received at The Center. We are committed to respect of your privacy. We are also required by law to maintain your confidentiality. This Notice describes the privacy practices of The Center. It applies to all of the health records that identify you and the care you receive with us. We are required by law to give you this Notice and to follow the terms of the Notice currently in effect.

What are the duties of The Center for Cancer and Blood Disorders concerning the use and disclosure of your health information?

We are required to:

- Maintain the privacy of your health information
- Abide by the terms of this notice
- Revise the Notice as indicated
- Post and make this Notice and any revisions available to you

What information may we disclose *without* your permission?

1. We use and disclose health information for treatment, payment, health care operations and other special circumstances.
 - **For Treatment.** We may use your health information to provide, coordinate, or manage your care and related services. This may mean disclosure to other health care providers, students involved in health care services training, home care providers, or pharmacies. For example, a doctor within our practice may share your health information with another doctor within our practice, or with a doctor at another health care institution (such as a hospital), to determine how to diagnose or treat you.
 - **For Payment.** We may disclose your health information so that the care received may be billed and paid for by you, your insurance company, or other third party. For example, we may tell your health plan about treatment planned so we can get prior approval or learn if your plan will pay for the treatment.
 - **For Health Care Operations.** We may use your health information to run our administrative, educational, and business functions and ensure and improve quality and safety. For example, we may use your health information to evaluate the performance of our physicians or staff in caring for you, or to educate our physicians or staff on how to improve the care they provide for you.
 - **Special Circumstances.** We may disclose limited health information for the following reasons: appointment reminders, follow-up on tests, or contacts for treatment alternatives or products and services that may benefit you.
2. Additional reasons The Center for Cancer and Blood Disorders may be allowed or required to use your health information without your permission.
 - As required by law
 - Public health risks
 - Healthcare oversight activities
 - Law enforcement, lawsuits or disputes

- Suspected abuse or neglect
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Research
- Serious threat to health or safety to you or the public
- National security
- Military and veterans
- Workers' Compensation
- Correctional institutions

What are your rights regarding your health information?

Right to Request Restrictions on certain uses and disclosures of your information. The Center is not required to agree to a requested restriction, but will make every effort to accommodate reasonable requests.

Right to Receive Confidential Communications of protected health information.

Right to a Paper Copy of this Notice regardless if you have agreed to receive the Notice electronically.

Right of Access to Inspect and Copy your health record. Requests should be in writing. We may provide a summary of your health record. We will respond to your request in writing no more than 60 days from your request. The Center may charge a reasonable fee to cover costs.

Right to Amend your health record. Requests for changes must be in writing. We will respond to your request in writing no more than 60 days from the time of your request.

Right to an Accounting of disclosures of your health information, except for disclosures for treatment, payment and health care operations, disclosures for public health purposes or as required by law, and disclosures authorized by you. If you make more than one request in a 12-month period, The Center may charge a reasonable fee to cover costs.

Right to Request Confidential Communications of your health information by alternative means or at alternative locations. For example, you may instruct us to only send appointment messages by mail, with no phone messages.

Right to Revoke Authorization to use or disclose health information except to the extent that action has already been taken. Revocations must be in writing.

Who do I contact for questions, complaints or requests in writing?

The Center for Cancer and Blood Disorders
 Office of Quality and Compliance
 800 West Magnolia Ave.
 Fort Worth, Texas 76104
 817-759-7000

You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government. The contact information for the United States Department of Health and Human Services is:

Region VI, Office for Civil Rights
 U.S. Department of Health and Human Services
 1301 Young Street, Suite 1169
 Dallas, TX 75202
 214-767-4056