



Confirmation of receipt of Notice of Privacy Practices and Authorization to Release Protected Health Information (PHI)

To protect your privacy, please let us know how you would like us to contact you and who we may release your private health information (PHI) to on your behalf.

No, please do not discuss PHI with anyone. **WARNING: if you choose this option and you become ill and unable to call or come into the office for assistance we may, in our professional judgment, disclose necessary PHI to another medical professional to ensure you are given appropriate medical care.**

Yes, restrict communication to:

NAME:	RELATIONSHIP:	HOME PHONE:	CELL:

What kind of PHI may we discuss with your designated family members and/or others involved with your care?

Medical Care

Billing and Payment Information

May We Contact you at:

Home? Yes No Number _____ Work? Yes No Number _____

Cell? Yes No Number _____

Via Email? Yes No Email address: _____

May we leave a message on your answering machine or cell? Yes No

Any information? Yes No

Limit information to the following: _____

May we leave a message with a family member or other person at your home? Yes No

Any information? Yes No

Limit information to the following: _____

I _____, understand the above authorization will remain in effect until I change it in writing. I have been given a copy of the Notice of Privacy Practice for cCARE.

Patient Signature

Print Name

Date

Date of Birth: _____

**CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND
EXCELLENCE NOTICE OF PRIVACY PRACTICES**

Privacy Manager: Ryan White

1510 E Herndon Avenue Suite 310
Fresno, CA 93720
(559) 326-1222

EFFECTIVE DATE: MAY 19, 2016

**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.**

California Cancer Associates for Research and Excellence, Inc. a California medical corporation (CCARE) understands the importance of maintaining the confidentiality of your medical and personal information and is committed to maintaining the confidentiality of such information. In our provision of services for you and your health care providers, we create and obtain various records concerning your medical condition, the care and treatment provided on your behalf and payment for your medical services. We use these records to ensure you receive the best possible medical care, to obtain payment for services provided for you and to enable us to meet our professional and legal obligations. CCARE is required by law to maintain the privacy of your personal information and to provide you with this notice of our legal duties and privacy practices with respect to such information. If you have any questions about this notice, please contact the Privacy Official identified above.

A. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

In its provision of services, CCARE obtains health information about you and stores it in paper form and on computers. This compilation of information is commonly referred to as your medical record. The information contained in your medical record includes information that enables us to identify and contact you (for example, your name, address, phone number, *etc.*), information about your medical condition and the treatment of your medical condition, and information about sources of payment for your medical care, among other things. The medical record is the property of CCARE and/or your health care provider, but the information in the medical record belongs to you. The law permits CCARE to use and disclose the information in your medical record for the following purposes:

1. Treatment. CCARE discloses your medical information to physicians and other health care providers who are involved in providing the care you need. We also may disclose your medical information to your family, close personal friends, personal representatives, and others identified by you to the extent such information is relevant to their involvement in your health care or payment related to your health care.

2. Payment. CCARE uses and discloses information about you to obtain payment for the health care services provided on your behalf. For example, CCARE provides certain information about you to your health plan to obtain payment for your health care services.

3. Health Care Operations. CCARE uses and discloses information about you to operate CCARE's business. For example, CCARE uses and discloses your information to improve the quality of care you receive and to evaluate the competence and qualifications of our staff. CCARE may use and disclose information about you to your health plan to obtain authorization for the provision of additional services or to obtain a referral to a physician. CCARE also may use and disclose your information for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. CCARE may share your medical information with its "business associates" that perform administrative and other services for CCARE. CCARE has a written contract with each of these business associates that contains

terms requiring them to protect the confidentiality of your information to the same extent CCARE is required to protect your information. Upon request, CCARE may share your information with other health care providers, health care clearinghouses and health plans that have a relationship with you to assist them in (i) their performance of health care quality assessment and improvement activities, (ii) their efforts to improve their provision of health care services or to reduce health care costs, (iii) their evaluation of the competence, qualifications and performance of their health care professionals, (iv) their training programs, (v) their accreditation, certification and licensing activities and (vi) their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders. CCARE may use your identifying information to contact you and to remind you about health care appointments. If you are not home, we may leave information about the date, time and location of your appointment on your answering machine or in a message left with the person answering the phone, but we will not disclose the purpose of the appointment or the nature of your medical condition.

5. Sign-In Sheet. For security purposes, CCARE requires all visitors to sign-in at its reception desk. Consequently, your name may be seen by and disclosed to other visitors of CCARE. We may also call out your name when we are ready to see you.

6. Notification and Communication with Family and Friends. CCARE may use your information to notify (or to enable another authorized person to notify) your family, your personal representative or another person responsible for or involved in your care about your location and your general condition. In the event of a disaster, CCARE may disclose your information to a relief organization that is coordinating notification efforts. If you are able and available to agree or object to CCARE's disclosure of your information to the people described above, you will be given an opportunity to object to the disclosures, although CCARE may disclose your information during a disaster despite your objection if CCARE believes such disclosure is necessary to respond to the emergency. If you are unable or unavailable to agree or object, CCARE will use its best judgment when communicating with your family, friends and others.

7. Marketing. CCARE may contact you to give you information about products or services related to your treatment, case management and care coordination, or to direct or recommend other treatment or health-related benefits and services that may be of interest to you, or to provide you with small gifts. CCARE also may encourage you to purchase a product or service when we see you. CCARE will not disclose your medical information to third parties for marketing purposes without first obtaining your written authorization. If CCARE will receive any financial remuneration from a third-party to market products or services to you, the form of authorization provided by CCARE will explain that such remuneration is involved.

8. Required by Law. CCARE will use and disclose your information to the extent required by applicable laws, but we will limit our use and disclosure to the amount and type of information required to be disclosed. When the law requires us to report abuse, neglect or domestic violence, to respond to judicial or administrative proceedings, or to disclose your information to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. Public Health. CCARE may, and is sometimes required by law, to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration certain problems with products and reactions to medications; and reporting disease or infection exposure. When CCARE reports suspected elder or dependent adult abuse or domestic violence, CCARE will inform you or your personal representative promptly of such report unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. Health Oversight Activities. CCARE may, and is sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to limitations imposed by applicable laws.

11. Judicial and Administrative Proceedings. CCARE may, and is sometimes required by law, to disclose your health information in the course of an administrative or judicial proceeding. CCARE also may disclose your information in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if a court or administrative order has resolved your objections.

12. Law Enforcement. CCARE may, and is sometimes required by law, to disclose your health information to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order, warrant, grand jury subpoena or other law enforcement purpose.

13. Coroners. CCARE may, and may be required by law, to disclose your health information to a coroner in connection with his or her investigation of your death.

14. Organ or Tissue Donation. CCARE may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. Public Safety. CCARE may, and is sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized Government Functions. CCARE may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. Workers' Compensation. CCARE may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, CCARE may make periodic reports to your employer about your condition. CCARE may also be required by law to report cases of occupational injury or occupational illness to your employer or your employer's workers' compensation insurer.

18. Change of Ownership. If CCARE is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

19. Research. CCARE may disclose your health information to researchers if your written authorization is not required for such disclosure, as approved by an Institutional Review Board or privacy board or in compliance with governing law.

B. WHEN CCARE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this notice of privacy practices, CCARE will not use or disclose health information which identifies you without your written authorization. If you do authorize CCARE to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Specifically, CCARE will obtain your authorization to use or disclose your health information in connection with any of the following:

1. Psychotherapy Notes. CCARE will obtain your authorization for any use or disclosure of your psychotherapy notes, except: (a) to carry out the following treatment, payment, or health care operations: (1) use by the originator of the psychotherapy notes for your treatment; (2) use or disclosure by CCARE for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (3) use or disclosure by CCARE to defend itself in a legal action or other proceeding brought by you; (b) use or disclosure to the Secretary of the Department of Health and Human Services or other applicable government agencies to the extent required to establish CCARE's compliance with applicable laws; (c) when required by law; (d) to comply with oversight requirements with respect to the originator of the psychotherapy notes; (e) to a coroner or medical examiner, as necessary and appropriate, or (f) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

2. Marketing. As further described in section A.5 above, CCARE will obtain your authorization for any use or disclosure of your protected health information for marketing purposes, unless the marketing communication is in the form of (a) a face-to-face communication made to you by CCARE, or (b) a promotional gift of nominal value provided to you by CCARE.

3. Sale of Protected Health Information. CCARE will obtain your authorization for any disclosure of your protected health information that constitutes a sale of your protected health information. Such authorization will state that the sale will result in payment to CCARE.

C. YOUR HEALTH INFORMATION RIGHTS

1. Right to Request Special Privacy Protections. You have the right to request in writing that CCARE restrict its use and disclosure of your health information. CCARE may accept or reject your request in its sole discretion, and will notify you of its decision. Notwithstanding the foregoing, unless otherwise required by law, CCARE will comply with your request to restrict disclosure of your health information to a health plan for purposes of carrying out payment or health care operations if the health information pertains solely to a health care item or service for which your health care provider has been paid in full by you or by a person other than the health plan.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. CCARE will comply with all reasonable written requests that specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your information, you must submit a written request detailing the information you would like to access that specifies whether you would like to inspect the information or obtain a copy of the information. CCARE will charge a reasonable fee, as allowed by law, for copies of your health information. CCARE may deny your request for access under limited circumstances. If CCARE denies your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal our decision. If CCARE denies your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional for a second opinion regarding whether you should be allowed access to the psychotherapy notes.

4. Right to Amend or Supplement Your Medical Record. You have a right to request that CCARE amend information you believe is incorrect or incomplete. You must make your amendment request in writing and must include the reason you believe the information is inaccurate or incomplete. CCARE is not required to

amend your health information. CCARE may deny your amendment request if it does not have the information, if it did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information or if CCARE determines the information is accurate and complete. If we deny your amendment request, we will inform you about the reasons for the denial and explain how you can respond to our denial. You also have the right to request that we add to your medical record a statement of up to 250 words concerning any information in your medical record that you believe is incomplete or incorrect.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by CCARE, except that CCARE does not have to account for disclosures of information made to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of Section A of this notice of privacy practices, or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or disclosures to a health oversight agency or law enforcement official to the extent CCARE has received notice from such agency or official that providing an accounting would be reasonably likely to impede their activities.

6. Right to Copy of Notice. You have a right to a paper copy of this notice of privacy practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Official identified at the top of this notice.

D. AMENDMENTS TO THIS NOTICE OF PRIVACY PRACTICES

CCARE reserves the right to amend this notice of privacy practices at any time without prior notice. Until such amendment is made, CCARE is required by law to comply with this notice. After the notice is amended, the revised notice of privacy practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and will post the current notice on our website.

E. COMPLAINTS

CCARE understands the importance of maintaining the confidentiality of your personal information. If you have any complaints about this notice of privacy practices or about how CCARE handles your health information, please contact the Privacy Official identified at the top of this notice as soon as possible so we can address your concerns.

If you are not satisfied in the way this office handles a complaint, you may submit your formal complaint to:

Department of Health and Human Services
Office of Civil Rights
P.O. Box 1912
Fresno, CA 93718-9888
Attn: 5KXB

The complaint form can be found at the web address below. You will not be penalized in any way for filing a complaint. www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf

