



## NOTICE OF PRIVACY PRACTICES

Effective Date: 4/01/2022

**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.**

### **About Us**

In this Notice, we use terms like “we,” “us,” “our” or “Practice” to refer to Arizona Oncology Associates, P.C. (“Arizona Oncology”), its physicians, employees, staff, and other personnel. All the sites and locations of Arizona Oncology follow the terms of this Notice of Privacy Practices (“Notice”) and may share health information with each other for treatment, payment, or health care operations purposes and for other purposes as described in this Notice.

### **Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We understand that your health information is personal, and we are committed to protecting your privacy.

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We are also required to notify you of a breach of your unsecured health information that may have compromised the privacy or security of your information.

### **How Do We Use or Disclose Your Health Information?**

The following categories describe examples of the way we use and disclose health information without your written authorization:

#### **To Treat You:**

We may use your health information to provide you with medical treatment or services. We may also share your health information with other professionals who are treating you.

*For example,* your health information will be shared with your oncologist and other health care providers who participate in your care. We may disclose your health information with another oncologist for the purpose of a consultation. We may also

disclose your health information to your primary care physician or another healthcare provider to be sure they have all the information they need to diagnose and treat you.

**For Payment:**

We may use and disclose your health information to bill and get payment from health plans or other entities for the items and services we provide you.

*For example*, a bill may be sent to you, your health insurance plan, or other third- party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used during treatment. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your health insurance plan will cover the treatment.

**For Health Care Operations:**

We may use and disclose your health information to support our business activities necessary to run the Practice and make sure our patients receive quality care.

*For example*, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities. We may also disclose your health information to third party “business associates” that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information to the same extent that we protect it.

## Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## How else can we use or share your health information?

Besides the ways mentioned above, we are also allowed (to the extent permitted by applicable law) to use and share your health information without your authorization for the following purposes:

**As Required by Law:**

We may use and disclose your health information when required to do so by federal, state, or local law.

**Respond to Lawsuits and Legal Actions:**

We may share health information about you in response to a court or administrative order or in response to a subpoena.

**Address Workers' Compensation, Law Enforcement, and Other Government Requests:**

We may use or disclose health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Public Health Activities:**

We are allowed or required to share your information in other ways. We must meet many conditions in the law before we can share your information for these purposes, including to help with public health and safety issues such as the following:

- Preventing disease
- Reporting births or deaths.
- Reporting suspected abuse, neglect, or domestic violence
- Reporting adverse reactions to medications.
- Preventing or reducing a serious threat to anyone's health or safety
- Helping with product recalls

**Organ/Tissue Donation:**

We may use and disclose your health information to organ procurement organizations.

**Coroners, Medical Examiners, and Funeral Directors:**

We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

**Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing your health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

**Research:**

We may use and disclose your health information for certain research activities. For example, we might use your health information to decide if we have enough patients to conduct a cancer research study. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information.

**When do we need your written permission before using or sharing your health information?**

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. Some examples include:

**Psychotherapy Notes:**

We usually do not maintain psychotherapy notes about you. If we do, we will only use

and disclose them with your written authorization except in limited situations.

**Marketing:**

We may only use and disclose your health information for marketing purposes with your written authorization. This would include, for example, making treatment-related communications to you when we receive a financial benefit for doing so.

**Sale of Your Health Information:**

We may sell your health information only with your written authorization.

**Fundraising Activities**

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

If you authorize us to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by your revocation, except to the extent that we have already used or shared your health information based on the permission you gave us earlier.

## **Your Rights Regarding Your Health Information**

You have the following rights regarding the health information we maintain about you:

**Right to Request Restrictions:**

You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or health care operations. **In most circumstances, we are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing and submit it to our Privacy Officer at the contact information below.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your insurer for the purpose of payment or our operations. We will say use unless a law requires us to share that information.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at a specific phone number or only by mail.

To request confidential communications, you must make your request in writing and submit it to our Privacy Officer.

We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

**Right to Get an Electronic or Paper Copy of Your Medical Record:** You can ask to see or get an electronic or paper copy of your medical information and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-

based fee. We may require that you put your request in writing. Ask our Privacy Officer how to do this.

You may also request (in writing) that we send a copy of your health information to anyone or any entity (e.g., a business, hospital, etc.) that you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. If you request a copy of your health information, we may charge a reasonable, cost-based fee.

**Right to Ask Us to Correct Your Medical Record:**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask our Privacy Officer how to do this. We may say no to your request, but we will tell you why in writing within 60 days.

**Right to Get a List of Those with Whom We've Shared Information:**

You can ask for a list (accounting) of the times we have shared your health information in the six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Contact our Privacy Officer for more information on how to make your request in writing.

The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you a reasonable, cost-based fee. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

**Right to Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically.

To obtain a paper copy of this Notice, please contact our Privacy Officer.

You may also obtain a paper copy of this Notice at our website, <http://arizonaoncology.com/privacy-policy/>.

## **Changes to this Notice**

We may change the terms of this Notice, and the changes will apply to all information we have about you, including health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. The new Notice will be available upon request, in the patient waiting room, and on our website, <http://arizonaoncology.com/privacy-policy/>.

## **Complaints**

If you have any questions about this Notice or would like to file a complaint about our privacy

practices, please direct your inquiries to our Privacy Officer.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against or penalized for filing a complaint.

## Questions

If you have questions about this Notice, please contact our Privacy Officer:

Lorraine Cecile Benoit Calzetta-Patrovic  
Director of Quality and Compliance, Arizona Oncology HIPAA Privacy and Security  
Address: 1760 E. River Road, Tucson, AZ 85718  
Telephone: 520-519-7722  
Fax: 520 415 -7935  
Email: [AOPrivacy@usoncology.com](mailto:AOPrivacy@usoncology.com)

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Arizona Oncology complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

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Arizona Oncology cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Arizona Oncology no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-520-519-7722.

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