



## Notice of Privacy Practices

### Established Pursuant to the Health Insurance Portability and Accountability Act (HIPAA)

**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.**

#### **Understanding Your Health Record/Information**

Each time you visit Alliance Cancer Care (or any hospital, physician, or other healthcare provider) a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you receive
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

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

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.526; however, you must provide the request to amend your health record in writing and provide a reason for the requested amendment
- obtain an accounting of disclosures of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

#### **Our Responsibilities**

Alliance Cancer Care is required by law to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied.

We will not use or disclose your health information without your authorization, except as described in this notice.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Director at (256) 319-5400. Our corporate office address is One Hospital Drive, Suite 100; Huntsville, Alabama 35801.

If you believe your privacy rights have been violated, you can file a complaint with our Director or with the Secretary of Health and Human Services. You may file a complaint with our Director by telephoning her or by providing a written complaint at the address above. There will be no retaliation for filing a complaint.