

AUGUSTA ONCOLOGY ASSOCIATES PC**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 Nicki Shannon at (706) 736-1830. 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 right 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 to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our web site www.augonc.com, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

YOUR CONSENT IS REQUIRED FOR US TO USE AND DISCLOSE YOUR MEDICAL INFORMATION

If you do not give your consent for us to use and disclose your medical information as outlined in this Notice, we will only use and disclose your medical information in the following circumstances:

- To providers who are personally involved in providing care pursuant to your consent to treatment (whether such consent is expressed, implied by law, or through substituted consent as authorized by law), but only during the period of time they are providing care to you;
- To bill you for the charges you incurred while you were a patient of ours, which means we cannot bill your third-party insurance company;
- To third parties when required by law or by appropriate legal process issued by a court or governmental agency with jurisdiction;
- If you are a Medicare, Medicaid, CHAMPUS/TriCare, or other federal or state program beneficiary or enrollee, for treatment and payment purposes as outlined in this Notice;
- In the case of an emergency, when we are transferring you to a receiving facility for care; and
- In the case of an emergency, in order to provide you with care that is required by federal and state law.

Should you give your consent, we will use and disclose your medical information as outlined in this Notice. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

1. Uses and Disclosures of Protected Health Information

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 when we have the necessary permission from you to disclose your protected health information. 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 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, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. Also, your protected health information may be disclosed to Patient Assistance Programs from time-to-time for those patients who require assistance with medications and/or other financial needs. If you are a patient receiving chemotherapy treatments, you may be required to sit in an open area with other patients receiving chemotherapy treatments and thus we cannot guarantee your complete personal privacy during these treatment sessions.

Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. 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 your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund-raising activities, and conducting or arranging for other business activities.

- For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, 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 our protected health information, as necessary, to contact you to remind you of your appointment.
- We will share your protected health information with third party "business associates" that perform various activities, (e.g., billing or transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, 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 information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send out information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.
- We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fund-raising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Official and request that these fund-raising materials not be sent to you.

Permitted and Required Uses and Disclosures That May be Made with your Authorization or Opportunity to Object: We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. 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 judgment, 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 disclosed.

- 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- 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.
- 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.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object. We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- **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, if and as required by law, of any such uses or disclosures.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:

- To report, prevent or control disease, injury, or disability;
 - To report births, deaths, and certain injuries or illnesses;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To report suspected abuse or neglect as required by law.
- **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 institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to us that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the Georgia Department of Corrections ("DOC") and the DOC requests your medical records, we are required to provide the DOC with access to your records.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rules that are a part of HIPAA.

2. Your Rights Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about yourself that is contained in a designated record set for as long as we maintain the information. If you need a paper copy of your protected health information, the first copy will be free. Any paper copy thereafter will follow the fee chart designated by state law. Electronic copies of your records are always free if we can transmit them to you electronically without having to copy them onto a CD, DVD, or other media. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. 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. Depending on the circumstances, a decision to deny access may be re-viewable. Please contact our Privacy Contact if you have questions about access to your medical record.
- **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 for the purposes of treatment, payment or healthcare operations. You may also request that your healthcare provider not tell your health insurance company about care you receive or drugs you take if you pay for the care or drugs in full and the provider does not need to get paid by your insurance company. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the 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. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any Augusta Oncology location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

- **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. Please make this request in writing to our Privacy Official.
- **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. Please contact our Privacy Official to determine if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosure 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, as a result of a signed authorization by you or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 for up to the previous six years. You may request a shorter time frame. The right to receive this information is subject to certain exemptions, restrictions, and limitations.
- **You have the right to obtain a paper copy of this Notice from us,** upon request, even if you have agreed to accept this notice electronically.

3. Investigations. We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

4. Complaints You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Nicki Shannon at (706) 736-1830, or nshannon@augonc.com for further information about the complaint process. You will not be penalized in any way for filing a complaint.

3696 Wheeler Road
Augusta, GA 30909
(706) 736-1830

1303 D'Antignac St., Suite 1000
Augusta GA 30901
(706) 821-2944

222 University Parkway
Aiken SC 29803
(803) 306-1438

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 below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

This Notice is effective April 1, 2021