

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Notice Effective Date: 4-14-03

This Notice of Privacy Practices (“Notice”) describes how Pacific Oncology, P.C.’s staff will use and disclose health information about you, and describes your rights to access and control the health information we maintain about you. We are required by law to comply with this Notice. We reserve the right to revise this Notice at any time, but if we do change this Notice, our new, revised Notice will be available at our office and posted in our waiting area. The date that this Notice, and any future Notices, first takes effect is written in the right corner, preceding this paragraph.

Information and records about you that we keep and use:

Each time you visit our office, we collect and record information that includes things such as your health history, how you describe your condition and symptoms, any observations made by our health care providers, the results of any examinations and tests, and similar types of health care information. We may also have health information about you we receive from other health care providers. In order to provide you with quality and effective care, we will use and disclose this health information on paper, verbally, and possibly electronically, for many different purposes.

How we use and disclose your health information:

Federal law allows us to use and disclose health information about you for certain purposes, including Treatment, Payment, or Health Care Operations, without your (or your legal representative’s) written consent or authorization. There are, however, other uses and disclosures, and certain kinds of specially protected health information that are subject to greater protection, and in some instances, state law may further limit our ability to use and disclose the information.

Please review the following examples and explanations below of the typical uses and disclosures of health information we make for Treatment, Payment, and Health Care Operations. These examples are not all of the possible reasons we may have for using and disclosing your health information, but these are common examples of the typical, routine purposes for uses and disclosures made by our office. We have also provided below brief explanations of other, less typical uses and disclosures of protected health information the law permits, or in some cases, requires us to make.

Treatment

Our staff will use and disclose health information about you in our office when we or other health care providers need to make decisions about, and plan for, your care and treatment. For example, when you visit our office, information about your condition obtained by our health care providers will be recorded in your record, perhaps reviewed by another staff member, and used to determine the treatment that should work best for you. We may refer you to a certain type of specialist and in the course of coordinating your care, disclose some or all of your health information so the other health care provider may treat you.

Payment

We will likely have to use and disclose some of your health information in order to arrange reimbursement or payment for our or other health care provider’s services. We may use certain health information about you to help determine your eligibility for health plan or insurance coverage. If you have insurance, we may have to disclose certain health information about you to obtain approvals, authorizations, or reimbursement from your health plan or insurance company.

Health Care Operations

We may use and disclose your health information to perform various office, administrative, and business functions that support our efforts to provide you with quality, cost-effective care. We may review your health information that we have recorded to measure how we treat and care for you and our other patients. We may use information in your health record in order to improve, through training, education, and other activities, the services we provide and the results we achieve. Examples of situations where we may use your protected health information to improve the care we provide our patients may include, but are not limited to, “tumor boards” (a forum where oncologists, pathologists, and other health care providers discuss treatment and management alternatives for various specific cases) and drug study and research protocols. We may use and disclose your health information in our drug and supply storage, inventory control and data collection system. This system allows us to (but is not limited to) order drugs, track utilization, reduce medical errors, increase accuracy of inventory control and improve patient care. The information from this system can be aggregated to provide quality improvement-related benchmarking reports and may be aggregated in de-identified form to be shared with third parties.

Special circumstances in which we may contact you:

We may contact you to remind you about an appointment you have scheduled with us, to discuss test results, and to discuss treatment changes and changes in your condition. We may also communicate with you regarding treatment alternatives or other health related benefits and services that we feel may be of interest to you.

Communication with Family and Close Personal Friends

If we need, or we are asked, to communicate with your family member, other relative, close personal friend, or personal representative about your health care or treatment, or we need to notify the same individual(s) of your location or general condition, we will first try to ask you if you object to the communication. If, for some reason, we do not have the opportunity to ask you first, we will use our professional judgment to determine whether communicating with your family member or friend is in your best interest, and we will disclose only health information about you that is directly related to your family member’s or friend’s involvement with you and your health care. For instance, we may use our professional judgment and experience and decide that it is in your best interest to let your family member pick up medication or supplies for you.

Specially Protected Health Information

In some cases, we may be allowed or required to use or disclose health information that is specially protected by state or federal law. For example, we may have to disclose information that we have about HIV status, substance abuse, genetic testing, or mental health issues to other providers to coordinate care. Depending upon the particular situation and specific law, we may be permitted to disclose such information without your authorization. In other situations, we may be required by state or federal law to have special written permission before we use or disclose the information, in which case we will ask you to complete an appropriate release form.

Other Permitted Uses and Disclosures of Protected Health Information

Under certain circumstances, federal law allows health care providers to disclose an individual’s health information without giving the individual an opportunity to object and without obtaining any written authorization. In order to disclose health information under these circumstances without written authorization, the disclosure must still meet all requirements imposed by applicable local, state, and other federal laws. Examples of these types of disclosures include:

Disclosures Required by Law- We will use or disclose protected health information about you to the extent we are required by law to do so.

Disclosures for Public Health Activities- We may disclose your protected health information to public health authorities in order to control disease, injuries, or disabilities, report vital statistics such as birth or death, or for public health surveillance, investigations, and interventions. We may also need to disclose protected health information to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

Disclosures Relating to Abuse or Neglect- Consistent with federal and state laws, we may disclose protected health information relating to child abuse or neglect, or about an individual whom we believe to be a victim of abuse, neglect, or

domestic violence, to a public health authority and/or government agency authorized by law to receive reports of abuse or neglect.

Disclosures to or for the Food and Drug Administration (FDA)- We may disclose protected health information about an FDA-regulated product or activity, to a person or company required by the FDA to report adverse events including illnesses and injuries, product defects and other problems.

Disclosures for Health Oversight Activities- We may disclose protected health information to certain government agencies or authorities (authorized by law to oversee all or part of the health care system or a government program) as part of an audit, investigation, inspection, licensure or disciplinary action, civil, administrative, or criminal proceeding, or other similar oversight activities.

Disclosures for Legal Proceedings- We may disclose protected health information to comply with an order of a court or administrative tribunal, a subpoena or discovery request.

Disclosures to Law Enforcement- We may be required by law to disclose protected health information to law enforcement officials. Examples include reports of certain types of injuries or wounds (such as gunshots or stab wounds), court orders and court-ordered warrants, subpoenas, or summons issued by a judicial officer, grand jury subpoenas, or under certain circumstances, administrative requests. We may disclose protected health information in medical emergencies (not involving abuse, neglect, or domestic violence) if it appears necessary to alert law enforcement of the commission and nature of a crime, the location of the crime or victim(s), or the identity, description, or location of the perpetrator of such a crime.

Disclosures to Medical Examiners, Coroners, and Funeral Directors- We may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties the examiner or coroner is authorized by law to perform.

Disclosures for Organ, Eye, or Tissue Donation- We may disclose protected health information to organ procurement organizations that procure, store, or distribute organs, eyes, or tissues of deceased persons for donation or transplantation.

Disclosures for Specialized Governmental Functions- We may disclose protected health information of individuals who are members of the Armed Forces or are foreign military personnel, for activities deemed necessary by appropriate military command authorities to assure proper execution of a military mission, and upon or after separation or discharge, for the purpose of determining entitlement to veterans benefits. In addition, we are permitted under federal law to disclose protected health information to authorized federal officials for purposes of national security.

Disclosures to Correctional Institutions- We are permitted to disclose protected health information about an inmate (in custody) to a correctional institution or law enforcement official who has custody of the inmate, if the information is necessary to provide care to the inmate or is necessary to protect the health and safety of others.

Disclosures to Employers- In limited circumstances, we may disclose to an employer information about work-related illnesses or injuries when the employer needs the information to comply with its reporting requirements under rules promulgated by the Occupational Safety and Health Administration, Mine Safety Health Administration, or under similar state laws. In these situations, we will notify you of the disclosure.

Disclosures Relating to Worker's Compensation Compliance- We are permitted to disclose protected health information to comply with laws relating to worker's compensation and other similar programs that provide benefits for work-related injuries or illness.

Uses and Disclosures with your Authorization- In order for Pacific Oncology, P.C. to use or disclose your protected health information for any purpose other than Treatment, Payment, Health Care Operations, or the Other Permitted Uses and Disclosures of Protected Health Information explained above, we must have your written Authorization.

Approved Research- Under certain circumstances, we may use and disclose health information about you for research purposes. In order to do so without your written authorization, the research project must be approved by an Institutional Review Board (or Privacy Board) indicating the privacy of your information will be adequately protected.

You have rights with respect to your health information

By law, you have the following rights with respect to the health information that we record and keep about you. Should you desire to exercise any of these rights, submit the relevant "Request" form (specific request forms are discussed further below) to Barbara Dunn, HIPAA Privacy Officer, at 5050 NE Hoyt Suite 362, Portland, OR, 97213

Right to Request Restrictions

You have the right to ask that we limit or restrict how we use or disclose some or all of your health information. You may request that we limit or restrict our uses or disclosure for treatment, payment, or health care operation purposes (explained above) or disclosures to family members, relatives, friends, or others. You may want to discuss with Barbara Dunn, HIPAA Privacy Officer at 503-232-7000, whether or not a particular requested restriction could interfere with Pacific Oncology, P.C.'s ability to effectively treat or provide care for you. By law, Pacific Oncology, P.C. is not required to agree to such requests. In addition, Pacific Oncology, P.C. may legally use or disclose your health information in certain circumstances, such as medical emergencies, contrary to a restriction which you have requested and we have agreed to. If we agree to a restriction that you have requested, we will honor that restriction and limit our uses/disclosures accordingly, unless, at some later time you request cancellation of the restriction, or we inform you that Pacific Oncology, P.C. is cancelling the restriction. If we inform you that we are cancelling the restriction and you do not agree with the cancellation, we may only cancel the restriction for health information that we record, make or receive after the date we inform you of the cancellation.

Ask the Front Office Receptionist for a "Request to Restrict Use/Disclosure of Health Information Form" in order to request Pacific Oncology, P.C. not to use or disclose your health information for the purpose(s) you specify. If at any time in the future you wish to cancel a restriction, we will ask you to acknowledge your decision in writing. If Pacific Oncology, P.C. decides to cancel a restriction previously agreed to, we will inform you in writing and give you an opportunity to object.

Right to Inspect and Obtain a Copy of Your Health Information

You have the right to inspect and obtain a copy of certain health information about you that we keep in our medical and billing records and, possibly, other records we have that we use to make decisions about you. If you wish to inspect or obtain copies of your records, you must make your request to us in writing, and we may charge you for the reasonable costs of copying, mailing, or other supplies used to provide you with the information that you request. The law does not, however, give you a right to copy or inspect all information about you in all circumstances. If we deny your request to inspect or copy your health information for one of the few special and unique circumstances where the law does not give you a right to access your own health information, we will explain to you in writing the reason(s) for not allowing you access to the information and whether or not, consistent with the law, the basis of our decision is potentially reviewable by an "independent" practitioner. If the basis for our denial is "reviewable", we will provide you with an opportunity to request a review.

In order to request access to, or a copy of, some or all of your health information, the Pacific Oncology, P.C.'s Front Office Receptionist for an "Authorization to Disclose Medical Records" form. If your request is approved, we will arrange for you to inspect or receive copies of the information within **30** days of your request (or sooner if required by law), at a mutually convenient time and place for you to pick up, receive, or review the information. While we prefer to provide you with paper copies we will try to give you your information in the form or format that you request, or we can provide you with a summary of the requested information if you agree in advance to accept a summary and be responsible for the fees, if any, for preparing the summary. If we have denied all or any part of your request, we will explain the reason(s) in writing. If the basis for our denial is reviewable, you may request a review, in which case we will arrange to have our decision reviewed by a licensed health care practitioner and communicate the decision of the reviewer in writing. We will also provide you with information you may use to contact our office or the U.S. Department of Health and Human Services to complain about our decision.

Right to Amend Your Health Information

If you believe we have information about you in our records that is not correct or complete, you may ask us to correct or amend that information. By law, we do not have to correct information about you that we did not create or originate (unless you give us enough information for us to believe that the person or group who created the information is no longer available to make the correction). We also do not have to correct information that we believe is complete and correct. Of course, if we do not keep the information in our records, or if you do not have the right to inspect or copy the information in the first place, we do not have the legal obligation to correct or amend the information.

In order to request a correction/amendment, ask Pacific Oncology, P.C.'s Front Office Receptionist for a "Request for Correction/Amendment of Health Information Form." Within **60** days of receiving your request (or sooner if required by

law), we will either (1) approve it and correct the information, (2) deny it and let you know the reason(s) why in writing, including what additional rights you have regarding your health information, or (3) inform you that we need more time to take action on your request, give you the reason(s) why, give you a date (not more than **30** days from the date we inform you of the delay) when we expect to take action, and no later than that date, approve or deny your request. By law, we can only have one extension of time to take action on your request for correction/amendment. If we deny all or part of your request, we will explain our decision in writing and give you an opportunity to submit a written statement disagreeing with our denial. We can reasonably limit the length of your written statement to the space provided on our form, and we may choose to include our own written response to your statement of disagreement on the form (and you will receive a copy of the same). In order to keep an accurate history of your care, we will not alter original records. Once we identify the information that you have asked us to correct or amend, and if we agree to the request, we will cross-reference or append the new, corrected information to the original, uncorrected information in the record. Even if we deny your request, we will cross-reference or append your original "Request for Correction/Amendment of Health Information" and any separate statements of disagreement or responses to the original information in the record that you have requested be corrected. If we make any future disclosures of the information you have asked us to correct or amend, we will include the amended or corrected information with the disclosure, or if we denied your request to correct the information, a copy of the "Request for Correction/Amendment of Health Information" form you submitted, along with all corresponding statements and responses, if any.

Right to Obtain an Accounting of Disclosures of Your Health Information

You have the right to know about certain disclosures of your health information that we may make or have made. You can ask us to give you an "accounting" of the disclosures that we have made for purposes other than Treatment, Payment, or Health Care Operations or other disclosures as listed in this Notice of Privacy Practices. Also, because you will know about disclosures of your health information that you personally authorize (by signing an Authorization Form) or other disclosures we make directly to you, the law does not require us to provide you with an accounting of disclosures authorized by or made to you. There are also several types of disclosures that are unique and made in limited circumstances for which we are not required to account to you. By law, you can request an accounting of disclosures of your health information we have made for up to the previous six (6) years. We will not, however, account for any disclosures made prior to April 14, 2003. The accounting will provide you with a brief description of the information disclosed, the date of the disclosure (or the number or frequency or repeated disclosures and the date of the last disclosure made to the same person or entity for the same purpose), the name and if known, the address of the person or entity that received your information, and the purpose of the disclosure.

In order to request an accounting, ask Pacific Oncology, P.C.'s Front Office Receptionist for a "Request for Accounting of Disclosures Form." We will provide you with an accounting within **60** days. If we need additional time, we will notify you of the reason for the delay and the date we will provide the accounting. We cannot extend the original deadline by more than **30** additional days. You are entitled to one free accounting per twelve (12) month period. For each additional request you make during that time, we can charge you a reasonable fee based on our cost of providing the accounting if we notify you in advance of providing the accounting.

Right to request Communication of Your Health Information by Alternative Means or at Alternative Locations

You have the right to ask us to communicate with you by alternative means or at alternative locations. For example, if you do not want your family members to know about certain treatment, you may request that we communicate with you about that treatment at your place of employment, by mail to a certain address, or by phone to a designated phone number. You may also ask us to communicate by alternative means or at alternative locations if the communication would normally be sent to the named insured of an insurance policy that covers you as a dependent of the named insured. You do not have to tell us the reason for your request, but you do have to specify the alternative means or location, such as the address or phone number. If you would like Pacific Oncology, P.C. to communicate alternatively with you, ask Pacific Oncology, P.C.'s Front Office Receptionist for a "Request for Communication by Alternative Means/Location Form." We will comply with all reasonable requests for communicating by alternative means or locations. If, however, communicating with you by alternative means or at alternative locations involves additional expense to Pacific Oncology, P.C., we may not agree to your request unless you make arrangements to pay for the additional costs.

Our Responsibilities:

We are required to maintain the privacy of your health information, provide you with a copy of this Notice in which we explain our legal duties and privacy practices with respect to information we collect and maintain about you, and abide by the terms of this Notice. This Notice is effective 4/14/2003. We reserve the right to change our health information privacy practices, revise this Notice, and to make the new provisions effective for all protected health information we maintain. Should our information practices and this Notice change, we will make a revised Notice available to you.

For more information or to report a problem:

If you have questions and would like additional information, you may contact Barbara Dunn, Pacific Oncology, P.C.'s HIPAA Privacy Officer at (503) 232-7000. If you believe your privacy rights have been violated, you can file a complaint with Barbara Dunn, our HIPAA Privacy Officer. In addition, you may contact the Secretary of the U.S. Department of Health and Human Services at: Office of the Secretary, Health and Human Services, 200 Independence Ave. SW, Washington D.C., 20201. We will not retaliate against you for filing a complaint.