HIGHLANDS
ONCOLOGY

NOTICE OF PRIVACY PRACTICES

Scope

This notice is provided on behalf of Highlands Oncology. This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment, or healthcare operations, and for other purposes permitted or required by law. “Protected Health Information” is information that may identify you and that relates to your past, present, or future physical or mental health, and may include your name, address, phone numbers, and other identifying information.

We are required to give you this Notice to maintain the privacy of your Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We created a record of the care and services you receive at Highlands. We need this record to provide services to you and to comply with certain legal requirements.

WHO WILL FOLLOW THIS NOTICE: This Notice describes the practices of Highlands healthcare professionals, employees, volunteers, and others who work or provide healthcare services at any Highlands facility.

ACKNOWLEDGMENT: You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of the Acknowledgment. Comprehensive Cancer Care Services

The following section explains your rights relating to your Protected Health Information. When it comes to your health information, you have the following rights:

Notice of Privacy Practices

The following section explains your rights relating to your Protected Health Information. When it comes to your health information, you have the following rights:

Obtain a current paper copy of this notice

- You have the right to ask for and obtain a copy of this notice.

Inspect or obtain a copy of your records, in paper or electronic form

- You may be charged a reasonable fee for the cost of copying, mailing or other supplies.
- We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional identified by Highlands who was not involved in the original denial decision. We will comply with the outcome of this review.

Request that we amend your record

- If you feel the information is incomplete or incorrect.
- We are allowed to deny this request in certain circumstances and may ask you to put these requests in writing and provide a reason that supports your request.

Request in writing a restriction on certain uses and disclosures of your information

- We are not required to agree to the requested restrictions unless you are requesting to restrict certain information from your health plan and you have paid for your Highlands services in full.

Request Highlands not to use or share certain health information for treatment, payment, or our operations

- We are not required to agree to your request and the request may be denied if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask Highlands not to share that information for the purpose of your payment or our operation with your health insurer.
- We will comply with the request unless a law requires us to share that information.

Obtain a record of the disclosures of your Protected Health Information by Highlands

- You have the right to obtain a record of the disclosures of your Protected Health Information.

Make a reasonable request to have confidential communications for your Protected Health Information

- Sent to you by alternative means or at alternative locations.

Provide us with written permission for uses and disclosures

- Provide us with written permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law.
- Except to the extent that the use or disclosure has already occurred, you may cancel this permission.
- This request to cancel must be put in writing.

Submit any written requests to inspect, copy or amend your records to the medical records department

- You have the right to submit any written requests to inspect, copy, or amend your records to the medical records department.

Highlands will not share your information unless you provide written permission

- For marketing purposes, sale of your information or psychotherapy notes.

If you receive treatment for a substance use disorder, your treatment records are protected by federal law (42 CFR Part 2)

We will not share your SUD treatment records without your written permission, except as permitted by law. In some cases, your information may be shared:

- With medical personnel in a medical emergency,
- With qualified personnel for research, audit, or program evaluation,
- If required by court order,
- Or if you authorize disclosure.

Once you consent to disclose your SUD records to another provider or entity, they may be re-disclosed in accordance with applicable privacy protections.

You have the right to “opt-out” of communication

- You have the right to “opt-out” of receiving communications regarding fundraising.

For Treatment

- Highlands will use your Protected Health Information for treatment.
- Certain information obtained by a nurse, doctor, therapist, or other healthcare workers will be put into your record and used to plan and manage your treatment.
- We may provide reports or other information to your doctor or other authorized persons who are involved in your care.

For Payment

- We will use your Protected Health Information for payment.
- A bill will be sent to you and/or your insurance company with information about your diagnosis, procedures, and supplies used.
- We may also disclose limited information about your bill to others, such as a collection agency, to obtain payment.

For Health Care Operations

- We will use your Protected Health Information for regular healthcare operations.

- Highlands may use and share your health information to run our practice, improve the quality of care, and contact you when necessary.
- Patient telephone calls may be recorded for quality assurance purposes.

Business Associates

- We may share some of your Protected Health Information with outside people or companies who provide services for us.

Individuals Involved in Your Care

- Highlands may use or disclose your Protected Health Information to notify a family member or other person involved in your care, your location, and your general condition unless you tell us not to do so.

Research

- Your Protected Health Information may be used for research purposes in certain circumstances with your permission, or after we receive approval from a special review board whose members review and approve the research project.

Coroners, Medical Examiners, Funeral Directors

- In the event of your death, we may disclose your Protected Health Information to these people, to the extent allowed by law, so that they may carry out their duties.

Organ Donor Organizations

- We may share your Protected Health Information with the organ donation agency for the purpose of tissue or organ donation in certain circumstances and as required by law.

Language Assistance

- In accordance with Federal Law, Highlands Oncology Group provides free language assistance services, including interpretation and translation, to individuals with limited English proficiency (LEP) and auxiliary aids and services to individuals with disabilities, at no cost.
- Language assistance services are available in the top 15 non-English languages spoken by individuals with limited English proficiency in Arkansas, as identified by the U.S. Department of Health and Human Services. Please call 479-587-1700 for assistance.

Appointment Reminders

- Highlands will contact you by telephone, email, or by texting to remind you of your scheduled appointments.
- If you do not wish to have these reminders sent to you using these methods, please contact the receptionist.

Workers Compensation

- We may disclose your Protected Health Information for workers' compensation claims.

Public Health

- Highlands may disclose medical information about you for public health activities such as control of disease, injury, or disability, reporting of births and deaths, reporting of child abuse or neglect, reporting of medication adverse events, and in situations related to defective medical products.

Correctional Institution

- If you are an inmate of a correctional institution, we may disclose your Personal Health Information to the institution or law enforcement as needed for your health or the health and safety of others.

Law Enforcement

- We must disclose your Protected Health Information for law enforcement purposes as required by law.

Health Oversight

- We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections.
- Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.

Legal Proceedings

- We may disclose your Protected Health Information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful processes, as allowed by law.

Required Uses and Disclosures

- We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.

National Security

- Highlands may disclose medical information to federal officials for intelligence and other national security activities as required by law.

For Specific Government Functions

- In certain situations, we may disclose Protected Health Information of military personnel and veterans.
- We may disclose your Protected Health Information for national security activities required by law.

For certain health information, you can tell us choices about what we share. If you have a clear preference for how we share your information in the situation described below, share your preference with Highlands. In these cases, you have both the right and choice to tell us to:

Share Information

- With your family, close or personal friend, or any other person identified by you involved in your care.
- In a disaster relief situation.

If you are not able to tell us your preference, we may share 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 and safety.

File a complaint if you feel your rights have been violated:

To File A Complaint With The U.S. Department Of Health And Human Services:

Address:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Phone: 1-877-696-6775

Email: OCRcomplaint@hhs.gov

To File A Complaint With Highlands Oncology:

Address:
Highlands Oncology Privacy Officer
3901 Parkway Cir.
Springdale, AR 72762

Phone: 479-587-1700

Email: Privacy@hogonc.com

There will be no retaliation against you for filing a complaint.

The notice applies to all of the following locations:

808 S. 52nd Street, Rogers, AR 72758

(479) 936-9900

2526 S Pinnacle Hills Pkwy, Rogers, AR 72758

(479) 936-9900

60 E. Monte Painter Dr., Fayetteville, AR 72703

(479) 695-4234

3232 N. North Hills Blvd., Fayetteville, AR 72703

(479) 587-1700

3901 Parkway Cir., Springdale, AR 72762

(479) 587-1700

639 Hospital Dr., Mountain Home, AR 72653

(479) 587-1700

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