



 A Division of 21st Century Oncology, Inc.

## **21ST CENTURY ONCOLOGY 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 our Privacy Officer at 1-866-679-8944.

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 that are permitted or required by law. It also describes your rights 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. We will provide you with any revised Notice of Privacy Practices on our website ([www.21stcenturyoncology.com](http://www.21stcenturyoncology.com)), send a revised copy to you in the mail or provide you with a copy at the time of your next appointment.

### ***1. Uses and Disclosures of Protected Health Information***

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

***Treatment:*** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider 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.

***Payment:*** Your protected health information will be used, as needed, to obtain payment for your health care services.

***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. We will share your protected

health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice.

## **2. Your 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 you that is contained in a designated record set for as long as we maintain the protected health information. 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.

You have the right to request a restriction of your protected health information. 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 physician is not required to agree to a restriction that you may request. If your 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.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You may have the right to have your physician amend your protected health 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.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to obtain a paper copy of this notice from us, upon request.

## **3. Complaints**

You may contact our Privacy Officer at 1-866-679-8944 for further information about the complaint process.

Home Office  
2234 Colonial Boulevard  
Fort Myers, FL 33907