

Chesapeake Oncology-Hematology Associates, P.A.

F3.2B Receipt for Notice of Privacy Practices

Practice: Chesapeake Oncology-Hematology Associates, P.A.
Address: 3001 South Hanover Street
Privacy Official: Linda Bishop, Office Manager
Telephone: 410-350-3886 Fax: 410-354-0756

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____

Signature of Patient: _____

Date: _____

Patient's Date of Birth: _____

Patient's ID / Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____

Describe Personal Representative's Relationship (parent, etc.): _____

Signature of Personal Representative: _____

Date: _____

For Practice Use Only:

Signature of Practice Employee

Date

Chesapeake Oncology-Hematology Associates, P.A.

F3.2A Notice of Privacy Practices

PRIVACY NOTICE: CHESAPEAKE ONCOLOGY-HEMATOLOGY ASSOCIATES, P.A.

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.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of Chesapeake Oncology-Hematology Associates, P.A. ("COHA") to protect the privacy of your individually identifiable health information or Protected Health Information, as that term is defined under the Health Insurance Portability and Accountability Act of 1996 ("Information"), in providing for your medical treatment and needs.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. COHA is required to follow the terms of this Notice until it is replaced. COHA may make changes to the terms of this Notice at any time. Upon your request, COHA will provide you with a copy of its current Notice. COHA reserves the right to make the new changes apply to information maintained by COHA before and after the effective date of the new Notice.

Purposes for which COHA May Use or Disclose Your Medical Information with Your Consent

COHA may obtain your consent to use and disclose your information for treatment, payment or health care operations described below.

- Treatment Purposes, for example, your information may be disclosed to your primary care physician or to another specialist who referred you to COHA for treatment.
- Payment, for example, your information may be used and disclosed to submit claims to your insurer and/or to obtain payment for services provided, and/or for drug replacement.
- Health Care Operations, for example, your information may be used and disclosed by COHA to engage in case management, coordination of your care, schedule your appointments and inform you of your lab results.
- Health Care Services, you information may be used and disclosed to contact you and to give you information about treatment alternatives or other health benefits and services that may be of interest to you.

Uses and Disclosures with Your Verbal Consent

Your information may be disclosed to a family member, friend or other person designated by you or as designated by the law, if you verbally agree. With your verbal consent, directory information also may be used and disclosed.

Uses and Disclosures with Your Authorization

Except as provided below, your information will not be used for any non-routine purposes unless you give COHA your written authorization to do so. If you give COHA written authorization to use or disclose your information for a purpose that is not described in this Notice, then, with certain exceptions, you may revoke it in writing at any time. Your revocation will be effective for the information COHA maintains, unless COHA has taken action in reliance of your authorization.

Chesapeake Oncology-Hematology Associates, P.A.

F 3.2A Notice of Privacy Practices

Uses and Disclosures Without Your Consent or Authorization

- As required by law, COHA must provide your information to the U.S. Department of Health and Human Services and to you, upon request.
- To Business Associates, your information may be disclosed to COHA's business associates who require the information to perform a function for COHA (i.e.-accountant). Each business associate of COHA must agree in writing to ensure the continuing confidentiality and security of your information.

Additionally, your information may be used and disclosed without your consent, opportunity to agree or disagree, or authorization for other reasons including:

- To comply with legal proceedings, such as a court or administrative order or subpoena;
- To law enforcement officials for limited law enforcement purposes;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances;
- To avert a serious threat to your health or safety or the health or safety of others;
- To a governmental agency authorized to oversee the health care system or government programs;
- To federal officials for lawful intelligence, counterintelligence and other national security purposes;
- To public health authorities for public health purposes; and
- To appropriate military authorities, if you are a member of the armed forces.

Chesapeake Oncology-Hematology Associates, P.A.

Your Rights

You may make a written request to COHA to do one or more of the following concerning your information:

- To put additional restrictions on COHA's use and disclosure of your information. (COHA does not have to agree to your request).
- To communicate with you in confidence about your information by a different means or at a different location than COHA is currently doing. (COHA does not have to agree to your request).
- To see and get copies of your information. (In limited cases, COHA does not have to agree to your request).
- To correct your information. (In certain cases, COHA does not have to agree to your request).
- To receive a list of disclosures of your information that COHA, and its business associates, make for certain purposes for six (6) years prior to your request (after April 14, 2003), with certain exceptions permitted by law, including exceptions for disclosures made to you or pursuant to your authorization.
- To send you a paper copy of this Notice if you receive this Notice by e-mail.

If you want to exercise any of these rights described or require further information about COHA's privacy practices, please contact COHA at the address below. COHA will give you the necessary

information and forms for you to complete and return. COHA will charge you a fee of \$0.60 per page for copying.

Complaints

If you believe your privacy rights have been violated by COHA, you have the right to complain to COHA or to the Secretary of the U.S. Department of Health and Human Services. You may file a written complaint with COHA by contacting the office manager at the address below. COHA will not retaliate against you if you choose to file a complaint with COHA or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this Notice or to receive more information about COHA's privacy practices or your rights, please contact the office manager at :

Chesapeake Oncology-Hematology Associate, P.A.

Harbor Hospital, 3001 S. Hanover Street, Baltimore, MD 21225

Telephone: 410-350-3386 Fax: 410-354-0756 E-mail: cohahhc@gmail.com

Acknowledgment

I acknowledge receipt of this Notice.

Signature of Patient or Patient's Legal Representative

Print Name

Date

If Patient's Legal Representative, State Relationship