

To Improve the Lives of Everyone Living with Cancer

Notice of Privacy Practices for Protected Health Information



Effective January 1, 2023



Notice of Privacy Practices for Protected Health Information

Effective Date: 01/01/2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

Eastern Connecticut Hematology and Oncology (ECHO) provides each patient with a Notice of Privacy Practices (NPP) that is written in plain language and that contains the elements required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulations.

ECHO is committed to protecting the patient's personal and health information at ECHO. Additionally, both federal and state laws require ECHO to maintain the privacy of patient personal health information.

This Notice explains ECHO's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "healthcare information" and includes information about your health treatment and care when it contains identifiable information such as your name, age, address, income, and other financial information.

Your Health Information Rights

The health and billing records we maintain are the physical property of ECHO. You have the following rights with respect to your protected healthcare information:

RIGHT TO INSPECT AND/OR OBTAIN COPY

You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing.

Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Patient Experience Supervisor of the ECHO facility that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If ECHO denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the OneOncology Office of Compliance at the following address: 424 Church Street, Suite 2400, Nashville, TN 37219.



RIGHT TO REQUEST AN AMENDMENT

If you feel that health information ECHO has about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the ECHO facility that maintains those records, and give the reason for your request. You must address your request to the Patient Experience Supervisor at Eastern Connecticut Hematology and Oncology at 330 Washington Street, Suite 220, Norwich, CT, 06365 or the One Oncology Compliance Department at 424 Church Street, Suite 2400, Nashville, TN 37219. ECHO will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your rights.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom ECHO has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, healthcare operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the ECHO facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request.

Your request should indicate the form in which you want the list (for example, paper or electronically). You must submit your written request to the Patient Experience Supervisor. We will respond to you within sixty (60) days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12-months.

RIGHT TO BREACH NOTIFICATION

In the event of any breach of unsecured PHI, ECHO shall fully comply with HIPAA/HITECH breach notification requirements, including notification to you of any impact that the breach may have had on you and/or your family member(s) and actions ECHO undertook to minimize any impact the breach may have had on you.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. Unless otherwise required by law, you have a right to restrict certain health information disclosures to health insurers if you pay full cost of services at the time of your visit.

To request a restriction, you must make your request in writing to ECHO Patient Experience Supervisor at Eastern Connecticut Hematology and Oncology, 330 Washington Street, Suite 220, Norwich, CT,



06360. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to your spouse. All requests will be reviewed for consideration of acceptance; therefore, you will not receive an immediate response to your request. Every effort will be made to provide you with a response to your request within thirty (30) days.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Eastern Connecticut Hematology and Oncology, 330 Washington Street, Suite 220, Norwich, CT 06360. We will not ask you the reason for your request. ECHO will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by 860-886-8362. You also can view this Notice at our website <https://echoassociates.org/>

PERSONAL REPRESENTATIVE

Your “personal representative” may exercise the rights listed above on your behalf if under an applicable law, that person has legal authority to act on your behalf in making decisions related to healthcare.

Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your healthcare information, you may contact:

OneOncology Attn: VP of Compliance 424 Church Street Suite 2400 Nashville, TN 37219	1.615.880.8479
	CompliancePrivacyandEthics@oneoncology.com



Additionally, if you believe your privacy rights have been violated, you may file a written complaint at the address above, ATTN: VP of Compliance. You may also file a complaint with the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019 | www.hhs.gov/ocr

- We cannot, and will not, require you to waive the right to file a complaint with the U.S. Department of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the U.S. Department of Health and Human Services.

How ECHO Protects Your Health Information

ECHO is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Accommodate your request for an accounting of disclosures.

ECHO reserves the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and



requesting a copy of our Notice or by visiting one of our offices and picking up a copy. New policies will be posted in the waiting room as well as our website <https://echoassociates.org/>

Uses and Disclosures Without Your Written Authorization

ECHO is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and healthcare operations. Protected healthcare information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. Examples related to treatment, payment, and healthcare operations are listed below.

USE OF YOUR HEALTH INFORMATION FOR TREATMENT PURPOSES:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist. He/she will share the information with such a specialist and obtain his/her input.

USE OF YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES:

ECHO submits requests for payment to your health insurance company. The health insurance company or business associate helping ECHO obtains payment requests information from us regarding your medical care given. ECHO will provide information to them about you and the care given.

USE OF YOUR INFORMATION FOR HEALTHCARE OPERATIONS:

ECHO may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance.

ECHO and affiliated physician groups will share information about you with such business associates as necessary to obtain these services.

Uses and Disclosures Requiring Authorization



PATIENT CONTACT

ECHO may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. For example, we may leave voice messages at the telephone number you provide with us.

OPPORTUNITY TO AGREE OR OBJECT TO NOTIFICATION

Unless you object, ECHO may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

COMMUNICATION WITH FAMILY

No information about you will be disclosed without your written authorization. The only exceptions include essential business operations, life-threatening emergencies, a court order, or instances involving our ethical and legal duty to report abuse.

PHILANTHROPIC SUPPORT

ECHO may use or disclose certain health information about you to contact you in an effort to raise funds to support ECHO and its operations. You have the right to choose not to receive these communications and we will tell you how to cancel them.

DISASTER RELIEF EFFORTS

ECHO may use and disclose your PHI to assist in disaster relief efforts.

Uses and Disclosures with Neither Consent nor Authorization

PUBLIC HEALTH ACTIVITIES

- **Controlling Disease**

As required by law, ECHO may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Child Abuse and Neglect**

ECHO may disclose PHI to public authorities as allowed by law to report child abuse or neglect.

- **Food and Drug Administration (FDA)**



ECHO may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

ECHO can disclose PHI to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victims.

STATE SPECIFIC REQUIREMENTS

Each state has unique requirements for reporting data, including population-based activities relating to improving health or reducing healthcare costs.

OVERSIGHT AGENCIES

Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative, or criminal investigations: inspections; licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

ECHO may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the PHI released is expressly authorized by such an order, or in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT

ECHO may disclose your PHI for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

ECHO may disclose your PHI to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, ECHO may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.



RESEARCH

ECHO may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

THREAT TO HEALTH AND SAFETY

To avert a serious threat to health or safety, ECHO may disclose your PHI consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS

ECHO may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution, ECHO may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

WORKERS COMPENSATION

If you are seeking compensation through Workers Compensation, ECHO may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

OTHER USES AND DISCLOSURES

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Website

You will find this "Notice of Privacy Practices" on the ECHO website at: <https://echoassociates.org/>



Notice of Privacy Practices Acknowledgement Form

By my signature below, I am acknowledging I have received a copy of the ECHO Notice of Privacy Practices concerning the uses and disclosures of my Protected Healthcare Information in accordance with the HIPAA Privacy and Security Rules.

Patient's Printed Name

Patient's Date of Birth

Patient or Patient's Representative Signature

Date



Eastern CT Hematology and Oncology	Policy Title: NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
	Effective Date: __/__/____
	Previous Versions Dated: N/A