

## **WELCOME TO Central Care Cancer Center!**

Central Care Cancer Center is dedicated to keeping cancer care close to home with facilities throughout Kansas and Missouri. Our expert team of physicians and staff, coupled with the latest technology and treatment techniques, allow us to treat a wide range of cancers that are customized for each patient. Chemotherapy, radiation therapy, second opinions, financial counseling and supportive services are all available under one roof. We are a leader in telemedicine where we can connect you to any medical specialist in the state and in the world, ensuring that your information is always current and available. Central Care Cancer Center also offers access to our in-office Oral Medication Center for medications prescribed to you and works closely with your doctors for a patient-centered approach. Thank you for trusting us with your care.

What we offer to you:

- An in-depth knowledge of medications, pain management, and drug interactions, and the availability to review medications with each patient
- Assistance with insurance approval and obtaining financial assistance through local and nationally recognized programs
- Choice to either pick up medications from our Oral Medication Centers in Great Bend or Bolivar, or have medications sent to your local clinic.
- Quick turnaround time to ensure you can start your treatment promptly
- Timely and thorough communication

Please review the forms in this packet so we can help provide you with the best support possible.

If you have questions, please call us toll free at 1-800-592-5110.

We feel privileged to have the opportunity to provide you with the care and resources you deserve in your journey.

Sincerely,

*Central Care Cancer Center team*

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## HOURS OF OPERATION

Central Care Cancer Center is open Monday through Friday from 8:00 am to 4:30 pm. The Clinic and Oral Medication Centers are closed Saturday and Sunday.

Central Care Cancer Center will also be closed all day for the following major holidays:

- New Year's Day
- Good Friday
- Memorial Day
- The Fourth of July
- Labor Day
- Thanksgiving Day and the day after
- Christmas Day

Should you have questions outside of normal business hours, please feel free to leave a message on our secure and confidential voicemail. Messages will be checked the next business day. Urgent needs after hours should be directed to your on-call provider where the on-call staff will assist you. Clinic and after hour phone numbers can be found on the front of this booklet.



## OUR MISSION

To provide patient-centered, comprehensive and customized oncological care.

## OUR VISION

Our pledge is to continue to be the established leaders in oncological care throughout Kansas and Missouri. With a selected premier team of physicians and staff, providing the highest quality of technology in a compassionate manner in each community.

## **TREATMENT PROCESS**

### **INSURANCE COVERAGES**

As a courtesy, our dedicated and experienced staff will review your insurance coverage and help determine possible eligibility for financial assistance. While we will make every effort to identify and secure resources, there is no guarantee that we will be able to obtain financial assistance to cover all of the potential charges related to your treatment. You are responsible for remaining amounts due. For your convenience, we accept cash, checks, and all major credit/debit cards. Payment is expected at the time of service.

### **COUNSELING ON NEW MEDICATIONS**

Once the medication is approved, a nurse or mid-level provider will contact you regarding medication counseling. Personalized medication counseling will include the benefits of taking the medication, proper instruction for medication(s) administration, side effect management, potential drug interactions, and instructions regarding how to report adverse drug reactions to our clinical team. If starting an oral medication, we will help coordinate shipping to either your clinic or directly to your home. For FedEx deliveries, we do require that someone over the age of 18 is home to sign for the shipment to ensure they were received.

### **PRESCRIPTION PROCESSING**

We will work closely with your oncologist to ensure that all necessary information is gathered before the prescription process is started. Our Oral Medication Centers (OMC) in Kansas and Missouri stock many items that are otherwise difficult to find, including: oral and injectable chemotherapy, various supportive medications including anti-nausea drugs, oncology and radiation therapy options. If we are unable to fill your medication for any reason, we will work to assist in transferring the prescription to another trusted pharmacy to ensure continuity of your care. If you would prefer a medication at your local pharmacy, we can request the physician to send a new prescription to any pharmacy you choose.

### **REFILLS**

There are a few ways to refill your prescription. You can stop by the Oral Medication Center (OMC) in Great Bend or Bolivar clinics and let staff know what medication(s) you need. You can also call your local clinic or the OMC and speak with our staff to request a refill. If you call outside of normal business hours, you should leave a message with your name, phone number and prescription number, so we can contact your clinic for refill information. We ask that you contact us approximately 7 days prior to running out of medication. This will ensure that we have adequate time to refill your medication in case any difficulties arise while filling the prescription. We also may proactively reach out to you to refill your medication 5-7 days before your medication runs out. All prescription requests will be handled promptly but it can take up to 48 hours (longer if requested on weekend) for a response from the clinic.

### **MEDICATION DISPOSAL**

Because we care about your safety and our environment, we ask that you dispose of your unused medications properly. You may visit [www.disposemy meds.org](http://www.disposemy meds.org) to find a drop off location near you or you may bring these to the clinic you visit. Medications should not be flushed down the toilet or thrown into the garbage.

## **TREATMENT PROCESS CONTINUED...**

### **ADVERSE REACTIONS**

An adverse reaction is defined as any unpredictable, unintended, undesirable, or unexpected biological response that a patient may have to medications. Below is a list of the some of the possible common adverse reactions that could be experienced when starting a new medication:

- Headache, tremors, dizziness, muscle spasms, confusion
- Nausea, vomiting, diarrhea
- Skin rash or flushing
- Hypotension (low blood pressure), hypertension (high blood pressure), arrhythmia (irregular heartbeat), tachycardia (high heart rate), or bradycardia (low heart rate)
- Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing)

If an adverse drug reaction is reported to our clinical staff, the physician will do a complete clinical assessment with the patient or refer the patient to the closest emergency room. Based on his/her clinical judgment, a plan of action will be formulated. If you are experiencing a possible adverse reaction, please report it to our clinical staff as soon as possible. A plan of action could include counseling on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions, which may involve modifying the dosage or discontinuing the medication completely.

### **PATIENT FINANCIAL POLICY**

We are pleased that you have chosen Central Care Cancer Center / Heartland Oncology, LLC to receive specialized care. We are committed to providing you with the best treatment at a competitive rate. In order to maintain our service level, it is necessary for us to have the following policies for registration and billing:

#### **INSURANCE**

We participate in most insurance plans in our area, including Medicare Part B. As a courtesy to you, we will submit claims to your insurance plan(s) on your behalf. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Knowing your insurance benefits and deductible is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

It is your responsibility to promptly bring in any payments your insurance company may have sent to you directly, instead of to us, along with the Explanation of Benefits.

#### **PROOF OF INSURANCE/IDENTIFICATION**

All patients must complete our registration process and provide proof of identification and current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Patients will be considered self-pay if they do not have insurance coverage, have coverage under a network that we do not participate in, or that we are out of their network area. It is always the patient's responsibility to know if our office is participating with their insurance plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven.

## **PATIENT FINANCIAL POLICY CONTINUED...**

### **COVERAGE AND DEMOGRAPHIC CHANGES**

You must notify our office immediately of any patient information changes or changes to your insurance. You will be held liable for your full balance with our practice if you have not properly informed us of any changes, as we may not be able to bill your insurance because of timely filing rules. If you lose insurance coverage, we must be notified prior to your next visit so the financial assistance process can be started to avoid any treatment delays.

### **CO-PAYMENTS AND DEDUCTIBLES**

**Your Deductible, Out Of Pocket, Co-Payment and Co-Insurance is due at the time of service.** Insurance policies are ultimately a contract between yourself and the insurance company. Failure on our part to collect co-payments and deductibles from patients may be considered a breach of contract with your insurance company. Please help us in complying with our contractual obligations and government regulations by paying your financial responsibility due at each visit.

### **NON-COVERED SERVICES**

We will bill your insurance company as a courtesy to you; however, not all insurance plans cover all services. In the event your insurance plan determines a service to be non-covered or not considered reasonable or necessary, you may be responsible for the complete charge for the services you received.

### **REFERRALS / AUTHORIZATIONS**

If your insurance requires referrals or authorizations for visits, you are responsible for obtaining them unless we tell you otherwise. Your visit will need to be rescheduled if there is not a proper referral in place at the time of your visit.

### **ACCOUNTING PRINCIPALS**

Unless otherwise specified patient payments and credits are applied to the oldest charges first. Insurance payments are applied to the corresponding dates of service. We reserve the right to reallocate visit copays causing account credit to any service date on your account.

### **UNINSURED PATIENTS**

We do not turn anyone away for not having insurance. However, services received will be the patient's responsibility. Full payment is due at the time of service. We may be able to offer a discount based on income. Please ask for an application for our hardship program to see if you may qualify.

### **FINANCIAL COUNSELING ASSISTANCE**

Before receiving treatment in our office, one of our Financial Counselors may be contacting you to review the approximate financial responsibility you may have. Payment must be made before treatment can be administered. If you are unable to make full payment for treatment in our office, we will review other options with you.

We do our best to let you know what your approximate cost will be for services and/or treatments, but it is only an ESTIMATE. You may receive a statement for additional services provided.

We make every attempt to enroll eligible patients on financial assistance programs that are available. In order to apply, you will be required to complete forms and provide proof of income, i.e., tax documents, social security statements, and/or bank statements. If you fail to complete the forms and provide the requested information, you will be liable for the full balance of any services received.

## **PATIENT FINANCIAL POLICY CONTINUED...**

All patients requesting financial hardship assistance from Central Care Cancer Center or Heartland Oncology, LLC, must be ineligible or denied qualifications for public assistance, such as Medicaid, prior to approval.

### **PAYMENT**

Our office accepts VISA, MasterCard, Discover, American Express, debit cards, cash, and personal checks. You may make payments by mail, phone, or in person at any of our offices.

Returned checks will incur a \$25.00 service charge. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus the \$25.00 service charge to pay the balance prior to receiving additional services.

### **NONPAYMENT**

Accounts are due and payable as of the date of statement receipt. Unpaid balances will be considered delinquent after 60 days. We realize it may be necessary on occasion to arrange installment of other payment programs. If financial problems arise, it is your responsibility to contact our billing department as soon as possible at 1-800-592-5110. If an account becomes past due with no valid reason, necessary action will be taken to recover the account balance due and may result in possible discharge from the practice. If your account is placed with an outside collection agency, you will be responsible for all collection costs including attorney fees and court costs.

### **RESPONSIBILITY FOR PAYMENT**

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. You are ultimately responsible for payment of all services provided by Central Care, PA, and Heartland Oncology, LLC. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

*This policy applies only to bills from our private practice, Central Care, PA dba Central Care Cancer Center and Heartland Oncology, LLC. Bills for other ancillary medical services such as outside telemedicine appointments, lab work, pathology, and reading of radiology are separate from our practice. You may be responsible for payment of such medical services from other third party entities as part of your total care.*

By signing the consent and conditions of treatment, you are indicating that you have read, understand, and agree to the terms of the patient financial policy. Please feel free to contact our billing department at any time with your billing questions. We can be reached by mail, phone, or email at:

**Central Care, PA / Heartland Oncology, LLC**

**PO Box 256**

**Salina, KS 67402-0256**

**Toll free: (800) 592-5110**

**Email: [Billing@cccancer.com](mailto:Billing@cccancer.com)**

## MEDICARE PART D OVERVIEW

The following describes how Medicare Part D works and the benefit structure. If you are currently eligible for Medicare Part D coverage benefits, this overview may be useful to you. Central Care Cancer Center always recommends patients speak directly to a Customer Care Representative with their insurance plan for details regarding coverage; this is usually the number found on the back of your insurance card.

### HOW DOES MEDICARE PART D WORK?

Medicare Part D is a government benefit that provides coverage for prescription drugs and is generally available to people aged 65 years and older, people younger than 65 years with certain disabilities, and people of all ages with end-stage renal disease (ESRD).

The 2 types of Medicare Part D prescription drugs plans are:

- 1. Medicare Advantage Prescription Drug Plan (MA-PDP)**

This is a managed care plan that offers coverage for Medicare Parts A, B, and D. These types of plans are run by insurance companies and other private companies approved by Medicare. The costs and types of drugs covered in each plan may vary.

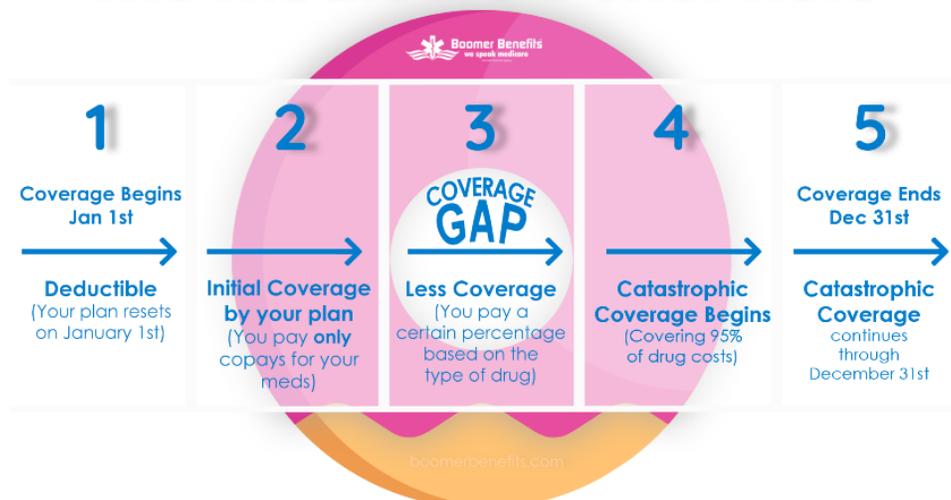
- 2. Prescription Drug Plan (PDP)**

The PDP provides benefits for drugs that are typically obtained at a participating pharmacy for people with original Medicare (Parts A and B).

Certain patients may be eligible to receive financial assistance to pay for their Medicare prescription drug plan. Eligibility requirements are based on whether or not patients receive the Low-Income Subsidy (LIS). Patients can visit [www.CMS.gov](http://www.CMS.gov) for information about LIS enrollment.

Medicare Part D plan costs and the coverage patients receive may change every year. Patients are advised to review their current plan materials each year and compare them with other plans to ensure they are enrolled in the most appropriate option. Patients can visit [www.Medicare.gov](http://www.Medicare.gov) to enroll in the Medicare plan that is best for them.

## The Medicare Donut Hole



## **FINANCIAL ASSISTANCE**

Depending on the type of insurance coverage you have (Commercial/Private or Government/Public) you may be eligible for different types of copay assistance when prescribed a new treatment. Below is a summary of those assistance programs and their eligibility requirements. Our Financial Counselor team will investigate if these options are available for your medication(s). All financial information provided will remain strictly confidential. Any assistance documents not returned within 30 days, will assume full patient responsibility for any amounts due not covered by insurance.

### **COPAY CARDS**

Patients who have commercial/private insurance, regardless of whether it was purchased individually or by an employer, may be eligible to receive a co-pay card for certain medications. These are discount cards offered by the drug manufacturer that may cover your deductible amounts up to a maximum limit designated by the manufacturer. Copay cards are normally only for brand name drugs and may not be available for some medications. Copay cards are not available for patients with Medicare, Medicaid, or any government-funded insurance.

### **GRANTS**

Patients who have government/public insurance and are within a certain income/household size threshold may qualify for a grant that would cover their coinsurance. These foundations are donation-based and designate funding by disease/diagnosis for each of their personalized programs. Income limits are decided based on the Federal Poverty Level percentage of 300-500%: for a household of two, this equates to around \$55k to \$91k per year. Patients under this threshold and have Medicare Part D should always inquire about applying for these types of assistance. These grants will often cover patients' donut hole/coverage gap and coinsurance amounts for 6-12 months.

### **FOUNDATIONS**

Some local foundations also have assistance for patients who apply, with varying qualifications. Speak with your clinic's financial counselor on what local resources may be available to you.

### **UNINSURED**

Patients who have no, or limited insurance coverage, may qualify to receive medication from the drug manufacturer at no cost. Each manufacturer has their own income limit, guidelines, and individual applications for these programs. These applications usually require signatures from both the patient and the physician, as well as a proof of income document, such as a recent tax return, social security letter, recent paystubs, and/or bank statements.

### **HARDSHIP**

Patients who have no or limited insurance coverage, or high out of pocket costs, may qualify for a hardship discount from Central Care Cancer Center. Income limits are decided based on a percentage of the Federal Poverty Level. Hardship application requires patient signature, as well as proof of income document, such as a recent tax return, social security letter, recent paystubs, or bank statements for all individuals living in the household. Hardship discounts are taken on professional fees only. Discounts cannot be taken on any medications.

## PATIENT RIGHTS AND RESPONSIBILITIES

Central Care Cancer Center is dedicated to providing you and your designated advocate with high quality services that exceed your expectations. We encourage you to review this information. By understanding your rights and responsibilities as a patient, you are better equipped to benefit from your “partnership” with Central Care Cancer Center.

We also encourage you to let us know how we’re doing and how we can improve the patient experience for you. You can call us at **1-800-592-5110**. We would love to hear from you!

### ***You Have the Right to:***

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of service.
- Be treated with dignity, courtesy, and respect, recognizing that each person is a unique individual.
- Be informed, orally and/or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- To choose your health care provider and to change your provider.
- To complete a living will or other advance directive.
- To fill your prescriptions at your pharmacy of choice.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Know the identity and job title of the staff member that you are working with and, if requested, speak with their supervisor.
- Be free from mistreatment and neglect, as well as verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care.
- Recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Expect confidentiality and privacy of all your protected health information (PHI) and information contained in your medical record as described in the Notice of Privacy for Protected Health Information, which is consistent with state and federal laws.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of your responsibilities.

### ***You Have the Responsibility to:***

- Participate in your care plan by asking questions about your medications and/or treatment.
- Follow the instructions for taking your medication.
- Care for and safely use medications for the purpose for which they were prescribed and only for the individual for whom they were prescribed.
- Provide, to the best of your knowledge, a complete and accurate medication and health history and notify the provider of changes in this information.
- Inform your provider about your living will, medical power of attorney, or other advance directive that could affect your care.
- Notify the Oral Medication Center or your preferred pharmacy via telephone when your medication supply is running low so coordination of a refill can be made promptly especially if you have less than 7 days of medication remaining, and you have not received a call from our staff.
- Immediately notify the clinic and/or Oral Medication Center of any change in insurance coverage, address, or telephone, whether temporary or permanent.
- Co-payments for treatments must be paid at time of service and/or shipping of oral medications.
- Notify the Oral Medication Center if you are going to be unavailable for the scheduled delivery times of your medication.
- Treat all personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.

## **GOOD FAITH ESTIMATE**

- You have the right to receive a Good Faith Estimate. Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.
- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate and the bill.
- For questions or more information about your right to a Good Faith Estimate:
  - Website: [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers)
  - Email: [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov)
- Phone: 1-800-985-3059

## **COMPLAINT/GRIEVANCE PROCEDURE**

You have the right and responsibility to express concerns and dissatisfaction or make complaints about services you do or do not receive, without fear of reprisal, discrimination, or unreasonable interruption of services. Please contact your local clinic directly and ask to speak with the manager or nurse in charge.

Central Care Cancer Center has a formal grievance procedure that ensures that your concerns/complaints will be reviewed and that an investigation will be started when a concern/complaint is received. You may initiate a formal grievance in writing and email it to [ComplianceTeam@cccancer.com](mailto:ComplianceTeam@cccancer.com) or by mail to Central Care Cancer Center, Attn: Compliance Team, PO Box 256, Salina, KS 67402. You can expect to receive a timely response from one of our staff and/or clinic manager. Patients may also contact the Accreditation Commission for Health Care (ACHC) at 855-937-2242 or the Kansas/Missouri Board of Healing Arts by downloading and submitting the Complaint Registration Form from the website. If you would like the packet sent to you, you may e-mail your request to the [KSBHA\\_healingarts@ks.gov](mailto:KSBHA_healingarts@ks.gov) (Kansas) or [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov) (Missouri). You can also send a written request to the address below.

Kansas Healing Arts Board  
800 SW Jackson St  
Topeka, KS 66612

Missouri Board of Registration for the Healing Arts  
3605 Missouri Blvd, P.O. Box 4  
Jefferson City, MO 65109

## **PRIVACY PRACTICES INFORMATION**

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.

### **Our Commitment to Your Privacy**

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). We will create records regarding you and the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health; the healthcare you have received; or payment for your healthcare. We will share protected health information with one another, as necessary, to carry out treatment, payment, or healthcare operations relating to the services to be rendered at Central Care Cancer Center and/or Heartland Cancer Center. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from our Privacy Officer.

### **PERMITTED USES AND DISCLOSURES**

We can use or disclose your PHI for purposes of treatment, payment, and healthcare operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

**Treatment** means providing services as ordered by your physician. Treatment also includes coordination and consultations with other healthcare providers relating to your care and referrals for healthcare from one healthcare provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospitals, diagnostic laboratories, home health or hospice agencies, etc.

**Payment** refers to the activities we undertake to obtain reimbursement for the healthcare provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage, and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, therefore we will ask you to sign a release when necessary under applicable law.

**Healthcare operations** means the support functions of the company related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management, and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study healthcare and healthcare delivery without learning who you are.

## PRIVACY PRACTICES INFORMATION CONTINUED...

### Other Uses and Disclosures of PHI

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care
- To inform or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you
- To disclose information to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, considering the circumstances and based upon our professional judgment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process, which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law. In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer, Central Care Cancer Center, and/or Heartland Cancer Center as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures, which are limited in nature and cannot be reasonably prevented.

### Special Situations

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

## PRIVACY PRACTICES INFORMATION CONTINUED...

- **Worker's Compensation.** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose PHI about you for public health activities, including disclosures:
  - to prevent or control disease, injury, or disability
  - to report births and deaths
  - to report child abuse or neglect
  - to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to federal or state agencies that oversee our activities (e.g. providing healthcare, seeking payment, and civil rights).
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
  - In response to a court order, warrant, summons, or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About the victim of a crime under certain limited circumstances
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct on our premises
  - In emergency circumstances, to report a crime, the location of the crime, or the victims, or the identity, description, or location of the person who committed the crime
- **Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the president or foreign heads of state.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.
- **Serious Threats.** As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

## PRIVACY PRACTICES INFORMATION CONTINUED...

- Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records, and other specially protected health information may qualify for certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

### Other Uses of Your Health Information

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (1) of psychotherapy notes (where appropriate), (2) for marketing purposes, and (3) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

### Your Rights Regarding Electronic Health Information Technology

Central Care Cancer Center and Heartland Cancer Center participates in electronic health information technology (HIT). This technology allows a provider or a health plan to make a single request through a health information organization (HIO) to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you may restrict access to all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at [www.KanHIT.org](http://www.KanHIT.org) or by completing and mailing a form. This form is available at [www.KanHIT.org](http://www.KanHIT.org). You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit [www.KanHIT.org](http://www.KanHIT.org) for additional information. If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules

### To 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 information, you may contact our administration office at 800-592-5110 and request to speak to our privacy/security officer. Additionally, if you believe your privacy or security rights have been violated, you may file a written complaint at our office or email [ComplianceTeam@cccancer.com](mailto:ComplianceTeam@cccancer.com). You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services (HHS).

#### Security Officer:

Chris West

Email: [chris.west@cccancer.com](mailto:chris.west@cccancer.com)

Phone: 785-823-0633

#### Privacy Officer:

Leann Kooken

Email: [leann@cccancer.com](mailto:leann@cccancer.com)

Phone: 785-823-0633