

## **NOTICE OF PRIVACY PRACTICES**

*Effective April 15, 2016*

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

At Mary Crowley Cancer Research, we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of Mary Crowley Cancer Research (Mary Crowley). This Notice applies to all of the health records that identify you and the care you receive at Mary Crowley. We are legally required to give you this Notice and to follow the terms of the Notice that is currently in effect.

At any time, you have the right to choose someone to act for you. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

We are required by law to maintain the privacy and security of your protected health information, and we will let you know promptly if a breach occurs that may have compromised this. The physicians and other caregivers at Mary Crowley who are not employed by Mary Crowley exchange information about you as a patient with Mary Crowley employees. These healthcare practitioners may also give you other privacy notices that describe their office practices.

All of these medical staff and caregivers may share your health information with each other for reasons of treatment, payment, and healthcare operations as discussed below.

### **HOW MARY CROWLEY MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of Mary Crowley, we will use your health information within Mary Crowley and disclose your health information outside Mary Crowley for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Treatment.** We use your health information to provide you with healthcare services. We may disclose your health information to physicians, nurses, technicians, medical or nursing students, or other persons at Mary Crowley who need that information to take care of you. For example, a physician treating you for a broken leg may need to ask another physician if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to physicians and others not employed by us. We also may disclose your health information to people outside Mary Crowley who may be involved in your healthcare, such as treating physicians, home care providers, pharmacies, drug or medical device experts, and family members.

**Payment.** We may use and disclose your health information so that the healthcare you receive may be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

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**Healthcare Operations.** We may use your health information and disclose it outside Mary Crowley for our healthcare operations. These uses and disclosures help us operate Mary Crowley to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you.

We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other persons at Mary Crowley for learning and quality improvement purposes. We may remove information that identifies you so people outside Mary Crowley may study your health data without knowing who you are.

**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us, and we may respond to your email address.

**Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at Mary Crowley.

**Philanthropic Support.** We may use general demographic information about you, such as name, address and phone number, and dates you received services from us to contact you in an effort to raise donations to support Mary Crowley and its operations. If you do not want the practice or fundraising staff to contact you for fundraising activities, please notify your main point of contact for the clinical trial or email [privacy@marycrowley.org](mailto:privacy@marycrowley.org).

**Medical Research.** We perform medical research. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other Mary Crowley researchers. All patient research conducted at Mary Crowley goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside Mary Crowley for research reasons without either getting your prior written approval or determining that your privacy is protected.

**Legal Matters.** We will disclose health information about you outside Mary Crowley when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

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### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside Mary Crowley for treatment, payment, healthcare operations, and when permitted or required by law. We can use or share health information about you to address worker's compensation claims, for law enforcement purposes, or in response to a lawsuit or other legal action. We will also share health information about you with organ procurement organizations and with a coroner, medical examiner or funeral director in the event of death. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). We are not allowed to disclose genetic information without your written consent. We are allowed to disclose HIV/AIDS-related information and child and/or adult abuse information only (1) under certain limited circumstances and/or (2) to specific recipients. We will not use or disclose your health information for *other* reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

We may not use, disclose, or sell your protected health information for marketing purposes without your permission. You may be removed from any mailing list of Mary Crowley upon your written request.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Mary Crowley 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 Mary Crowley facility that maintains the records about which you want the accounting. We will not list disclosures made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the medical records department of Mary Crowley. We will respond to you within 60 days.

We will give you the first listing within any 12-month period free, but we will charge you for all other accountings requested within the same 12 months.

**Right to Amend.** If you feel that health information we have 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 Mary Crowley facility that maintains those records, and give the reason for your request. You must address your request to the Privacy Official of Mary Crowley that maintains the records you wish

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to amend. Mary Crowley will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your physician 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. Ask us how to do this. We may charge a fee for processing your request. We will respond to you within 15 business days of your written request. If Mary Crowley denies your request to inspect or obtain a copy of the records, you may appeal the denial within Mary Crowley.

**Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or healthcare operations, but we do not have to agree. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You also may ask us to limit certain health information that we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the Mary Crowley facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the *use* or the *disclosure* of the information *or both*, and tell us who should not receive the restricted information. You must submit your request in writing to the medical records department of the Mary Crowley facility that maintains the information you want restricted.

We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify Mary Crowley as making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the medical records department of Mary Crowley making the confidential communications. We will accommodate all reasonable requests.

**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

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Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice at any of our facilities or by calling Mary Crowley.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Mary Crowley or with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**. To file a complaint with Mary Crowley, you must submit your complaint in writing to the Privacy Office. You will not be penalized for filing a complaint.

### **CHANGES TO THIS NOTICE**

Mary Crowley may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. The new notice will be available upon request, on our website, and in our offices.

***If you have questions about this Notice, you may telephone the number shown below for the Privacy Official.***

### **MARY CROWLEY CANCER RESEARCH CENTERS OFFICES:**

- Mary Crowley Medical Research Center dba Mary Crowley Cancer Research Centers, 7777 Forest Lane, Building C 707, Dallas, TX 75230
- Mary Crowley Cancer Research Centers, 12222 Merit Drive, Suite 1500, Dallas, TX 75251

### **MARY CROWLEY PRIVACY OFFICIAL**

Contact Name: Michelle Richey

Address: Mary Crowley Cancer Research, 7777 Forest Lane, C-707, Dallas, TX 75230

Contact Number: 972-566-3000

E-mail: [mrichey@marycrowley.org](mailto:mrichey@marycrowley.org)

Privacy email: [privacy@marycrowley.org](mailto:privacy@marycrowley.org)