



## Notice of Privacy Practices

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**Effective Date: May 1, 2019**

**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.**

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As a patient of GammaWest Brachytherapy, each time you contact our office a record is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care of treatment, and billing-related information. This notice explains how we may use and disclose your health information. This information is called "protected health information", or "PHI". This notice describes your rights as a patient with the terms of our Notice of Privacy Practices.

### **Our Responsibilities**

We are required by law to maintain the privacy of your PHI and provide you a description of our privacy practices. We will abide by the terms of this notice.

### **Uses and Disclosures** (How we may use and disclose medical information about you.)

The following categories describe the different ways we may use and disclose medical information. The examples included in this description do not list every use or disclosure related to that category.

- **For Treatment:** We may use health information about you to provide treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you during your treatment at GammaWest Brachytherapy, the providing hospital and their staff. Different departments of the hospital also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from GammaWest Brachytherapy and the providing hospital.
- **For Payment:** We may use and disclose your PHI to bill and collect payment for healthcare services provided to you. We may also share information with your health plan before services are rendered. For example, we may verify that a certain service will be covered by your health plan before the service is performed. We may also send information to your health plan to confirm services rendered. PHI may also be used and disclosed for billing, claims management, and for collection services.
- **For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcome in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and students for educational purposes. Or, we may combine medical information we have with that of other doctors and hospitals to see where we can make improvements.

### **We May Also Use and Disclose Health Information:**

- To business associates we have contracted with to perform the agreed service and billing for it.
- To remind you that you have an appointment for medical care.
- To assess your satisfaction with our services.
- To tell you about possible treatment alternatives.
- For population based activities related to improving health or reducing health care costs.
- For conducting training programs or reviewing competence of health care professionals.
- For research purposes.

When disclosing information, primarily appointment reminders, treatment schedules and billing/collection efforts, we may leave messages on your answering machine/voice mail.

### **Other Uses and Disclosures We Can Make Without Your Written Authorization:**

We may use and disclose PHI about you in some circumstances where you have the right to agree or to object the certain uses of your PHI. We may use and disclose your PHI without obtaining authorization in the following situations, provided that we comply with certain conditions that may apply.

- **Notification of Family and Close Friends:** We may use or disclose PHI about you to notify a family member, close friend, personal representative, or another person responsible for your care. If you are present and able to consent or object, then we may only use or disclose this information if you do not object. If you are unable to consent or object, we may exercise professional judgment to disclose PHI as necessary if we determine it is in your best interest.

- **Business Associates:** There are some services provided by our organization through contracts with business associates. Examples include physician services in the operating room, radiology, certain laboratory tests, and hospital dictation service. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Required By Law:** We may use or disclose your PHI to the extent that we are required by federal, state, or local law to do so. Any disclosure will fully comply, and be limited to the requirements of the law.
- **Public Health Activities:** We may use and disclose PHI to public health authorities that are authorized to receive or collect information related to public health. We may use or disclose your information for the following activities:
  - To prevent or control disease, injury, or disability.
  - To report a disease, injury, or death.
  - To report child abuse or neglect.
  - To report reactions to medications or problems with products regulated by the FDA.
  - To locate and notify persons of product recalls on products they may be using.
  - To notify a person who may have been exposed to a communicable disease to prevent spreading.
  - To report to you employer, under limited circumstances, information related to workplace injuries.
- **Abuse, Neglect, or Domestic Violence:** We may use or disclose PHI about a patient whom we reasonably believe has been the victim of abuse, neglect, or domestic violence. Such disclosures will be made to government authorities that are authorized by law to receive reports of such incidents. All reports will be made in accordance to the requirements and limitations of the law.
- **Health Oversight Activities:** We may use and disclose PHI in health oversight activities such as audits, investigations, inspections, licensures, disciplinary actions, and other activities conducted by health oversight agencies to monitor health care. **Law Enforcement:** We may use and disclose PHI to law enforcement officials in compliance with and limited to the requirements of the law. Some examples of information given to law enforcement are a suspected crime victim, in response to a court order or subpoena, to identify or locate a suspect or fugitive, or in response to a medical emergency related to a crime..
- **Organ and Tissue Donation:** If you are an organ donor, we may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation or transplantation.
- **Coroners, Medical Examiners, Funeral Directors:** We may use or disclose your PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose PHI to funeral in accordance with the law to help them perform their jobs.
- **Research:** We may use and disclose PHI about you for research under limited circumstances. We may use or disclose your information when the research project meets specific detailed criteria that protect the privacy of your PHI.
- **Judicial and Administrative Proceedings:** We may use and disclose your PHI in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process where we receive satisfactory assurance that appropriate precautions have been taken. In all cases, we will take reasonable steps to protect the confidentiality of your PHI.
- **To Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI to avert a threat to the health and safety of the public or to an individual. This disclosure can only be made to persons authorized to help prevent the threat.
- **Specialized Government Functions:** We may use and disclose your PHI to certain government agencies charged with special government functions as applicable by law. For example, we may disclose PHI to government officials for intelligence or national security activities as applicable by law.
- **Workers Compensation:** We may use and disclose your PHI as authorized by workers' compensation laws.
- **Marketing:** For marketing activities, we will obtain your written authorization prior to sending any information to you, unless we are not required by law to do so.

**Other Uses and Disclosures of Protected Health Information Require Your Authorization:**

All other uses and disclosures of PHI about you will only be made with a written authorization from you. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent that the action has already been taken based on the written authorization.

**Your Rights Regarding Your Protected Health Information:**

Under Federal law, you have the following rights regarding your PHI.

- **Right to Request Restrictions:** You have the right to request that we place additional restrictions on the use and disclose of your PHI in treatment, payment, or operations. You may also request additional restrictions on the disclosure of your PHI to certain individuals. Such requests must be made in writing, must tell how you want to restrict the information, and must tell whom you want these restrictions to apply. While we will consider any request for additional restrictions, we are not required to agree to your request. Please direct any requests to our Privacy Official.
- **Right to Receive Confidential Communications:** You have the right to request to receive your health information at alternative locations or by alternative forms of communication. All requests must be made in writing and directed to our Privacy Official. We are required to accommodate *reasonable* requests.
- **Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI in certain records that we maintain. This includes your billing and medical records, but does not include psychotherapy notes or information gathered for civil, criminal, or administrative proceedings. To inspect and copy PHI please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.
- **Right to Amend:** You have the right to request that we amend PHI about you as long as our office keeps such information. To make this request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or you do not give us a reason for the request.
- **Right to Receive an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures that we have made of you PHI. This is a list of disclosures made by us during a specified period of up to six years. This does not have to include disclosures made for treatment, payment, and operations, for use in our facility, for information given to family members involved in your care, to information given directly to you, or for any disclosures made before April 14, 2003. For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure, and a brief statement of the reason for disclosure. All requests must be in writing and directed to our Privacy Official.
- **Right to Receive a Paper Copy of this Notice:** Upon request, you have a right to receive a paper copy of this Notice. At the time you are presented this Notice, you will have the opportunity to request your own copy of this Notice. You may come to the office at anytime to receive a copy.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the United State Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the number and address listed below. You will not be penalized for filing a complaint.

**Changes to this Notice:**

We reserve the right to changes to this Notice and make such changes effective for all PHI we may already have about you. If and when this Notice is changed, a current notice will be posted at GammaWest Brachytherapy. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

**Questions:**

If you have questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

**Privacy Official Contact Information:**

You may contact our Privacy Official at the following address and phone number.

GammaWest Cancer Services  
Attn: Privacy Official  
1250 East 3900 South  
Suite B-10  
Salt Lake City, Utah 84124

Phone: (801) 456-8401 FAX – (801) 456-8408