

NOTICE OF PRIVACY PRACTICES

This notice described how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
 - Request confidential communication
 - Ask us to correct health and claims records
 - Get a list of those with whom we've shared your information
 - Choose someone to act for you
 - Get a copy of this privacy notice
 - File a complaint if you feel your rights are violated
- For additional information, please see page 2



Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
 - Provide disaster relief
 - Provide mental care
 - Market our services and sell your information
 - Raise funds
- For additional information, please see page 3



Our Uses and Disclosures

We may use and share your information as we:

- Treat you
 - Run our organization
 - Bill for your services
 - Help with public health and safety issues
 - Do research
 - Comply with the law
 - Respond to organ and tissue donation requests
 - Work with a medical examiner or funeral director
 - Address workers' compensation, law enforcement, and other government requests
 - Respond to lawsuits and legal actions
- For additional information, please see page

Your Information. Your Rights. Our Responsibilities.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say "yes" to all reasonable requests.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.• We may say "no" to your request, but we will tell you why in writing within 60 days.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our operations.• 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.
Get a list of those with whom we've shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the day you ask, who we shared it with and why.• We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting for a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Choose someone to act for you	<ul style="list-style-type: none">• 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. <p>*A copy of your power of attorney or legal guardianship is required.</p>
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy promptly.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the information on page 1.• You can file a complaint with the 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, or by calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.

Your Information. Your Rights. Our Responsibilities.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share your information with your family, close friends or others involved in your care.
 - Share information in a disaster relief situation.
 - Contact you for fundraising efforts
 - ▶ *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
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In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Sharing of psychotherapy notes - We do not create or maintain psychotherapy notes at this practice.
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In the case of fundraising:

- We may contact you for fund raising activities but you can tell us not to contact you again.
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Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
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Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.
Example: We use health information about you to manage your treatment and services.
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Bill for your services

- We can use and disclose your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.
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How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Your Information. Your Rights. Our Responsibilities.

Our Uses and Disclosures cont.

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Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - « Preventing disease
 - « Helping with product recalls
 - « Reporting adverse reactions to medications
 - « Reporting suspected abuse, neglect or domestic violence
 - « Preventing or reducing a serious threat to anyone's health or safety
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Business Associates

- We can share information about you to our business associates who perform functions on our behalf or provide us with services if it is necessary for those functions or services. All of our associates are obligated, under contract with us, to protect the privacy and ensure the security of your protected information.
Example : We may use another company to do our billing, provide transcription or consulting services or financial aid searches for us.
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Do research

- We can use or share your information for health research but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your protected health information.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement or transplantation - such as an organ donation bank - as necessary to facilitate organ or tissue donation and transplantation.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director so that they can carry out their duties.
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Address workers' compensation, law enforcement and other government requests

- We can use or share health information about you:
 - « For workers' compensation claims
 - « For law enforcement purposes or with a law enforcement official
 - « With health oversight agencies for activities authorized by law
 - « For special government functions such as military, national security and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court of administrative order or in response to a subpoena.
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Your Information. Your Rights. Our Responsibilities.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office and on our web site.

Effective Date of Notice: Jan 1, 2025/Replacing Jan, 2022, Jan 1, 2019, May 2016/Notice adopted April 1, 2014.

This Notice of Privacy Practices applies to the following Piedmont Cancer Institute, P.C. locations:

- Atlanta — 1800 Howell Mill Rd NW, Ste 800 & 775, Atlanta, GA 30318-0922
 - PCI Pharmacy — 1800 Howell Mill Rd NW, Ste 775, Atlanta, GA 30318-0922
 - Fayetteville — 1267 Highway 54 W, Suite 4200 & 5300, Fayetteville, GA 30214-2112
 - Henry — 1240 Eagles Landing Pkwy, Suite 260, Stockbridge, GA 30281-5173
 - NEW LOCATION Henry — **NEW Eff 3/1/2025** — 290 Country Club Dr, Ste 100, Stockbridge GA 30281
 - Locust Grove — 4877 Bill Gardner Parkway, Locust Grove, GA 30248-2644
 - Newnan — 775 Poplar Road, Suite 310, Newnan, GA 30265-8303
 - Sandy Springs — 755 Mount Vernon Highway, Ste 320/330, Atlanta, GA 30328-4274
 - CBO — 1800 Peachtree St NW, Suite 510, Atlanta, GA 30309
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If you have any questions about this Notice of Privacy Practices or if you need more information, please contact our Privacy Officer:

Piedmont Cancer Institute, P.C.
Sandra Fleury, Chief Compliance & Reimbursement Officer
1800 Howell Mill Rd NW
Suite 800
Atlanta GA 30318-0922
Direct Secure Line - 678-298-3239

To file a complaint with us, contact our Privacy Officer at the address listed above.

All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

There will be **no retaliation** against you for filing a complaint.