



# Notice of Privacy Practices

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

## USES AND DISCLOSURES

*Treatment.* Your health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of tests and procedures will be available in your medical record for all health professionals who may provide treatment or who may be consulted by our staff members.

*Payment.* Your health information may be used to see payment from your health insurance plan, from other sources of coverage, or from credit card companies that you may use for payment of services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

*Health Care Operations.* Your health information may be used as necessary to support the day-to-day activities and management of Anchorage Radiation Oncology Center. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

*Public Health Reporting.* Your information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

*Other uses and disclosures require your authorization.* Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred prior to your notification of your decision to us.

*Appointment reminders.* Your health information may be used by our staff to send you appointment reminders.

## INDIVIDUAL RIGHTS

- You have certain rights under the federal privacy standards. These include:
- The right to request instructions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend and or submit corrections to our protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed

- The right to receive a printed copy of this notice

**ANCHORAGE RADIATION ONCOLOGY CENTER’S DUTIES:**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy privileges and practices that are outlined in this notice.

**RIGHT TO REVISE PRIVACY PRACTICES**

As permitted by law, we reserve the right to amend or modify our privacy practices. These changes in our policy and practices may be required in federal and state laws and regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

**REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our front office coordinator.

**COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concern to the contact person listed below.

If you believe that your privacy rights have been violated, you should call the matter to the attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated for filing a complaint.

**CONTACT PERSON**

The name and address of the person that you may contact for further information concerning our privacy practice is:

Privacy Officer  
Anchorage Radiation Oncology Center  
188 W Northern Lights Blvd. #100  
Anchorage, AK 99503

Your signature is an acknowledgement of receipt that you have read the Notice of Privacy Practices. If you request a copy of your notice, it will be provided.

---

Printed Name of Patient/Legal Guardian

---

Date

---

Signature of Patient/Legal Guardian

---

Relation to Patient