



**10 Willard Street  
Quincy, Massachusetts 02169  
Tel: 617-479-3550  
Fax: 617-773-0367**

*To our patients.* This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information.

#### **How we May Use and Disclose Medical Information about you:**

**Treatment:** We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you to other doctors, nurses, technicians or other personnel involved in your care. For example, we may provide a subsequent healthcare provider to whom we refer you with copies of various reports that should assist in your care.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, the insurance company may use this information to determine eligibility, or medical necessity or approval for a hospital stay.

**For Health Care Operations and Business Associates;** We may use or disclose, as needed your health information. Examples include, transcription, licensing, legal, accounting or collection services. We may use or disclose your health information in order to let you know about clinical trials and new experimental drugs that may be beneficial to you.

#### **The following circumstances may require us to use or disclose your health information in certain special circumstances without your authorization:**

- To public health or legal authorities charged with preventing or controlling disease or injury, or to the Food and Drug Administration.
- Lawsuits and similar proceedings in response to a court or administrative order, and to authorities that receive reports on abuse and neglect.
- Funeral directors, coroners and medical directors.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

### **Your rights regarding your health information**

- **Communications.** You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
- You can request a restriction in your use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Commonwealth Hematology-Oncology, P.C. and Commonwealth Physicians Services, Inc., 617-479-1437, 10 Willard Street, Quincy, MA 02169
- You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Commonwealth Hematology-Oncology, P.C., 617-479-1437, 10 Willard Street, Quincy, MA 02169. You must provide us with a reason that supports your request for amendment.
- **Right to copy of this notice.** You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact Commonwealth Hematology-Oncology, P.C., 617-479-1437, 10 Willard Street, Quincy, MA 02169
- **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Commonwealth Hematology-Oncology, P.C., 617-479-1437, 10 Willard Street, Quincy, MA 02169. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Commonwealth Hematology-Oncology, P.C., 617-479-1437, 10 Willard Street, Quincy, MA 02169