

**Associated Medical Specialists, P.A.**  
**d/b/a**  
**Coastal Cancer Center**

**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.**

**If you have any questions about this Notice, please contact our Privacy Officer.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (hereinafter referred as PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Coastal Cancer Center is required by Federal and State Law to maintain the privacy of your PHI, to provide you with this Notice of Privacy Practices and to abide by the terms of this Notice of Privacy Practices. Coastal Cancer Center treats its chemotherapy and lab patients in a common setting.

As allowed by law, we may change the terms of our notice at any time. The new notice will apply to all PHI that CCC maintains. We will post a Notice in a clear and prominent location in our offices and on our Web site at **[www.coastalcancercenter.com](http://www.coastalcancercenter.com)**.

Your PHI may be used and disclosed by your physician, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, with or without your written consent or authorization. We may use and disclose your PHI for each of the following purposes: **treatment, payment or healthcare operations** without your consent or authorization.

**Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be your office visit, hospital visits or tests.

**Payment:** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization reviews. An example of this would be sending a bill for your visit to your insurance company for payment.

**Healthcare operations:** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, training of personnel in the medical profession, interviewing prospective employees, licensing, marketing, fundraising activities and conducting and arranging for other business activities. We may use/disclose your PHI and the dates you received treatment in order to contact you to raise funds for CCC (Coastal Cancer Center) and CCF (Carolina Cancer Foundation) as allowed by Federal

and State law. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room and use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object include: public health authorities, communicable disease agencies, health oversight, abuse and neglect, Food and Drug Administration, legal proceedings, law enforcement, coroners, organ donation, criminal activity, military activity, national security, worker's compensation and as required by law.

Any other uses and disclosures will be made only with your written authorization. With your written authorization, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**You have the following rights with respect to your PHI:**

- ❖ **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician. You must request a restriction in writing and please allow ten (10) business days for it to become effective. These restrictions may be terminated if you agree or we notify you that we are terminating the restriction for information created or received after we notify you.
- ❖ **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.
- ❖ **You have the right to request that your physician amend your PHI.** This means you may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

- ❖ **You have the right to request an accounting of certain uses and disclosures of PHI:** including those related to disclosures to family members, other relatives, close personal friends, and any other person identified by you. This applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. You have the right to specific information regarding these disclosures that occurred after April 1, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. We will provide a form to individuals who wish an accounting of disclosures. Upon the receipt of the form, we have sixty (60) days under the Privacy Rule to fulfill the request or request a thirty (30) day extension.
- ❖ **You have the right to inspect and copy your PHI.** Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.
- ❖ **You have the right to inspect and obtain a paper copy of this notice.** Any revision to this notice will also be available upon request.

You may complain to us or to the Secretary of Health & Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer without fear of retribution.

**If you would like further information, please contact the following:**

Coastal Cancer Center – Privacy Officer  
8121 Rourk Street  
Myrtle Beach, South Carolina 29572

This notice was published and becomes effective on **April 1, 2003.** (Revised November 10, 2005)