



**WEST 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.**

West Cancer Center, including its offices and centers, makes and keeps records of your medical and billing information. While you are a patient at West, we will use and disclose your medical information –

- To provide treatment to you and to keep a record describing your care,
- To receive payment for the care we provide,
- To administer and conduct business relating to the services and facilities of the Practice, and
- To comply with federal and state law.

This Notice summarizes the ways West Cancer Center (the “Practice”) and those noted below may use and disclose medical information about you. It also describes your rights and our duties regarding the use and disclosure of your medical information. This Notice applies to all records of your care held within the Practice.

When we use the word “we” or “Practice” we mean all the persons/entities covered by this Notice and listed below, its locations, medical professionals and other persons/companies who assist us with your treatment, payment or our business as a health care provider.

We are required by law –

- To keep your medical information confidential
- To make available to you this Notice of our legal duties and privacy practices with respect to your medical information; and
- To follow the terms of the Notice that is currently in effect.

**PERSONS/ENTITIES COVERED BY THIS NOTICE**

- All physicians, employees, staff, and other Practice personnel;
- All Practice locations (available on our website at [www.westcancercenter.org](http://www.westcancercenter.org))

West Cancer Center  
1588 Union Avenue  
Memphis, TN 38104  
(901) 683-0055

West Cancer Center  
7945 Wolf River Blvd  
Germantown, TN 38138  
(901) 683-0055



West Cancer Center  
1211 Union Avenue # 400  
Memphis, TN 38104  
(901) 609-3525

West Cancer Center - Brighton  
240 Grandview Drive  
Brighton, TN 38011  
(901) 683-0055

West Cancer Center - Collierville  
1500 W. Poplar Ave. # 304  
Collierville, TN 38017  
(901) 850-1456

West Cancer Center - Desoto  
7668 Airways Blvd  
Southaven, MS 38671  
(662) 349-9556

West Cancer Center - Corinth  
2001 State Drive  
Corinth, MS 38834  
(662) 286-3694

West Cancer Center - Paris  
1290 Kelly Drive  
Paris, TN 38242  
(731) 644-3522

West Cancer Center – W. Memphis  
271 West Polk Avenue  
West Memphis, AR 72301  
(870) 207-8177

West Cancer Center-Jackson  
322 Hospital Blvd  
Jackson, TN 38305  
(731) 668-1668

- Persons or entities performing services for the Practice under agreements containing privacy and security protections or to which disclosure of medical information is permitted by law;
- Persons or entities with whom the Practice participates in managed care arrangements;
- Our volunteers and medical, nursing and other health care students; and
- Research organizations.

## **USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

We use and disclose medical information in the ways described below.

**Treatment.** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, therapists, medical, nursing or other health care students, or other personnel taking care of you inside and outside of our Practice. We may use and disclose your medical information to coordinate or manage your care. As examples, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, or the doctor may need to tell the dietitian if you have diabetes so you can have appropriate meals. The Practice may share your medical information with other health care providers to schedule the tests and procedures you need, such as prescriptions, laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be admitted to or receive treatment at a facility, hospital, a nursing home, a home health provider, rehabilitation center, etc. We also may disclose your medical information to people outside the Practice who are involved in your



care while you are here or after you leave the Practice, such as other health care providers, family members, hospitals or pharmacists.

**Payment.** We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another company or person. As examples, we may give your insurance company (e.g., Medicare, Medicaid, CHAMPUS/TRICARE, or a private insurance company) information about treatment you received so your insurance company will pay us for our services. We also may tell your insurance company about a treatment you are going to receive in order to determine whether you are eligible for coverage or to obtain prior approval from the company to cover payment for the treatment. We could disclose your information to a collection agency to obtain overdue payment. We might also be asked to disclose information to a regulatory agency or other entity to determine whether the services we provided were medical necessary or appropriately billed. We may also disclose information to third-parties that arrange for or provide financial assistance to you related to treatments or medications. For example, we may provide information about you to a non-profit or pharmaceutical company who has coupons available to assist you in payment for medications.

**Health Care Operations.** We may use and disclose your medical information for any operational function necessary to operate the Practice, including uses/disclosures of your information such as in the following examples: (1) Conducting quality or patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination, and contacting of health care providers and you with information about treatment alternatives; (2) Reviewing health care professionals' backgrounds and grading their performance, conducting training programs for staff, students, trainees, or practitioners and non-health care professionals; performing accreditation, licensing, or credentialing activities; (3) Engaging in activities related to health insurance benefits, (4) Conducting or arranging for medical review, legal services, and auditing functions; (5) Business planning, development, and management activities, including things like customer service, resolving complaints; sale, transfer or combine of all or part of the Practice entity and the background research related to such activities; and (6) Creating and using de-identified health information or a limited data set or having a business associate perform combine data or do other tasks for various operational purposes.

As additional examples, we may disclose your medical information to physicians on our Medical Staff who review the care that was provided to patients by their colleagues. We may disclose information to doctors, nurses, therapists, technicians, medical, nursing or other health care students, and Practice personnel for teaching purposes. We may combine medical information about many patients to decide what services the Practice should offer, and whether new services are cost-effective and how we compare from a quality perspective with other hospitals/Practices. Sometimes, we may remove your identifying information from your medical information so others may use it to study health care services, products and delivery without learning who you are. We may disclose information to other health care providers involved in your treatment to permit them to carry out the work of their facility or to get paid. We may provide information about your treatment to an ambulance company that brought you to the Practice so that the ambulance company can get paid for their services.



**Patient Portal / Other Patient Electronic Correspondence.** We will use and disclose information through a secure patient portal which allows you to view, download and transmit certain parts of your medical information (e.g. lab results) in a secure manner when using the portal. However, if you choose to store, print, email, or post the information using technology outside the secure patient portal, it may not be secure. Further, if you email us medical or billing information from a private email address (such as Yahoo, Gmail, etc.) your information will not be encrypted unless you use a secure messaging portal to us. Requests to email your medical or billing information to a private email address (such as a Yahoo, Gmail, etc.) will be encrypted by us when it is sent to you - unless you request otherwise. If you request us to post your information in dropboxes, on flashdrives/CDs, etc., your information may not be encrypted and may not be secure. We are not responsible if this confidential information once released from our secure portal is redisclosed by an authorized recipient. We are not responsible for subsequent damage, alteration or misuse of the data. We may provide you with appointment reminders by secure email, text or through the patient portal.

**Health Services, Products, Treatment Alternatives and Health-Related Benefits.** We may use and disclose your medical information in providing face-to-face communications; promotional gifts; refill reminders or communications about a drug or biologic; case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care; or to describe a health-related product/service (or payment for such product/service) that is provided through a benefit plan; or to offer information on other providers participating in a healthcare network that we participate in, or to offer other health-related products, benefits or services that may be of interest to you. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

**Fundraising.** We may use and disclose your medical information to raise money for the Practice or non-profit foundations. The Practice is allowed to disclose certain parts of your medical information to others involved in fundraising, unless you tell us you do not want such information used and disclosed. For example, the Practice may disclose to the Foundations demographic information, like your name, address, other contact information, telephone number, gender, age, date of birth, the dates you received treatment by the Practice, the department that provided you service, your treating physician, outcome information, and health insurance status. You have a right to opt-out of receiving fundraising requests. If you do not want the Practice to contact you for fundraising, please notify the Privacy Office at 901-683-0055 ext. 61315

**Individuals Involved in Your Care or Payment for Your Care.** We may release your medical information if you become incapacitated to the person you named in your Durable Power of Attorney for Health Care (if you have one), or otherwise to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition. HIPAA also allows us at certain times to speak with those who are/were involved in your care/payment activities while being treated as



patient and/or even after your death, if we reasonably infer based on our professional judgment that you would not object. If you do not wish for us to speak with a particular person about your care, you should notify the Privacy Officer and ask about the Restriction Policy and Form.

**Research.** We may use and disclose your medical information for research purposes if you have provided written authorization or when a research study has been reviewed and approved by an Institutional Review Board. Under limited circumstances, Researchers may access your medical information to determine whether you would be an appropriate participant in a research study. Most research projects, however, are subject to a special approval process and require your informed consent. Limited or unidentifiable information may be provided to researchers in some circumstances. Your consent would be required if a researcher will be involved in your care, if we take tissue samples, or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your written approval.

**Required By Law.** We will disclose your medical information when federal, state or local law requires it. For example, the Practice and its personnel must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

**Emergency.** If you need emergency treatment and we are required by law but are unable to get your consent to disclose information, we will attempt to obtain consent as soon as practical after treatment.

**Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

**Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Minors.** If you are a minor (under 18 years old), the Practice will comply with the applicable State law regarding minors. We may release certain types of your medical information to your parent or guardian, if such release is required or permitted by law.

**Public Health Risks.** We may disclose your medical information (and certain test results) for public health purposes, such as –



- To a public health authority to prevent or control communicable diseases (including sexually transmitted diseases), injury or disability,
- To report births and deaths,
- To report child, elder or adult abuse, neglect or domestic violence,
- To report to FDA or other authority reactions to medications or problems with products,
- To notify people of recalls of products they may be using,
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition,
- To notify employer of work-related illness or injury (in certain cases), and
- To a school to disclose whether immunizations have been obtained.

**Health Oversight Activities.** We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Practice and of the providers who treated you at the Hospital. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

**Lawsuits and Disputes.** We may disclose your medical information to respond to a court or governmental agency request, order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

**Law Enforcement.** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official or to report suspicion of death resulting from criminal conduct or crime on our premises or for emergency or other purposes.

**Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner or medical examiner or funeral director so they may carry out their duties.

**National Security.** We may disclose your medical information to authorized federal officials for national security activities authorized by law.

**Protective Services.** We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Practice to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

**Incidental Disclosures.** Although we train our staff in privacy, due to the way treatment and billing occurs, your medical or billing information may be overheard or seen by people not





involved directly in your care. For example, your visitors or visitors visiting other patients on your treatment floor could overhear a conversation about you or see you getting treatment.

**Business Associates.** Your medical or billing information could be disclosed to people or companies outside our Practice who provide services to us. We make these companies sign special confidentiality agreements with us before giving them access to your information. They are also subject to fines by the federal government if they use/disclose your information in a way that is not allowed by law.

*Note: State law provides special protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others. Federal law provides additional protection for information that results from alcohol and drug rehabilitation treatment programs.*

## **YOUR PRIVACY RIGHTS**

**Right to Review and Right to Request a Copy.** You have the right to review and get a copy of your medical and billing information that is held by us in a designated record set (including the right to obtain an electronic copy if readily producible by us in the form and format requested). The Medical Records Department at [medicalrecordsrequest@westclinic.com](mailto:medicalrecordsrequest@westclinic.com), has a form you can fill out to request to review or get a copy of your medical information, and can tell you how much your copies will cost. The Practice is allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare any summary. The Practice will tell you if it cannot fulfill your request. If you are denied the right to see or copy your information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

**Right to Amend.** If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. The Medical Records Department at [medicalrecordsrequest@westclinic.com](mailto:medicalrecordsrequest@westclinic.com), can help you with your request.

**Right to an Accounting of Disclosures.** You have the right to make a written request for a list of certain disclosures the Practice has made of your medical information within a certain period of time. This list is not required to include all disclosures we make. For example, disclosure for treatment, payment, or Practice administrative or operation purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Medical Records Department at [medicalrecordsrequest@westclinic.com](mailto:medicalrecordsrequest@westclinic.com), can help you with this process, if needed.

**Right to Request Restrictions on Disclosures.** You have the right to make a written request to restrict or put a limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like



a family member or friend. *We are generally not required to agree to your request, except as follows:*

- **Payor Exception:** If otherwise allowed by law, we are required to agree to a requested restriction, if (1) the disclosure is to your health insurance plan for purposes of carrying out payment or health care operations and (2) the medical information to be restricted relates solely to a health care item or service for which all parties have been paid in full out of pocket.

If we do agree to a request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your adult children.

**Right to Request Confidential Communications.** You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Object or Opt-out.** You have the right to object to or opt-out of the following:

- **Directory:** You may object to our inclusion of your name in a Practice Directory that is made available for persons who inquire about you by name.
- **Immunization:** You may object to our disclosure of immunization information about you or your child to a state immunization registry.
- **Family and friends:** You may object to or request that we do not share your information with family, friends or a specific person involved in your care or present with you during treatment.
- **Email or text:** You may object to and request that we do not communicate with you by email or text.
- **Fundraising:** You may opt-out of fundraising communications.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website at [www.westcancercenter.org](http://www.westcancercenter.org) or a paper copy from your provider.

**Right to Receive a Notice of a Breach of Unsecured Medical / Billing Information.** You have the right to receive a notice in writing of a breach of your unsecured medical or billing or financial information. Any physicians (who are not Practice employees) or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions or inactions.





## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as for any information we receive in the future. We will post the current Notice in the Practice locations and on our website at [www.westcancercenter.org](http://www.westcancercenter.org).

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the Practice or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission. To file a complaint with the Practice, contact the Privacy Officer at 901-683-0055 x61315. You will not be denied care or discriminated against by the Practice for filing a complaint.

## **OTHER USES AND DISCLOSURES OF MEDICAL OR BILLING INFORMATION REQUIRE YOUR AUTHORIZATION**

Disclosures that are not referenced in this Notice of Privacy Practices or are not otherwise allowed or required by federal and/or state law or our policies and procedures, will require your authorization. Uses and disclosures of your medical information not generally covered by this Notice or the laws and regulations that apply to the Practice will be made only with your written permission or authorization. For example, unless otherwise allowed by law, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that constitute the sale of medical information require an authorization.

If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization, but the revocation will not affect actions we have taken in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, we still must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provided to you.

**If you have any questions about this Notice, please contact the Privacy Office at 901-683-0055 x61315.**

**Effective Date: December 31, 2018**

## SUMMARY OF NOTICE OF PRIVACY PRACTICES

**Our Legal Duty:** Our Practice has a duty to protect the confidentiality of medical information about you. This is a brief summary of our Notice of Privacy Practices. We are required to provide you with Notice explaining ways we may use and disclose your medical information and describing your legal rights and our obligations regarding the use and disclosure of your medical information.

**Parties Following the Notice:** The Notice will be followed by the Practice, together with its health care professionals, staff and volunteers; members of the Medical Staff and those participating in managed care networks with the Practice; and other legal entities that provide services to the Practice.

The following entities, sites and locations:

West Cancer Center  
1588 Union Avenue  
Memphis, TN 38104  
(901) 683-0055

West Cancer Center  
7945 Wolf River Blvd  
Germantown, TN 38138  
(901) 683-0055

West Cancer Center-W. Memphis  
271 West Polk Avenue  
West Memphis, AR 72301  
(870) 207-8177

West Cancer Center-Brighton  
240 Grandview Drive  
Brighton, TN 38011  
(901) 475-0678

West Cancer Center - Collierville  
1500 W. Poplar Ave. # 304  
Collierville, TN 38017  
(901) 850-1456

West Cancer Center -Desoto  
7668 Airways Blvd  
Southaven, MS 38671  
(662) 349-9556

West Cancer Center - Corinth  
2001 State Drive  
Corinth, MS 38834  
(662) 286-3694

West Cancer Center - Paris  
1290 Kelly Drive  
Paris, TN 38242  
(731) 644-3522

West Cancer Center  
1211 Union Avenue #400  
Memphis, TN 38104  
(901) 683-0055

West Cancer Center-Jackson  
322 Hospital Blvd  
Jackson, TN 38305  
(731) 668-1668

**How We May Use and Disclose Medical Information About You:** We may use or disclose identifiable health information about you for many reasons, including but not limited to the following:

- Treatment, Payment and Healthcare Operations



- Activities of managed care networks in which we participate
- Business Associates who provide services on our behalf
- Appointment reminders
- Health oversight activities
- Fundraising activities (unless you opt out)
- Public health purposes
- Organ donation
- Auditing
- To avert a serious threat to health or safety
- National security and protective services
- To coroners, medical examiners and funeral
- Research directors
- Workers' compensation
- To military command authorities
- Lawsuits, administrative hearings and reviews, and disputes
- As required by law
- Law enforcement purposes.

We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

- Practice directories
- Individuals involved in your care or payment

**HIE:** We participate in a health information exchange. Other health care providers will use the same common electronic medical record to document and review the health care services they provide to you.

**Opt-Out:** If you do not want your personal or medical information automatically entered into or disclosed through HIE, please let us know by completing the HIE Opt-Out Form at Registration points throughout the Practice. Please allow 10 business days for us to process your Opt-Out Request. Information released to HIE prior to processing of Opt-Out Form may remain in HIE.

Please note that you must also Opt-Out separately with each of your physician and other providers who may participate in HIE.

**Patient Portal / Other Patient Electronic Correspondence.** We may use and disclose information through a patient portal which allows you to view certain parts of your medical (e.g. lab results) and billing information securely.

**In general, other uses and disclosures of your medical information not described in our full Notice of Privacy Practices will require your written authorization.** For example, Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that constitute the sale of PHI require an authorization.

### **Your Privacy Rights:**



You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information (including restriction of your information to your insurance company when you have paid in full)
- The right to inspect and copy certain medical information that we maintain.
- The right to request an amendment of your health information.
- The right to an accounting of certain disclosures of your health information.
- The right to receive notice of a breach of your unsecured health information.

**Changes to the Notice:** We reserve the right to change the Notice. We will post any revised Notice in our facilities and on our website at [www.westcancercenter.org](http://www.westcancercenter.org).

**Complaints:** If you believe your rights have been violated, you may file a written complaint with the Practice addressed or with the Secretary of the U.S. Department of Health and Human Services.

**Copy of Our Complete Notice:** Copies of our full Notice of Privacy Practices are available within our facilities at primary registration sites and on our website at [www.westcancercenter.org](http://www.westcancercenter.org). We will be happy to provide you a copy upon your request.

## **Notice About Nondiscrimination and Accessibility Requirements**

### **DISCRIMINATION IS AGAINST THE LAW**

West Cancer Center does not discriminate against any person on the ground of race, color, national origin, age, disability (physical or mental) or sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients. West Cancer Center provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Care Support, [caresupport@westclinic.com](mailto:caresupport@westclinic.com).

If you believe that West Cancer Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with [caresupport@westclinic.com](mailto:caresupport@westclinic.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
Telephone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.