

NOTICE OF PRIVACY PRACTICE:

Please Review carefully.

This notice is required under the final privacy rules issued by the federal Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

If you have any questions about this notice, please call 1-215-728-2801.

Effective Date: April 14, 2003

Our Pledge Regarding Your Medical Information



Fox Chase Cancer Center has always considered your health and medical information to be private. Our mission is to reduce the burden of human cancer. As part of that mission, we are committed to protecting your health information, privacy and dignity.

Under a newly effective federal law, a number of new safeguards and procedures are in place that Fox Chase Cancer Center and all other medical institutions must follow. This law is called the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The original purpose of this law was “insurance portability”—to make sure workers wouldn’t lose health insurance coverage when they changed jobs. Amendments added by Congress before it passed the legislation also addressed concerns about protecting the privacy of your medical information.

What kind of information is involved? This official notice informing you of our privacy policies applies to all the information in your medical record. This is the record we create to document all the care and services you receive at Fox Chase. We need this record to provide you with quality care, to seek payment for that care and to comply with certain legal requirements.

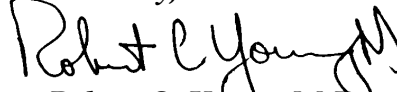
In the following pamphlet, we spell out how Fox Chase may use or disclose your health and medical information. We also set forth your own rights and obligations concerning the use and disclosure of that information.

In the detailed list of your health information rights, you will see that, in accordance with the law, we ask you to make requests in writing. These include requests for information, changes in your health record, restrictions on the use of that information or confidential communications (such as contacting you about health matters only at a certain address or only by mail).

We pledge to:

- *make sure that medical information that identifies you is kept private;*
- *give you this notice of our legal duties and privacy practices with respect to your medical information;*
- *follow the terms of the notice that is currently in effect.*

As always, please ask our staff if you have questions about the information in this pamphlet or our privacy policies in general or call the Office of Privacy Practice at 215-728-2801. We are here to provide you with the best available cancer care and support services. Meeting those needs includes meeting your needs for information as well.

Sincerely,

Robert C. Young, M.D.

How Fox Chase Uses & Discloses Your Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The following categories describe examples of how we use and disclose your health information.

For Treatment: We use your health information to provide you with medical treatment or services. This information is necessary for health-care providers to determine what treatment you should receive. For example, treatment information obtained by a health-care provider, such as a physician or nurse, will be recorded in your record.

For Payment: We may use and disclose your health information to others for purposes of receiving payment for the treatment and services you receive. For example, we may send a bill to you or to a third-party payer such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis and the treatment or supplies used in the course of treatment.

For Our Health-Care Operations: We may use and disclose your health information for operational purposes. For example, we may disclose your health information to authorized members of our staff involved in:

- Assessing the quality of care and outcomes in your case and similar cases;
- Determining how to continually improve the quality and effectiveness of the health care we provide;
- Evaluating the performance of our staff;
- Learning how to improve our facilities and services;
- In-house marketing, to mail you information about our practices and services, especially services we think may benefit you.

Specific examples of uses falling in these three main categories include:

Appointment Reminders and Health Information: We may use your information to remind you of appointments or to let you know about treatment alternatives or other health-related benefits and services that may interest you.

As Required By Law: We will disclose medical information about you as required by law. For example, Fox Chase Cancer Center may disclose information for the following purposes:

- For legal and administrative proceedings;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials.

Fundraising Activities: In an effort to raise funds for Fox Chase Cancer Center, we may use and/or disclose your information. This use would be limited to contact information such as your name, address and phone number and the dates you received treatment or services at Fox Chase. If you do not want us to contact you about fundraising efforts, you must notify the Office of Privacy Practice in writing.

Health and Safety: We may disclose your health information to avert a serious threat to the health or safety of you or any other person in accordance with applicable law. We may, by law, disclose medical information about you to an organization or person assisting in a disaster relief effort.

Health Oversight Activities: We disclose medical information to health oversight agencies for activities authorized by law. Such oversight activities may include audits, investigations, inspections and licensure. These routine activities are necessary for the government to monitor the health-care system, government programs and compliance with federal and state civil rights laws.

Hospital Directory for Visitors: We include certain information about you in the hospital directory while you are an inpatient. This information includes your name, location in the hospital, your general condition (for example, good or fair) and your religious affiliation. The directory, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy. This is so your family, friends and clergy can visit you in the hospital. If you do not want to be listed in the hospital directory, you must notify the Office of Privacy Practice in writing.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member you indicate is involved in your care and/or who helps pay for your care.

Military Activity: We may use or disclose protected health information of individuals who are Armed Forces personnel:

- For activities deemed necessary by appropriate military command authorities;
- For the purpose of determining your eligibility for benefits;
- To a foreign military authority if you are a member of that foreign military service.

National Security: Specialized government functions such as protection of public officials or reporting to various branches of the armed services may require use or disclosure of your health information.

Organ/Tissue Donation: If you have signed an organ donation card or otherwise authorized the donation of tissue, we may need to disclose your health information to agencies concerned in maintaining data bases of potential donors or in arranging organ or tissue donations and transplants.

Research: Under certain circumstances, we may use and/or disclose your medical information for research purposes. All research projects are subject to an approval process that evaluates the proposed project and its use of medical information. Your medical information will not be disclosed unless and until our Institutional Review Board approves the project, except for information the researchers may need to prepare for the project. For example, we may disclose your medical information to help researchers look for patients with specific medical needs so long as the medical information does not leave our facility. If you do not want your information used for research purposes, you must notify the Office of Privacy Practice in writing.

Workers' Compensation: We may use or disclose your health information to comply with laws and regulations related to Workers' Compensation.

Other Uses of Medical Information

Only with your written permission may we use and or disclose your medical information in ways not covered by this notice or the laws that apply to us. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, to the Office of Privacy Practice at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights

Right to Inspect and Copy:

You have the right to inspect and receive a copy of your medical information. To do so, you must submit your request in writing to the Medical Records Department of Fox Chase Cancer Center. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request if your doctor feels it would not be in your best interest. If you are denied access, you may request that the denial be reviewed by another licensed health-care professional chosen by the hospital. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend:

You may ask to amend your health record. To do so, you must submit your request in writing to the Medical Records Department of Fox Chase Cancer Center. You must provide a reason that supports your request.

We may deny your request if:

- You received care elsewhere and a copy of the records you wish to amend were sent to Fox Chase Cancer Center;
- By law you would not be permitted to do so;
- Your health record is accurate and complete.

Right to an Accounting of Disclosures:

You have the right to know who has accessed your medical record. To request this information, you must submit your request in writing to the Office of Privacy Practice at Fox Chase Cancer Center. Your request must state a timeframe not longer than six years and must not include dates before April 14, 2003. The first request within a 12-month period will be free of charge. For additional requests during this 12-month period, we will charge you for the costs of providing the information. We will notify you of the cost involved and you may choose to withdraw your request at that time.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health-care operations. For example, you could ask that we not use or disclose information about a surgery you had to a family member or friend involved in your care or to a person or company involved in payment of your care.

We are not required to agree to your request if it interferes with your treatment or payment or with our health-care operations or our ability to provide you with emergency care or treatment. To request restrictions, you must make your request in writing to the Office of Privacy Practice. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- To whom you want the limits to apply—for example, family members or friends.

Right to Request Confidential Communications:

You have the right to 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. You must make your request in writing to the Office of Privacy Practice. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If this contact information changes, you must notify the Office of Privacy Practice in writing.

Right to a Paper Copy of This Notice:

You have the right to a copy of this notice at any time. To obtain a paper copy of this notice, contact:

**The Office of Privacy Practice
Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111**

An electronic copy of this notice is also available on our web site, www.fccc.edu.

Changes to This Notice

We reserve the right to change this notice and to make the new notice effective for all medical information we maintain. We will post a copy of the new notice in the hospital.

Complaints

If you believe your privacy rights have been compromised, you may file a complaint with Fox Chase. Submit all complaints in writing to:

**Chief Privacy Officer
Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111**

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

Filing a complaint will not affect your care.

Acknowledgement of Notice of Privacy Practice

I acknowledge that I have received the Notice of Privacy Practice of Fox Chase Cancer Center.

Patient Signature

Date