NOTICE OF PRIVACY PRACTICES

INTRODUCTION
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to all of the services we provide to you. Federal and state law give you certain rights with respect to your medical information.

We are required to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We must follow the privacy practices that are described in this Notice while it is in effect. We may change the privacy practices described in this Notice by making a revised Notice available to you. Any revised Notice will govern the way your previous health information is used and disclosed moving forward. You may obtain a copy of our current Notice by contacting us as described below.

WHO WILL FOLLOW THIS NOTICE
This Notice applies to all entities involved in your care who are covered by this Notice. This includes your doctor, nurse, pharmacist, and hospital. This Notice also applies to any other entity, entity associated with an entity, or person who is involved in your care or the operations of our health care plan and who is subject to the terms of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
We may use or disclose your health information for purposes of treatment, payment, and health care operations as described below.

TREATMENT
We may use or disclose your health information for treatment, including treatments provided by our affiliated organizations, such as: health care providers who are not part of our medical staff; health care providers with whom we share information; and health care providers who work for organizations that are not considered our affiliated organizations. We may use or disclose your health information without your authorization for the purpose of treatment.

PAYMENT
We may use or disclose your health information for payment, including billing and collection activities, claims processing, billing, insurance eligibility verification, and preadmission and postadmission screening.

PROMOTIONAL USES
We may disclose your health information for promotional activities such as fundraising activities, marketing, and for activities related to the sale of a health plan.

CONFIDENTIAL COMMUNICATIONS
You have the right to request that we communicate with you about your health information in a different way or at a different place. We will agree to your request if it is reasonable and does not interfere with our ability to provide care to you.

PRIVACY OFFICER
If you have any questions about this Notice, please contact the Privacy Officer, John Stoddard Cancer Center, 701 E 6th St, Iowa City, IA 52246-1143, (319) 382-8222, Ext. 4459. You may file a complaint with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We encourage you to contact us as soon as possible if you believe your privacy rights have been violated, so that we can investigate the complaint and take any necessary steps to correct the problem.

If you have more questions, please contact the Privacy Officer, John Stoddard Cancer Center, 701 E 6th St, Iowa City, IA 52246-1143, (319) 382-8222, Ext. 4459.

research under certain circumstances, for example, to use or disclose your health information for research, subject to certain restrictions.

The notice does not contain all the details of how your information may be used and disclosed. We follow the details of how your information is used and disclosed as described in this Notice. We do not use or disclose your health information for purposes not described in this Notice unless we have your written permission.

We may use and disclose your health information to carry out activities that are necessary to provide care to you or to bill you for the care that we provide to you. We may use and disclose your health information without your authorization for the purpose of carrying out these activities.

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CONSENT/PERMISSION
You have the right to request that we not use or disclose certain information about you. If you request in writing that we not use or disclose information about you, we will comply with your request as long as you do not interfere with our ability to provide care to you.

You have the right to request, in writing, that we not disclose certain information about you. We will try to honor your request, but we reserve the right to disregard your request if we believe that disregarding your request is necessary to carry out the treatment, payment, or health care operations activities described in this Notice.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

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ACCESS TO HEALTH INFORMATION
You have the right to inspect and copy your health information that is contained in a designated record set. To inspect and copy your health information, you must submit a written request to the Privacy Officer, John Stoddard Cancer Center, 701 E 6th St, Iowa City, IA 52246-1143, (319) 382-8222, Ext. 4459. We will try to provide you with an opportunity to view your health information within a reasonable time frame. You may request a paper or electronic copy of your health information. We will provide you with a copy of your health information within a reasonable time frame.

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