

Effective Date: April 14, 2003



PATIENT 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.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describe your rights and our obligations regarding the use and disclosure of that information. A copy of our current notice will always be posted in our reception area. You will also be able to obtain your own copies by accessing our website at YourCancerCare.com, calling our office at 402.484.4900 or asking for one at the time of your next visit.

If you have any questions about this notice, please contact Amy King, Privacy Officer at 402.484.4914.

IMPORTANT SUMMARY INFORMATION:

Requirement for Acknowledgment of Notice of Privacy Practices.

We will ask you to sign a form that will serve as an acknowledgment that you have received this Notice of Privacy Practices.

Requirement For Written Authorization.

We will generally obtain your written authorization before using your health information or sharing it with others outside our group practice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to Nebraska Hematology-Oncology, P.C., Attn: Medical Records.

Exceptions To Requirement.

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- Exception For Treatment, Payment, And Business Operations. We are allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our practice's normal business operations.
- Exception For Disclosure To Friends And Family Involved In Your Care. We will ask you whether you have any objection to sharing information about your health with your friends and family involved in your care. More information about this exception is provided below.
- Exception In Emergencies Or Public Need. We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of diseases. Additional examples of potential exceptions are

detailed below.

- Exception If Information Does Not Identify You. We may use or disclose your health information if we have removed any information that might reveal who you are.

How To Obtain A Copy Of This Notice.

You have the right to a paper copy of this notice. You may request a paper copy at any time. To do so, please call our medical records department at 402.484.4900. You may also obtain a copy of this notice from our website at YourCancerCare.com or by requesting a copy at your next visit.

How To Obtain A Copy Of Revised Notices.

We may change our privacy practices from time to time. We will post any revised notice in our reception area. You will also be able to obtain your own copy of the revised notice by accessing our website at YourCancerCare.com, calling our office at 402.484.4900 or asking for one at the time of your next visit. The effective date of the notice will always be located in the top left corner of the first page.

How To File A Complaint.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Amy King, Privacy Officer at 2611 South 70th Street, Lincoln, NE 68506. Telephone number 402.484.4914.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

Information about your health condition (such as a disease you may have); information about health care services you have received or may receive in the future (such as an operation or specific therapy); information about your health care benefits under an insurance plan (such as whether a prescription or medical test is covered); geographic information (such as where you live or work); demographic information (such as your race, gender, ethnicity, or marital status); unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment And Normal Business Operations.

The physicians and other clinicians and staff members within our Oncology Group Practice may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the practice's normal business operations. Your health information may also be shared with affiliated hospitals and health care providers so that they may jointly perform certain payment activities and business operations along with our practice. Below are further examples of how your information may be used for treatment, payment, and health care operations.

Treatment.

We may share your health information with doctors or nurses within our practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor within our practice may share your health information with another doctor within our practice, or with a doctor at another health care institution (such as a hospital), to determine how to diagnose or treat you. A doctor in our practice may also share your health information with another doctor to whom you have

been referred for further health care.

Payment.

We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. We may also share information about you with your health insurance company to determine whether it will cover your treatment or to obtain necessary pre-approval before providing you with treatment.

Business Operations.

We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our physicians or staff in caring for you, or to educate our physicians or staff on how to improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as transcription companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits And Services.

We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

2. Friends And Family.

We may use your health information to share it with friends and family involved in your care, without your written authorization. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Friends And Family Involved In Your Care.

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your general condition, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. Emergencies Or Public Need.

We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons.

Emergencies.

We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Communication Barriers.

We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law.

We may use or disclose your health information if we are required by law to do so.

Public Health Activities.

We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence.

We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities.

We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall.

We may disclose your health information to a person or company that is required by the Food and Drug Administration to:

1. Report or track product defects or problems
2. Repair, replace, or recall defective or dangerous products; or
3. Monitor the performance of a product after it has been approved for use by the general public.

Lawsuits And Disputes.

We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement.

We may disclose your health information to law enforcement officials for the following reasons:

To comply with court orders, subpoenas, or laws that we are required to follow; To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person; If you have been the victim of a crime and we determine that:

1. We have been unable to obtain your consent because of an emergency or your incapacity

2. Law enforcement officials need this information immediately to carry out their law enforcement duties
3. In our professional judgment disclosure to these officers is in your best interest; If we suspect that your death resulted from criminal conduct; or If necessary to report a crime that occurred on our property.

To Avert A Serious Threat To Health Or Safety.

We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

National Security And Intelligence Activities Or Protective Services.

We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans.

If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions.

If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.

Workers' Compensation.

We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors.

In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties

Organ And Tissue Donation.

In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research.

In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may

also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our offices. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our offices any information that identifies you.

Special Protections For HIV, Substance Abuse, and Mental Health Information.

Special privacy protections apply to HIV-related information, substance abuse information, and mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION.

You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right To Inspect And Copy Records.

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Nebraska Hematology-Oncology, P.C., Attention: Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. We ordinarily will respond to your request within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or all of your request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. Right To Amend Records.

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Amy King, Privacy Officer. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These

procedures will be explained in more detail in any written denial notice we send you.

3. Right To An Accounting Of Disclosure.

After April 14, 2003, you have a right to request an "accounting of disclosures" which is a list with information about how we have shared your information with others. An accounting list, however, will not include:

Disclosures we made to you; Disclosures you authorized; Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations; Disclosures made from the patient directory; Disclosures made to your friends and family involved in your care; Disclosures made to federal officials for national security and intelligence activities; Disclosures about inmates or detainees to correctional institutions or law enforcement officers; or Disclosures made before April 14, 2003.

To request this list, please write to Nebraska Hematology-Oncology, P.C., Attention: Medical Records. Your request must state a time period for the disclosures you want us to include. You have a right to one list within every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period. Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right To Request Additional Privacy Protections.

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery or therapy you had. To request restrictions; please write to Nebraska Hematology-Oncology, P.C., Attention Medical Records. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications.

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to Nebraska Hematology-Oncology, P.C., Attention: Medical Records. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.