NOTICE OF PRIVACY PRACTICES

Effective Date: July 3, 2014

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 maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice for as long as it is in effect.

If you have any questions regarding this notice, please contact:

Office of Corporate Compliance, Internal Audit & Privacy
Health Quest Systems, Inc.
1351 Route 55
Lagrangeville, New York 12540
845-475-9755

WHO WILL FOLLOW THIS NOTICE

Ulster Radiation Oncology Center (the “Entity”) is, along with the affiliated providers listed on Appendix A, a member of Health Quest Systems Inc. The Entity, including the following workforce members, will follow the privacy practices set forth in this Notice:

- Any health care professional on our medical or allied practitioner staff.
- All departments and units of the Entity.
- Any member of a volunteer group authorized to help you while you are receiving services.
- All employees and staff and other personnel.

The Entity may share information with the other Health Quest affiliated entities listed in Appendix A, which are also bound by the terms of this Notice, for purposes permitted under applicable law.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care whether made by Entity personnel or your personal doctor at an Entity Site. “Entity Site” means the Entity’s location where you receive health services. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. The Law requires us 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 medical information about you.
• Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information, which do not require your written authorization. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories:

• For treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. A doctor at the hospital may share your health information with another doctor inside our hospital, or with a doctor at another hospital, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate dietary teaching. Different departments of the Entity also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of the Entity who may be involved in your medical care after you leave our care, such as family members, clergy or others we use to provide services that are part of your care.

• For payment. We may use and disclose medical information about you so that the treatment and services you receive at the Entity may be billed to and payment may be collected from you, an insurance company or a third party. For example we may need to give your health plan information about the services you received while under our care so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

• For healthcare operations. We may use and disclose medical information about you for Entity healthcare operations, such as quality assessment and improvement activities, professional training programs, and legal compliance programs. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. These uses and disclosures are necessary to run the Entity and make sure that all of our patients receive quality care.

• Business Associates. We may disclose your medical information to third-party business associates that we contract with to perform certain business functions or provide certain business services on our behalf, such as auditing, billing, legal services, etc. For example, we may use another company to perform medical billing services. All of our business associates are required to maintain the privacy and confidentiality of your medical information. In addition, at the request of your other health care providers or health plan, we may disclose your medical information to their authorized business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose medical information to a business associate of Medicare for purposes of medical necessity review and audit.

• Appointment reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.
• **Treatment alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

• **Health-related benefits and services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

• **Fundraising activities.** We may use medical information about you to contact you in an effort to raise money for the Entity and its operations. We may disclose patient contact information to a foundation related to the Entity so that the foundation may contact you in raising money. We only would release contact information, such as your name, address and phone number, the dates you received treatment or services, the department which treated you, your treating physician, and your medical outcomes. You have the right to opt-out of receiving fundraising communications. Any fundraising communication sent to you will let you know how you can opt-out of receiving similar communications in the future, or you may opt-out of receiving fundraising communications by sending your name and address to the foundation related to the Entity, together with a statement that you do not wish to receive fundraising materials or communications from us. Your treatment or payment will not be conditioned on your choice with respect to the receipt of fundraising communications.

• **Entity directory.** We may include certain limited information about you in the Entity directory while you are a patient, unless you object. This information may include your general demographic information such as your age and gender, as well as your diagnosis, general condition, attending physician, the service or services you are receiving, and your religious affiliation. This directory information, 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, such as a priest or rabbi, even if he or she doesn’t ask for you by name.

• **Individuals involved in your care or payment for your care.** We may release medical information about you to a friend or family member who is involved in your medical care, unless you object or the law does not allow it. For example, there is a state law that prohibits us from informing the parents or guardians of a minor that the minor has a venereal disease or has had an abortion. There is also a law with special rules for disclosing HIV and AIDS-related information. We may also give information to someone who helps pay for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

• **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose medical information for most types of research, the project must be approved through a research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the agency/Entity. We also may contact you about possible research opportunities. Except in certain very limited circumstances such as described above, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
• **As required by law.** We will disclose medical information about you when required to do so by federal, state or local law.

• **To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. An example of a serious threat is a serious and contagious disease.

**Special situations:**

• **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.

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

• **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

• **Workers’ compensation.** We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

• **Public health risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report 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 contracting or spreading a disease or condition; and
  - To notify appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

• **Health Regulatory Agencies.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

• **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone
else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at the hospital.
  - In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.

- **Coroners, medical examiners, and funeral directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

- **National security and intelligence activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- **Protective services for the President and others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates-information released to correctional institution.** If you are an inmate of correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION WHICH REQUIRE YOUR WRITTEN AUTHORIZATION**

- **Marketing.** Your written authorization is required for us to use or disclose your medical information for marketing purposes, except if we communicate personally with you face-to-face or if we provide you with prescription refill reminders or otherwise communicate with you about a drug or biologic that you are currently prescribed and we do not in exchange receive any payment that is unreasonably related to our cost of making such communication to you. It is not considered marketing, and therefore your written authorization is not required, if we communicate with you related to your individual treatment, case management, or care coordination, or if we direct or recommend alternative treatment, therapies, healthcare providers or settings of care, unless we receive payment from a third-party in exchange for making such communication to you. If marketing activities are to result in payment to us from a third party we will state this on the authorization.

- **Sale of Medical Information.** Your written authorization is required for any use or disclosure which is considered a sale of your medical information. Any authorization for the sale of medical information will state that the disclosure will result in payment to us.
• **Psychotherapy Notes.** Your written authorization is required for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure to defend us in a legal action or other proceeding brought by you; to the extent required to investigate or determine our compliance with the applicable law; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

• **Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Entity’s Medical Records department. If you request a copy of the information, we will act on your request within 30 days, unless we need an extension of that time. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Entity will review your request and the denial. 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 have the right to request an amendment of your health information for as long as the information is kept by or for the Entity. Your amendment request must be made in writing and submitted to the Medical Records department. We may deny your request if you ask us to amend information that:
  • Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  • Is not part of the medical information kept by or for the Entity;
  • Is not part of the information which you would be permitted to inspect and copy; or
  • Is accurate and complete.

• **Right to accounting of disclosures.** You have the right to request an accounting, or list, of certain disclosures we have made of your information within the last 6 years. To request this list or accounting of disclosures, you must submit your request in writing to the Entity’s Medical Records department. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We must act on your request within 60 days of when we receive it, but we can request an extension of time if we tell you the reason for the delay.
• **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. You also have the right to request a limit on the medical information we disclose about you for purposes of maintaining an Entity directory. For example, you could ask that we not use or disclose information about your location in the hospital or your religious affiliation. We are required to comply with a request that we not disclose your health information to a health plan for payment or health care operations purposes, if the health information pertains to a health care item or service for which we have been involved and you have paid for the item or service in full out-of-pocket. For all other requests, we will consider your requested restriction but **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Entity’s Medical Records department. 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 spouse.

• **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 only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Entity’s Medical Records department. 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 a paper copy of this notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website at: [www.health-quest.org](http://www.health-quest.org).

**HEALTH INFORMATION EXCHANGE**

We may store your health records electronically with Taconic Health Information Network and Community (THINC) and/or the New York eHealth Collaborative (NYeC). If you sign a separate written consent, or in limited emergency circumstances, other health care providers will be able to access your information from THINC or NYeC for the purpose of treating you. THINC and NYeC have implemented administrative, physical and technical safeguards to protect the confidentiality and integrity of your information.

**INFORMATION BREACH NOTIFICATION**

We will notify you in writing if we discover a breach of your unsecured health information, unless we determine, based on a risk assessment, that notification is not required by applicable law. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what has been done or can be done to mitigate any harm to you as a result of such breach.

**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 any information we receive in the future. We will post a copy of the current notice within the Entity. The notice will contain on the first page, in the top right hand corner, the effective date. The next time you come to an Entity to receive treatment, we will give you a copy of the current notice in effect.
COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Entity by contacting the Office of Corporate Compliance, Internal Audit & Privacy at 845-475-9755; or placing your complaint in writing to the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a written complaint contact:

Office of Corporate Compliance, Internal Audit & Privacy
Health Quest Systems, Inc.
1351 Route 55
Lagrangeville, New York 12540

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, New York 10278

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke this written permission, in writing, at any time. 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.
APPENDIX A

HEALTH QUEST PROVIDERS

FACS, LLC
Health Quest Medical Practice, P.C.
Health Quest Urgent Medical Care Practice, P.C.
Hudson Valley Cardiovascular Practice, P.C.
Hudson Valley Emergency Medicine, PLLC
Hudson Valley Home Care, Inc. (Certified)
Hudson Valley Home Care, Inc. (Licensed)
Hudson Valley Newborn Physician Services, PLLC
Mid-Hudson Radiation Therapists, Inc.
Northern Dutchess Hospital
Northern Dutchess Residential Health Care Facility, Inc. a/k/a. Thompson House
Physicians Network, P.C.
Putnam Hospital Center
Riverside Physical and Occupational Therapy and Speech Pathology, PLLC d/b/a. Therapy Works
Ulster Radiation Oncology Center
Vassar Brothers Hospital d/b/a Vassar Brothers Medical Center