

PROVISION

RADIATION THERAPY

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability Act of 1996 (HIPAA), **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF EAST TENNESSEE RADIATION THERAPY SERVICES, LLC (d/b/a PROVISION RADIATION THERAPY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.** You have the right to a paper copy of this Notice; you may request a copy at any time by contacting our facility at (865) 437-5252.

A. OUR COMMITMENT TO YOUR PRIVACY

Our center is dedicated to protecting your privacy. This Notice of Privacy Practices (“Notice”) must be followed by all providers, nurses, administrators, employees and other workforce members, and business associates of Provision Radiation Therapy (“PRT”). This Notice applies to every patient’s personal medical information, or “protected health information,” with respect to PRT. Protected health information (“PHI”) is a term used to describe your personal medical information and includes any information, whether oral, written, electronic, that is created or received by us as a healthcare provider, and that identifies you and relates to your past, present or future physical or mental health, or condition, treatment or payment for your healthcare.

In conducting our business, we will obtain relevant PHI from other providers and create records about you and the treatment/services that we provide to you. We are required by law to maintain the confidentiality of your PHI. This Notice tells you about the uses and disclosures that we make with your PHI, certain rights that you have, and obligations that we are bound to with respect to such information. To meet these obligations and to ensure that the confidentiality of your PHI is maintained, we have developed policies, created procedures, and taken other steps to help keep your PHI private. This Notice also provides you with the following information:

- How we may use and disclose your PHI without express authorization;
- Your privacy rights related to your PHI;
- Our obligations concerning the use and disclosure of your PHI; and
- How you can ask questions or file a complaint about how we handle your PHI.

The terms of this Notice apply to all records containing your PHI that are created or maintained by our center. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that our center has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our center will post a copy of our current Notice in our office in a visible location at all times, on our website, and you may request a copy of our most current Notice at any time.

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B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR YOUR PHI, PLEASE CONTACT OUR PRIVACY OFFICER AT:

Cathy Hulsey
2095 Lakeside Centre Way, Suite 101
Knoxville, TN 37922
cathy.hulsey@provisionhealthcare.com

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS WITHOUT YOUR EXPRESS CONSENT:

We typically use and/or share your PHI in the following ways:

- 1. We May Use and Disclose Your Information Electronically.** We use an electronic health record system to manage your information. Additionally, we may create, receive, maintain, and disclose your PHI in electronic format. We may communicate with you through email, text messages, phone calls, and the secure PRT patient portal. Communications within the patient portal are secure and encrypted. Emails, text messages or other electronic communications outside of the patient portal, though, may not be encrypted or secure and could be read or otherwise accessed by another person or organization. We will assume that you understand these risks if you initiate electronic communication with us outside of the patient portal or agree to receive communications from us in a non-secure format.
- 2. We May Use and Disclose Your Information For Treatment.** We may use and disclose your PHI to provide you with healthcare treatment or related services. Treatment includes sharing PHI among healthcare providers involved in your care, both inside and outside of Provision. For example, your healthcare provider may share information about your condition with pharmacists to discuss appropriate medications, or with radiologists or other consultants to make a diagnosis. Our facility may also share your PHI to coordinate your care related to such things as prescriptions, dietary needs, social work, lab work, physical therapy, and diagnostic imaging. Many of the people who work for our center – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others involved in your care, such as your friends, family, caregivers, or personal representatives. We may also use and disclose PHI to discuss potential treatment options or alternatives, health-related benefits or services, or to provide you with promotional gifts of nominal value. We may also use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may send mail and emails to the address(es) provided to us and may leave messages on your voicemail identifying our organization and asking for you to return our call. We may contact you to provide appointment reminders through text message, phone, email or mail. We may send automated texts or phone calls to contact you for certain routine purposes (for example, appointment

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reminders, pre-registration instructions, and other treatment-related notifications). By giving us your phone number or email address, we presume that you have consented to be contacted at that number or address.

3. **We May Use and Disclose Your Information For Payment.** Our center may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment and/or to assist you with the appeal process if your insurer denies coverage. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as friends or family members. Also, we may use your PHI to bill you directly for services and items.

4. **We May Use and Disclose Your Information For Healthcare Operations.** We may use and disclose your PHI to operate our business or allow other covered entities involved in your care/payment for your care to operate their business. Examples of the ways in which we may use and disclose your information for our operations include:
 - Care Coordination: We may use and disclose your PHI for care coordination in an effort to improve the effectiveness and efficiency of care delivered by us.
 - Customer Service and Data Analysis: We may use and disclose your PHI to review and help improve our patient satisfaction and customer service levels, and for internal data analyses.
 - Patient Portal: Provision provides patients with a secure online patient portal to view health records and appointments, communicate with health care providers, and provide information about services available in Nashville and surrounding areas. We use information from your health record, including your demographic information, to provide this service.
 - Quality Improvement and Review of Resources and Staff: We may use and disclose your PHI to improve the quality of care we provide (for example, for conducting quality assessments, reviewing the qualifications and competence of our medical staff, and selecting, educating, and training our employees and staff).
 - Risk Management, Legal Services, Compliance and Audit Functions: We may use and disclose your PHI to facilitate risk management efforts, legal reviews, compliance programs, accreditation processes, licensing and credentialing services, and audit functions.
 - Security: We may use or disclose your PHI to provide security at Provision facilities. For example, we use security cameras and share limited PHI with police officers as necessary for security purposes.
 - Social Media: Provision participates in several online public social media sites. If you or others choose to share your health information on our online social media sites, this information is public and not protected by privacy laws and may be re-

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posted or shared by Provision or others. If you do not want your health information to be public, you should not share it on online public social media sites.

We May Use and Disclose Your Information for Participation in Research Studies. We may use or disclose your PHI to provide you with medical treatment/services related to the research studies that we conduct. We may disclose information about you to entities, doctors, nurses, technicians, coordinators, office staff, researchers, or other personnel, whether internal or external, who help us conduct our studies. These individuals may use your PHI to prepare research protocols or identify potential study participants. Additionally, our researchers may use and disclose your PHI for research once the research protocol has been reviewed and approved by an Institutional Review Board (IRB). An IRB is a committee responsible for protecting individual research participants and ensuring that research is conducted ethically. Some research studies require your consent (for example, studies in which participants receive experimental drugs or therapies), but other research studies may use and disclose your PHI without your consent if an IRB gives the researchers permission to use and disclose your PHI for research. We may also discuss your condition with other covered entities to help determine the most appropriate care for you and to make recommendations regarding your research study participation.

5. **We May Disclose Your Information to Business Associates.** We may disclose your PHI to certain other persons or companies with whom we contract to provide services on our behalf. For example, we may contract with an outside company to perform billing services. These persons or companies are called “business associates”. Our business associates are required to appropriately safeguard the PHI of our patients.
6. **We May Disclose Your Information to Individuals Involved in your Care.** Our center may release your PHI to a friend or family member (or another similar individual) that is involved in your care or who assists in taking care of you. For example, a guardian may ask that a neighbor bring their parent or child to our center for treatment. This neighbor may have access to relevant PHI of the patient. We may also release information to other individuals involved in your payment for health services we provide to you.
7. **We May Make Other Disclosures of Your PHI Required by Law.** Our center will use and disclose your PHI when we are required to do so by federal, state, or local law.
8. **Creation of De-identified Health Information.** Our center may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

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D. WE MAY USE AND DISCLOSE YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES WITHOUT YOUR APPROVAL:

The following categories describe unique scenarios in which we may use or disclose your PHI without your consent or authorization.

1. **Public Health Activities.** Our center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths;
 - Reporting abuse or neglect;
 - Preventing or controlling disease, injury or disability;
 - Notifying a person regarding potential exposure to a communicable disease or regarding a potential risk for spreading or contracting a disease or condition;
 - Reporting reactions to drugs or problems with products or devices;
 - Notifying individuals if a product or device they may be using has been recalled; and
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our center may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general. We may use your information to report diseases to the health department.
3. **Lawsuits and Similar Proceedings.** Our center may disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute if appropriate legal requirements are satisfied.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - Regarding a victim of a crime in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct on our campus
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - If we reasonably believe you are a victim of abuse, neglect, or domestic violence.
 - In an emergency and/or to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

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5. **Serious Threats to Health or Safety.** Our center may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **National Security.** Our center may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
7. **Disclosure for Fundraising.** Our center may disclose certain limited information to an affiliated foundation or a business associate that may contact you to raise funds for our center. You have the right to opt out of receiving such fundraising communications. Instructions on how to stop receiving future fundraising communications will be included on each fundraising solicitation.

E. OTHER USES AND DISCLOSURES

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice, such as marketing. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing.

F. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain:

1. **Right to Request Alternative Methods of Communication.** Alternative Methods of Communication or Locations. You have the right to request that our center communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we only contact you at home, rather than work, or to send communications in a sealed envelope instead of a postcard. To request such alternative methods or locations, you must make your request in writing to the Privacy Officer at the address listed above. In your request, you must specify how or where you wish to be contacted. You may be asked to pay for additional costs incurred to comply with your request. We will not ask you the reason for your request, and we will attempt to accommodate all reasonable requests.
2. **Right to Request Restrictions.** You have the right to request a restriction or limitation on our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request a restriction or limitation on our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We will attempt to accommodate all reasonable restriction requests, but we are not

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obligated to agree to a restriction (except as noted in this paragraph), and in certain circumstances we may not be able to comply. We are required to comply with your request that we not disclose certain PHI to a health plan, insurer or other third-party payor for payment or health care operations purposes if the PHI relates solely to treatment or services that have been fully paid out-of-pocket. To request a restriction of our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer at the address listed above. Your request must clearly describe: (a) what information you want to limit; (b) whether you want to limit our use or disclosure of the information (or both use and disclosure); and (c) how and to whom you want the limits to apply (for example, disclosures to your spouse). You may not request restriction of a disclosure that is required by law, necessary during an emergency, or when the disclosure of the information is necessary to treat you.

3. **Right to Inspect and Make Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your care. Usually, this PHI includes health and billing records. To do so, you must submit your request in writing to our Privacy Officer at the address listed above. Our center may charge a reasonable fee for the costs of copying associated with your request (copying and mailing or other requested delivery method). We will respond to your request within fifteen (15) days of receiving your written request. We may deny you access in certain very limited circumstances. In most cases, when you are denied access to this PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us 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.
4. **Right to Request Amendment.** Right to Request Amendment. You may ask us to amend your health and billing information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is maintained by or for our center. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. Our center may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the center; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our center, unless the individual or entity that created the information is not available to amend the information.
5. **Right to Request and Accounting of Disclosures.** You have the right to request an “accounting of disclosures,” which is a list of certain disclosures that our center has made of your PHI, including disclosures made to or by our business associates. However, this list will not include, for example, disclosures made to carry out treatment, payment or health care operations, nor will it include disclosures made pursuant to a valid Authorization. Examples of routine patient care, payment, or health operations excluded from an accounting of disclosures

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include: the doctor sharing information with the nurse; the billing department using your information to file your insurance claim, appropriately disclosing your information to a business associate; and, discussing your PHI for purposes of improving our healthcare delivery. The accounting of disclosures will include: (1) the date of each disclosure; (2) the name of the entity or person who received your PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure. However, this list will not include, for example, disclosures made to carry out treatment, payment, or healthcare operations, nor will it include disclosures made pursuant to a valid Authorization. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an accounting of disclosures must state a time period, which may not be longer than three years from the date of the request. The first list you request within a 12-month period is free of charge, but our center may charge you for additional lists within the same 12-month period. Our center will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to Revoke Your Authorization.** You have the right to revoke your Authorization to use or disclose any PHI not outlined within this Notice at any time, by sending a written request to the PRT Privacy Officer.
7. **Right to a Copy of This Notice.** You have the right to a 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. To obtain a copy of this Notice, contact the center. You may also view this Notice on our website.
8. **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will take reasonable steps to make sure the person has this authority and can act for you before we will take action.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our center, or with the Secretary of the Department of Health and Human Services; Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C., 20201, or phone (202) 619-0257 or toll free (877) 696-6775. To file a complaint with our center, contact: Cathy Hulseley, Privacy Officer, 2095 Lakeside Centre Way, Suite 101, Knoxville, TN 37922. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

This Notice of Privacy Practices was created: 10/01/2015

This Notice of Privacy Practices was last reviewed: 10/09/2025