

# STOCKTON HEMATOLOGY ONCOLOGY MEDICAL GROUP, INC.

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## NOTICE OF PRIVACY PRACTICES

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### About us

In this Notice, we use terms like "we," "us" or "our" to refer to Stockton Hematology Oncology Group (SHOMG), its physicians, employees, staff and other personnel. This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this Notice.

The following categories describe examples of the way we use and disclose health information:

**TREATMENT:** We may use or disclose your health information to other healthcare professionals who assist with your care.

**PAYMENT:** We may use and disclose your health information to bill and collect payment for services we render to you.

**For Health Care Operations:** We may use and disclose your health information in order to support our business activities. This may include quality assessment, evaluations, training, accreditation or licensing activities.

**Appointment Reminders:** We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

**REQUIRED BY LAW / NATIONAL SECURITY / PUBLIC HEALTH:** We may use or disclose your health information to government or other law enforcement agencies if we are required to do so by law. This may include purposes of national security, public health, control of communicable disease, drug reactions, a reasonable suspicion of abuse or neglect and threats to your health and safety or the health or safety of others.

**MARKETING AND FUND RAISING:** We will not use your health information for marketing or fund raising without your written authorization.

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL DISTRIBUTE A REVISED NOTICE**