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## GENERAL INFORMATION

*The information will acquaint you with our services and office procedures. Our goal is to provide you with useful information that will help you utilize our center.*

**When you call Virginia Oncology Associates:** to better serve our patients, VOA has a centralized phone system. Our physicians are on-call for emergencies after hours and during the weekend.

### **NURSE/PHYSICIAN**

**All calls to our nurses are routed through the Triage Nurse.**

Please leave a detailed message with your full name (including the spelling of your last name), date of birth, reason for calling, and a number where you can be reached. Every effort will be made to return your call as soon as possible, and you can expect your call to be returned the same day. If it is important that your call be returned within a certain amount of time (for example; need a call back within 2 hours), you must make that clear in your message.

**If your situation requires immediate attention, do not call the office; dial 911.**

### **PRESCRIPTION REFILLS**

Refills of prescription drugs can only be filled during regular business hours. This restriction is for your protection. We must be able to have access to your most up-to-date and complete medical records to ensure you receive appropriate medications and approvals from your physician.

### **IN-OFFICE DISPENSARY**

We understand that undergoing treatment for your condition can be unsettling and time-consuming. In order to provide excellent service and convenience for our patients, we can dispense certain medications to you in our offices. We can also confirm your prescription benefits coverage and investigate alternative co-payment assistance resources (e.g., patient assistance programs, manufacturer-funded assistance, etc.) to better ensure you receive your medication as quickly and cost-effectively as possible. Please let us know if you have any questions about filling your prescription in our office.

### **SCHEDULING AND APPOINTMENTS**

If you are calling to schedule an appointment, please leave a detailed message including the following information on voice mail: full name (including the spelling of the last name), date of birth of the patient, and the telephone number where you can be reached.

We will always accommodate emergencies when they occur. For this reason, it is very important to always schedule your visits so that time can be set aside for your care. Please call the office and speak with the nurse before coming in for an unscheduled visit. If you choose to come into the office without first speaking to a nurse, your situation will be assessed to determine if your needs can be taken care of the next day.

If you cannot keep a scheduled appointment, please let us know 24 hours in advance so that we can release that time for another patient. Please pay close attention to your appointment time and help us by arriving at the time designated on your appointment card.

Lab draws are scheduled 15 minutes prior to a physician or chemotherapy appointment. Please understand that in order to be respectful of those patients who do arrive at their scheduled times, late arrivals will be worked into the schedule if and as it allows. Additionally, those who arrive more than 30 minutes before their appointment will be asked to wait.

### **INSURANCE AND BILLING**

You will be asked to provide us with your insurance coverage information at your first visit and every 6 months thereafter. A day or two prior to your appointment with our office, a registration clerk will contact you to obtain and verify your insurance information.

It is a requirement of your health insurance that co-payments be collected at each visit.

We participate with most major insurance carriers. As a courtesy, claims will be filed for you. In order to ensure reimbursement, your insurance information must be kept current. Please remember that your insurance policy is a contract between you and your insurance company, and we are not a party to the contract. For your convenience, we accept Visa, MasterCard, Discover, and American Express. You will be introduced to one of our Patient Benefit Representatives who will assist you with your financial health. You will receive monthly statements showing you an itemization of charges and payments made by you or your insurance companies. If you have questions regarding your billing, do not hesitate to contact our billing office at (757) 213-5700.

### **FEES FOR MEDICAL PAPERWORK**

A fee will be charged for all medical paperwork such as, but not limited to, disability forms, FMLA, etc. Please notify the front desk if medical paperwork needs to be completed.

### **ADDITIONAL RESOURCES**

For additional information and resources, visit [VirginiaCancer.com](http://VirginiaCancer.com) under the **FOR PATIENTS** heading, then Cancer Resources to explore the Support Groups, Community Resources (Local & National), Disease Specific Organizations, and Survivorship Information & Resources. If you have any questions, do not hesitate to ask a VOA staff member or call our offices where we will be happy to assist you.

### **LANGUAGE ASSISTANCE SERVICES**

Language services are available, free of charge, to patients whose primary language is not English. Please notify a VOA staff member if you need these services. See our Nondiscrimination Notice for more information.

## CHILD VISITATION POLICY FOR VIRGINIA ONCOLOGY ASSOCIATES

- The purpose of this policy is to create a safe environment for patients, visitors, and staff.
- This policy falls in line with current visitation guidelines for local Sentara and Bon Secours facilities and leading national cancer centers at VCU, Duke, MD Anderson, Johns Hopkins, and Memorial Sloan Kettering.

**Children under the age of 16 are not allowed in the VOA clinical areas. They are allowed to wait in the lobby with adult supervision (other than the patient).**

### **RISK TO PATIENTS:**

- Multiple routine childhood vaccinations are “live” vaccines. MMR for measles, mumps and rubella, Varicella vaccine for chickenpox, and flu-mist for influenza are all live attenuated vaccines. A cancer patient whose immune system is weakened may have serious complications from routine infections. Any visitor who is recovering from illness or has been exposed to someone who is ill, should not come into the office. Young children may not be able to recognize early symptoms of illness and may not communicate them appropriately in efforts to prevent transmission.

### **RISK TO CHILDREN:**

- Clinical environments place younger children at increased risk of exposure to health hazards. Children are still mastering safe behavior within their community. Young children may accidentally expose themselves to biologic and chemotherapy hazards when they touch a contaminated surface and then touch their mouth, nose, or eyes.

### **THINGS TO CONSIDER:**

- Critical lab results, reactions to medications, or new clinical findings all might lead a physician to recommend that a patient be hospitalized on an emergent basis.
- A child might witness emergency care being delivered to another patient which the child might find upsetting.

Virginia Oncology Associates is committed to providing patients with the highest quality care. By providing protected clinical time, we afford patients the opportunity to be a full participant in their care.

## HELPFUL HINTS & REMINDERS

We would like to take this opportunity to share some helpful hints and information to ensure a safe environment and provide some quick reminders while you are in the clinic or the treatment area.

- For the comfort of all our patients, please refrain from, or severely limit, cell phone use while in the treatment room.
- For the safety of everyone, rolling stools are for office staff only.
- Treatment recliners are for patients who are receiving treatment.
- Due to chemo-induced sensitivities, perfumes, colognes, and scented lotions are discouraged.
- Due to OSHA requirements, no pets are allowed in the treatment room.
- If watching a movie or listening to music, please use earphones to limit disturbances to fellow patients.
- Please discuss with your physician or nurse any driving restrictions you may have while actively receiving chemotherapy. This will allow you time to work on transportation to and from your treatment appointment if needed.
- Please bring your pain medications with you on your treatment day. Check with your nurse before you take them.
- Free wireless internet is available in the treatment room for your laptops, tablets, etc.
- Blankets and pillows are available, but you may bring your own as well. Layered clothing is recommended.
- For your safety, you must remain in the treatment area during your entire treatment.
- Weapons, including but not limited to, guns, knives, or electronic stunning devices are prohibited at any of our clinics regardless of a concealed weapons permit.
- If you are here for a long treatment, you may bring your own snack or lunch.

Thanks for your participation in making the clinic and treatment area a comfortable and secure place.

# Notice Informing Individuals About Nondiscrimination And Accessibility Requirements

Virginia Oncology Associates complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Virginia Oncology Associates does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Virginia Oncology Associates:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If you need these services, please notify a VOA staff member.**

If you believe that Virginia Oncology Associates has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Angie Camporeale, Compliance Liaison for Virginia Oncology Associates, 6251 E. Virginia Beach Blvd., Ste.200, Norfolk, VA 23502, **Phone:** (757) 213-5806, **Fax:** (757) 213- 5872, **Email:** [angie.camporeale@usoncology.com](mailto:angie.camporeale@usoncology.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Angie Camporeale, Compliance Liaison for Virginia Oncology Associates is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# Language Service Assistance Tag Lines for Virginia and North Carolina

ATTENTION: If you speak any of the following languages, language assistance services, free of charge, are available to you. Call 1-757-466-8683 for more information.

<b>Spanish</b>	<b>Chinese</b>
Atención: Si habla español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Por favor llame al 1-757-466-8683 para más información.	注意：如果你會說中國話，語言援助服務，免費的是可供您使用。請有關詳細資訊，致電 1-757-466-8683。
<b>Vietnamese</b>	<b>Korean</b>
Chú ý: Nếu bạn nói tiếng Việt, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Xin gọi 1-757-466-8683 để biết thêm thông tin.	참고: 한국어를 구사하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 자세한 내용은 1-757-466-8683으로 전화하십시오.
<b>French</b>	<b>Arabic</b>
ATTENTION : Si vous parlez Français, les services d'assistance de langue, sans frais, sont à votre disposition. Contactez 1-757-466-8683 pour plus d'informations.	تنبيه: إذا كنت تتحدث اللغة العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك. لمزيد من المعلومات، يرجى الاتصال 1-757-466-8683
<b>Hmong*</b>	<b>Russian</b>
XIM: Yog hais tias koj hais lus Hmoob, lus pab cov kev pab cuam, pub dawb, yog muaj rau koj. Thov hu rau 1-757-466-8683 kom paub ntau ntxiv.	ВНИМАНИЕ: Если вы говорите на русском, языковой помощи, бесплатно предоставляются услуги для вас. Для получения дополнительной информации, пожалуйста, позвоните 1-757-466-8683.
<b>Tagalog*</b>	<b>Gujarati*</b>
Pansin: Kung magsalita ka Tagalog, wika serbisyo ng tulong, nang walang bayad, ay magagamit sa iyo. Mangyaring tawagan 1-757-466-8683 para sa karagdagang impormasyon.	ध्यान: તમે ગુજરાતી ભાષા સહાય સેવાઓ વિના મૂલ્યે, વાત, તો તમે કરવા માટે ઉપલબ્ધ છે. વધુ માહિતી માટે 1-757-466-8683 કોલ કરો.
<b>Mon-Khmer, Cambodian</b>	<b>German</b>
យកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរខ្មែរ, សេវាជំនួយភាសាដោយឥតគិតថ្លៃ, ដែលអាចប្រើបានទៅអ្នក។ សូមទូរស័ព្ទ 1-757-466-8683 ថែមទៀត។	ACHTUNG: Wenn Sie Deutsch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Bitte rufen Sie 1-757-466-8683 für weitere Informationen.
<b>Hindi</b>	<b>Laotian</b>
ध्यान दें: यदि आप हिंदी बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। 1-757-466-8683 अधिक जानकारी के लिए फोन कृपया।	ຄວນລະວັງ: ຖ້າທາກວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການການຊ່ວຍເຫຼືອພາສາ, ຈຳນວນບໍ່ມີໃຫ້ເພື່ອທ່ານ. ກະລຸນາໃຫ້ຫາ 1-757-466-8683 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ.
<b>Japanese</b>	<b>Persian (Farsi)</b>
注意: あなたが日本語を話す言語アシスタンス サービス、無料で、あなたに利用できます。詳細については 1-757-466-8683 お電話ください。	توجه: اگر حرف فارسی زبان کمک خدمات رایگان، به شما در دسترس هستند. لطفاً 1-757-466-8683 برای کسب اطلاعات بیشتر تماس بگیرید.
<b>Amharic*</b>	<b>Urdu</b>
አዳምጥ: አማርኛ, ከከፍቶ ነገ የቋንቋ እርዳታ አገልግሎቶች, የሚናገሩ ከሆነ, ለእርስዎ የሚገኙ ናቸው. ተጨማሪ መረጃ ለማግኘት 1-757-466-8683 ይደውሉ.	توجه: اگر آپ اردو بولتے ہیں، زبان معاونت خدمات، مفت آپ کو دستیاب ہیں۔ براہ مہربانی 1-757-466-8683 پر مزید معلومات کے لیے کال کریں۔
<b>Ibo</b>	<b>Yoruba*</b>
Ntị: Ọ bụrụ na ị na-ekwu okwu Igbo, asụsụ aka ọrụ, n'efu, dị ka gị. Biko na-akpọ 1-757-466-8683 maka ozi ndị ọzọ.	Akiyesi: Ti o ba sọ Yorùbá, èdè iranlowo iṣẹ, free ti idiyele, ni o wa wa si o. Jọwọ pe 1-757-466-8683 fun alaye siwaju sii.
<b>Bengali*</b>	<b>Kru (Bassa)</b>
দৃষ্টি আকর্ষণ: যদি তুমি স্প্যানিশ ভাষায় সহায়তা সেবা বিনামূল্যে পাওয়া যায়। 1-757-466-8683 ফোন করে জানার জন্য।	ATTENTION Dè dẹ nià kẹ dyédé gbo: Ọ jù kẹ n [Bàsòò-wùdù-po-nyò] jù ní, níí, à wuḍu kà kò dọ po-poò b́éin m̀ gbo kpáa. Dá 1-757-466-8683.

# PHONE NUMBERS AND HEALTHCARE TEAM INFORMATION

## OFFICE LOCATIONS

### SOUTHSIDE

Brock Cancer Center  
6251 E. Virginia Beach Blvd., Ste. 200  
Norfolk, VA 23502  
(757) 466-8683  
FAX (757) 466-8892

1950 Glenn Mitchell Dr., Ste. 102  
Virginia Beach, VA 23456  
(757) 368-0437  
FAX (757) 368-0492

5838 Harbour View Blvd., Ste. 105  
Suffolk, VA 23435  
(757) 484-0215  
FAX (757) 484-6792

744 Battlefield Blvd., Ste. 200  
Chesapeake, VA 23320  
(757) 549-4403  
FAX (757) 549-4332

2790 Godwin Blvd., Ste. 101  
Suffolk, VA 23434  
(757) 539-0670  
FAX (757) 539-1062

### PENINSULA

1051 Loftis Blvd., Ste. 100  
Newport News, VA 23606  
(757) 873-9400  
FAX (757) 873-9420

3000 Coliseum Dr., Ste. 104  
Hampton, VA 23666  
(757) 827-9400  
FAX (757) 827-9320

500 Sentara Cir., Ste. 203  
Williamsburg, VA 23188  
(757) 229-2236  
FAX (757) 221-0409

### NORTHEAST NC

905 Thunder Road, Ste. 250  
Elizabeth City, NC 27909  
(252) 331-2044  
FAX (252) 331-1909

## OUR TEAM

**OUR CANCER CARE TEAM IS MADE UP OF BOARD-CERTIFIED AND BOARD-ELIGIBLE ONCOLOGISTS AND OTHER ONCOLOGY-TRAINED CLINICAL PROFESSIONALS WHO UNDERSTAND THE SPECIAL NEEDS OF CANCER PATIENTS AND THEIR FAMILIES.**

With many years of experience caring for cancer patients, our physicians, nurses, pharmacists, counselors, and other specialists work together to provide world-class, personalized cancer care.

### MEDICAL ONCOLOGY & HEMATOLOGY

Our medical oncology team plays a major role in cancer care by managing treatment plans and therapies, monitoring and evaluating progress, and collaborating on best options with other caregivers. We consult with patients on their choices and any temporary side effects they may experience during chemotherapy treatments, as well as offer medical guidance to help patients make decisions along the way.

Our hematology team has extensive experience providing high-quality patient care, research, and leading-edge treatment of blood and bone marrow disorders; for both cancer and non-cancer patients.

Thomas A. Alberico, M.D.  
Cristina S. Alencar, M.D.  
Burton F. Alexander, M.D.  
Omer Ali, M.D.  
Daniel Aruch, M.D.  
Daniel Atienza, M.D.  
Nina Balanchivadze, M.D.  
Celeste Bremer, M.D.  
David Z. Chang, M.D.  
Scott J. Cross, M.D.  
Snehal Damle, M.D.  
Michael A. Danso, M.D.  
Ayham Deeb, M.D.  
Katherine DiNardo, M.D.  
Mark T. Fleming, M.D.  
Ranjit K. Goudar, M.D.  
Sonia E. Hepburn, M.D.  
Jared Kobulnicky, M.D.  
Boon Kok, M.D.  
Scott Kruger, M.D.  
Michael E. Lee, M.D.

Sowjanya Naga, M.D.  
Gradon Nielsen, M.D.  
J. Christopher Paschold, M.D.  
Kevin K. Patel, M.D.  
David Michael Powell, M.D.  
Christina Prillaman, M.D.  
Gauri V. Radkar, D.O.  
S. George Saman, M.D.  
Julia Schaefer-Cuttillo, M.D.  
Taha M. Sheikh, M.D.  
Cynthia C. Sile, M.D.  
Gary L. Simmons, D.O.  
Kevin Sing, M.D.  
Valiant Tan, M.D.  
Ligeng Tian, M.D.  
Graham T. Watson, M.D.  
Jedrzejj "NJ" Wykretowicz, M.D.  
John Xie, M.D.  
Yue Zhang, M.D.  
Bo Zhao, M.D.

### GYNECOLOGIC ONCOLOGY

Our gynecologic oncologists specialize in cancers of the female organs. With a unique depth of experience and expertise coupled with easy access to the latest treatment options, we are able to develop and implement the best treatment plan for each patient.

Danielle Chau, M.D.  
Devin Miller, M.D.  
Michael E. McCollum, M.D.

Stacey J. Rogers, M.D.  
Robert C. Squatrito, M.D.

## NON-URGENT MEDICAL QUESTIONS

Triage nurses assist patients with questions and issues relating to cancer, medication(s), and treatment side effects:

Southside Triage Nurse Line  
(757) 466-8683, option #5

Peninsula Triage Nurse Line  
(757) 873-9400, option #5

## EMERGENCY & AFTER HOURS

For emergencies, please dial 911. For help after hours, during the weekend, and over holidays, please page our on-call healthcare provider.

Southside - (757) 466-8683

Peninsula - (757) 594-2000

## INCLEMENT WEATHER

For information on office closures or delays due to inclement weather, extended power failures, or other catastrophes that would require office closures, please call our inclement weather box:

Southside - (757) 264-4990

Peninsula - (757) 264-4994

## OUR TEAM (continued)

### RADIATION ONCOLOGY

Today, radiation therapy is quicker, safer, and more precise than ever before. Our radiation oncology team uses advanced treatment planning systems and state-of-the-art radiation technology to deliver internal and external radiation to cancerous cells, which helps prevent them from growing or dividing and spreading.

Chike O. Abana, M.D.

Jacob T. Hall, M.D.

Song K. Kang, M.D.

Victor Archie, M.D.

Heather Jones, M.D.

Michael L. Miller, D.O.

### ADVANCED PRACTICE PROVIDERS (APP):

At Virginia Oncology Associates, physician assistants, and nurse practitioners (collectively referred to as advanced practice providers or APPs) work in all aspects of care including oncology, hematology, surgery, pain management, survivorship, palliative care, and stem cell transplant. As a part of the multidisciplinary team, they work collaboratively with doctors, nurses, and other healthcare providers in performing regular cancer screening tests, discussing treatment options, educating patients on symptoms, and helping in conducting clinical studies.

Heidi Albrecht, NP

Mary Albrethsen, NP, AOCNP

Gladys Apuli, DNP

Christine Arbogast, FNP, OCN

Rachel Avsec, PA

Marissa Banton, PA

Courtney Barbero, PA

Kelly Byrum, PA

Jennifer Cashwell, FNP-BC

Cori Damuth, NP

Kara DeMott, PA

Cara DePanfilis, PA

Jessica Doggett, AGACNP-BC

Andrea Edwards, PA

Lisa Everitt, PA

Andi Foster, PA

Aimee Gannon, PA

Carla Groshel, PA

Emily-Grace Harris, FNP

Courtney Hastings, MSN, FNP

Kimberly Heath, FNP-BC

Tatiana Hill, PA

Lynn Kelly, PA

Julia King, ACNP-BC

Emily Laughlin, PA

Charity Luiskutty, PA

Rachel McBride, NP

Taylor Middleton, FNP

Susan Miller, PA

Alexandra Moore, MPH, PA

Miriam New, NP

Hannah Newhall, PA

Jacqueline Oliver, PA

Caitlin Pellant, NP

Jamie Perez, PA

Grace Perry, AOCNP

Juli Phillips, FNP

Eric Poulin, PA

Tina Pryor, FNP

Janet Reyes, PA

Erik Richardson, PA

Linda Sawyer, NP

Kathleen Sharp, PA

Amy Stinnette, PA

Kristen Taylor, PA

Angela Thompson, PA

Whitney Tobin, PA

Jennifer Tschanz, NP

Kristin Vickers, MPH, PA

Stacey Warburton, FNP

Laura Watts, NP

Mike Wood, PA

Alicia Yates, PA



# VIRGINIA ONCOLOGY ASSOCIATES SERVICES

**WHEN FACED WITH CANCER, PATIENTS WANT THE MOST ADVANCED CARE AVAILABLE.** Thanks to the dedication of our experienced physicians and staff, Virginia Oncology Associates provides unparalleled access to innovative therapies and the latest technologies based on the latest clinical evidence—right here in our community. From leading-edge diagnostic imaging and sophisticated radiation therapies to new investigational drugs through clinical trials, we offer our patients advanced and comprehensive cancer care.

To us, providing comprehensive care also means understanding that having cancer is hard on patients and their families. Our physicians and staff will do whatever it takes to make everyone more comfortable. We will spend time with our patients to make sure they understand their diagnosis and treatment options and offer educational resources and support services designed to help patients and their families understand and cope with their disease.

## SERVICES OFFERED AT VIRGINIA ONCOLOGY ASSOCIATES INCLUDE:

Medical Oncology	Clinical Studies/Research Trials
Gynecologic Oncology	Translational Oncology Program (TOP)
Radiation Oncology	Therapeutic Phlebotomy
Hematology	Genetic Testing
Oncology Clinical Nursing	Genetic Counseling
Cellular Therapy Program	Patient Financial Counselors
Bone Density	Educational Resources
Hormone Therapy	Home Care & Hospice Care - Support Referral
Immunotherapy	Survivorship Program
Chemotherapy	Chemotherapy/Treatment Teaching
PET/CT	Social Work Support
Ultrasound	Nutritionist
Pharmacy	Palliative Care Program
Clinical Laboratory Services	C.A.R.E. Clinic

## MISSION STATEMENT

*Virginia Oncology Associates is committed to improving the lives of those in our community impacted by cancer and blood diseases by providing compassionate, personalized, state-of-the-art care.*

Virginia Oncology Associates embraces and promotes a culture of respectful inclusion and regard for diversity. As a practice, we aim to demonstrate core values of respect, acceptance, and service through fair and equitable treatment of our valued employees and the people we proudly serve. We intend for Virginia Oncology Associates, at all times, to be a safe and welcoming environment.

Our intention is intersectional, and through this approach, we support improvement within our staff and the broader community. We promote awareness of, and appreciation of differences among us including race, sex, gender identity, ethnicity, national origin, documentation status, culture, sexual orientation, religion, and abilities. As a practice, we support and advocate social justice for all.

We recognize that injustices are disproportionate and vary among different varieties of human beings in our community. Undesirable health and healthcare disparities exist among them. Virginia Oncology Associates is a proud community leader committed to providing all groups of people state-of-the-art medical care with respect, dignity, and equitable treatment for all. We look forward to working with our healthcare partners and community leaders in promoting a society that recognizes previous inequities, promotes positive change, and advocates social justice for all.

# PATIENT RIGHTS AND RESPONSIBILITIES

## RIGHTS

### As a Patient, I have the RIGHT to:

1. Full information about my rights and responsibilities as a patient at VOA.
2. Receive a complete and understandable explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks, and an explanation of consequences if treatment is not pursued.
3. An explanation of all rules, regulations, and services provided by VOA, the days and hours of services, and provisions for possible emergency care, including telephone numbers.
4. Choose my own physician/caregiver, and know the names, status, and experience of the staff.
5. Participate in the development of a plan of care including Advance Directives (a living will, healthcare durable power of attorney, and appoint someone to make healthcare decisions for me if I am unable) and have my own copies.
6. Make decisions about my care, including the right to refuse care, the right to leave the practice, and the right to be informed of potential health risks related to care refusal. **I do not have the right to demand treatment or services deemed medically unnecessary or inappropriate.**
7. Receive communication that I can understand. Information given will be appropriate to my age, understanding, and language. We will provide sign language and foreign language interpretive services as needed at no cost.
8. Refuse participation in any protocol or care including investigational studies, and freely withdraw my previously given consent for further treatment.
9. Disclosure of any teaching programs, research of experimental programs in which the facility is participating.
10. Full financial explanation and payment schedules prior to beginning treatment.
11. Receive expert, professional care without discrimination, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex (sexual orientation, gender identity or expression, and pregnancy), protected veteran status, marital status, genetic information, or any other protected characteristics under applicable federal, state, or local law.
12. Be treated with courtesy, dignity, and respect for my personal privacy by all employees of VOA.
13. Be free of physical/mental abuse and/or neglect by all employees of VOA.
14. Complain or file a grievance with a VOA patient representative without fear of retaliation or discrimination.
15. Access, obtain copies, request an amendment, and obtain information on disclosures of my personal health information upon written request. Additionally, I can expect that my health record is maintained confidentially to the extent permitted by law.
16. Give or withhold consent for recordings, photographs, films, or other images of me to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. **I do not have the right to take any photographs, video, or audio recordings of team members, other patients, visitors, or healthcare operations without consent.**
17. Assistance and consideration in the management of pain.

## **RESPONSIBILITIES**

### **As a Patient, I have the RESPONSIBILITY to:**

1. Disclose accurate and complete information of my physical condition, hospitalizations, medications, allergies, medical history and related items, and personal information, including address, telephone number, date of birth, Social Security number, insurance, and employer.
2. Participate in developing a plan of care, advance directives, and living will.
3. Assist in maintaining a safe, peaceful, and efficient ambulatory environment.
4. Provide new/changed information related to my health insurance to the business office.
5. Contact VOA when unable to keep a scheduled appointment.
6. Cooperate in the planned care and treatment developed for me.
7. Request more detailed explanations for any aspect of service I do not understand.
8. Inform my physicians and nurses of any changes in my condition or any new problems or concerns.
9. Communicate any temporary or permanent changes in my address or telephone number which might hinder contact by the staff.
10. Relay my levels of discomfort and/or pain and perceived changes in my pain management to my physician.
11. Pay my health care bills. And, if I am unable to pay, I will inform the appropriate staff so they can connect me to resources that may be available.
12. To use my cell phone one time within the clinic areas for transportation needs.
13. Treat staff with courtesy and respect and refrain from using offensive language or exhibiting aggressive behavior. This includes any family member/guest that may be present.
14. Understand and accept that failure to comply with any responsibilities may result in dismissal from the practice.

# Virginia Oncology Associates

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: 9/23/13

**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.**

### **About Us**

In this Notice, we use terms like “we,” “us,” “our” or “Practice” to refer to Virginia Oncology Associates, its physicians, employees, staff, and other personnel. All of the sites and locations of Virginia Oncology Associates follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes and for other purposes as described in this Notice.

### **Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

### **Our Responsibilities**

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

### **How We May Use or Disclose Your Health Information**

**The following categories describe examples of the way we use and disclose health information without your written authorization:**

For Treatment: We may use and disclose your health information to provide you with medical treatment or services. For example, your health information will be shared with your oncology doctor and other healthcare providers who participate in your care. We may disclose your health information to another oncologist for the purpose of a consultation. We may also disclose your health information to your primary care physician or another healthcare provider to be sure they have all the information necessary to diagnose and treat you. We may also share information through Carequality, a healthcare exchange, which is a provider portal for other providers involved in your care to have all the information necessary to diagnose and treat you.

For Payment: We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. These uses and disclosures are necessary to run the Practice and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities. We may also disclose your health information to third party “business associates” that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

Individuals Involved in Your Care or Payment for Your Care and Notification: If you verbally agree to the use or disclosure and in certain other situations, we will make the following uses and disclosures of your health information. We may disclose to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care, health information relevant to that person's involvement in your care or paying for your care. We may also make these disclosures after your death. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your physical location within the Practice, general condition, or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

**We are also allowed to the extent permitted by applicable law to use and disclose your health information without your authorization for the following purposes:**

As Required by Law: We may use and disclose your health information when required to do so by federal, state, or local law.

Judicial and Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your health information 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.

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.



## Virginia Oncology Associates

### NOTICE OF PRIVACY PRACTICES Continued...

Effective Date: 9/23/13

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials for several different purposes:

- To comply with a court order, warrant, subpoena, summons, or other similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if the victim agrees or we are unable to obtain the victim's agreement;
- About a death we suspect may have resulted from criminal conduct;
- About criminal conduct we believe in good faith to have occurred on our premises; and
- To report a crime not occurring on our premises, the nature of a crime, the location of a crime, and the identity, description, and location of the individual who committed the crime, in an emergency situation.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child abuse or neglect;
- Activities related to the quality, safety, or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

Serious Threat to Health or Safety: If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information to someone able to help prevent the threat or as necessary for law enforcement authorities to identify or apprehend an individual.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the 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.

Military and Veterans Activities: If you are a member of the Armed Forces, we may disclose your health information to military command authorities. Health information about foreign military personnel may be disclosed to foreign military authorities.

National Security and Intelligence Activities: We may disclose your health information 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 your health information to authorized federal officials so they may provide protective services for the President and others, including foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: We may use and disclose your health information for certain research activities without your written authorization. For example, we might use some of your health information to decide if we have enough patients to conduct a cancer research study. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

#### **Other Uses and Disclosures of Your Health Information that Require Written Authorization:**

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. Some examples include:

- Psychotherapy Notes: We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations.
- Marketing: We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.
- Sale of Your Health Information: We may sell your health information only with your written authorization.

If you authorize us to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by your revocation, except to the extent that we have taken action in reliance on your authorization.



## Virginia Oncology Associates

### NOTICE OF PRIVACY PRACTICES Continued...

Effective Date: 9/23/13

#### Your Rights Regarding Your Health Information

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

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or healthcare operations. **In most circumstances, we are not required to agree to 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 and submit it to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502. We are required to agree to a request that we restrict a disclosure made to a health plan for payment or health care operations purposes that is not otherwise required by law, if you, or someone other than the health plan on your behalf, paid for the service or item in question out-of-pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us and submitting it to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502. You may request access to your medical information in a certain electronic form and format if readily producible or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit a copy of your health information to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. If you request a copy of your health information, we may charge a cost-based fee for the labor, supplies, and postage required to meet your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed healthcare professional chosen by us. 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: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502.

We may deny your request for amendment. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us that will become part of your medical record.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd. Ste. 200, Norfolk, VA 23502. Your request must state a time period which may not be longer than six years, and which may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact the Privacy Officer, VOA at 757-466-8683. You may also obtain a paper copy of this Notice at our website, [www.virginiacancer.com](http://www.virginiacancer.com).

#### Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in each VOA office and on our website. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our website, [www.virginiacancer.com](http://www.virginiacancer.com).

#### Complaints

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to the Privacy Officer, VOA at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or 757-466-8683. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be retaliated against or penalized for filing a complaint.**

#### Questions

If you have questions about this Notice, please contact the Privacy Officer, VOA at 757-466-8683.