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THE INFORMATION TO THE RIGHT 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: IN ORDER 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 (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 the last name), date of birth for 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 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 mirrors current visitation guidelines for local Sentara and Bon Secours facilities and leading national cancer centers at VCU, UVA, Duke, MD Anderson, Johns Hopkins and Memorial Sloan Kettering .

- 1. CHILDREN UNDER THE AGE OF 12 ARE NOT ALLOWED IN THE INFUSION ROOM, LAB, RADIATION TREATMENT AREA OR ULTRASOUND AT ANY VIRGINIA ONCOLOGY ASSOCIATES' OFFICE.**
- 2. CHILDREN UNDER THE AGE OF 12 MUST BE SUPERVISED IN THE MAIN WAITING ROOM BY ANOTHER RESPONSIBLE ADULT WHILE THE PATIENT IS GETTING TREATMENT OR SEEING THE PHYSICIAN.**
- 3. PATIENTS ARE ASKED NOT TO BRING CHILDREN UNDER THE AGE OF 12 TO ROUTINE PHYSICIAN VISITS WITHOUT AN ADDITIONAL SUPERVISING ADULT. YOUR DOCTOR MAY ORDER ADDITIONAL CLINICAL TESTING BASED ON NEW SIGNS OR SYMPTOMS AT YOUR VISIT.**

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 sophisticated enough to recognize early symptoms and communicate them appropriately.

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 the highest quality care .By providing a protected clinical time, we afford patients the opportunity to be a full participant in their care .

GENERAL INFORMATION

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 .
- To safely and comfortably treat our patients, please limit visitors to one person at a time .
- For the safety of everyone, rolling stools are for office staff only .
- Treatment recliners are for patients who are receiving treatment .Please use a companion chair for your guest .
- 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, 5900 Lake Wright Drive, Norfolk, VA 23502, Phone: (757) 213-5806, Fax: (757) 213- 5872, Email: 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 1-757-213-5806 for more information.

Spanish	Chinese
Atención: Si hablas español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Por favor llame al 1-757-213-5806 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 1-757-213-5806。
Vietnamese	Korean
Chú ý: Nếu bạn nói tiếng Việt, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Xin gọi 1-757-213-5806 để biết thêm thông tin.	Chú ý: Nếu bạn nói tiếng Hàn, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Xin gọi 1-757-213-5806 để biết thêm thông tin.
French	Arabic
ATTENTION : Si vous parlez Français, les services d'assistance de langue, sans frais, sont à votre disposition. Contactez 1-757-213-5806 pour plus d'informations.	تنبيه: إذا كنت تتحدث اللغة العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك لمزيد من المعلومات، يرجى الاتصال 1-757-213-5806.
Hmong*	Russian
XIM: Yog hais tias koj hais lus Hmoob, lus pab cov kev pab cuam, pub dawb, yog muaj rau koj. Thov hu rau 1-757-213-5806 kom paub ntau ntxiv.	ВНИМАНИЕ: Если вы говорите на русском, языковой помощи, бесплатно предоставляются услуги для вас. Для получения дополнительной информации, пожалуйста, позвоните 1-757-213-5806.
Tagalog*	Gujarati*
Pansin: Kung magsalita ka Tagalog, wika serbisyo ng tulong, nang walang bayad, ay magagamit sa iyo. Mangyaring tawagan 1-757-213-5806 para sa karagdagang impormasyon.	ધ્યાન: તમે ગુજરાતી ભાષા સહાય સેવાઓ વિના મૂલ્યે, વાત, તો તમે કરવા માટે ઉપલબ્ધ છે. વધુ માહિતી માટે 1-757-213-5806 કોલ કરો.
Mon-Khmer, Cambodian	German
យកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយឥតគិតថ្លៃ, ដែលអាចប្រើបានទៅអ្នក។ សូមទូរស័ព្ទ 1-757-213-5806 ចែមទៀត។	ACHTUNG: Wenn Sie Deutsch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Bitte rufen Sie 1-757-213-5806 für weitere Informationen.
Hindi	Laotian
ध्यान दें: यदि आप हिंदी बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। 1-757-213-5806 अधिक जानकारी के लिए फोन कृपया।	ຄວນລະວັງ: ຖ້າຫາກວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການການຊ່ວຍເຫຼືອພາສາ, ເສຍຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ເພື່ອທ່ານ. ກະລຸນາ ໂທຫາ 1-757-213-5806 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ.
Japanese	Persian (Farsi)
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 1-757-213-5806 お電話ください。	توجه: اگر حرف فارسی زبان کمک خدمات رایگان، به شما در دسترس هستند. لطفا 1-757-213-5806 برای کسب اطلاعات بیشتر تماس بگیرید.
Amharic*	Urdu
አዳምጥ: አማርኛ, ከክፍያ ነፃ የቋንቋ እርዳታ አገልግሎቶች, የሚናገሩ ከሆነ, ለእርስዎ የሚገኙ ናቸው. ተጨማሪ መረጃ ለማግኘት 1-757-213-5806 ይደውሉ.	توجه: اگر آپ اردو بولتے ہیں، زبان معاونت خدمات، مفت آپ کو دستیاب ہیں۔ براہ مہربانی 1-757-213-5806 پر مزید معلومات کے لیے کال کریں۔
Ibo	Yoruba*
Ntị: O buru na ị na-ekwu okwu Igbo, asusu aka oru, n'efu, di ka gi. Biko na-akpo 1-757-213-5806 maka ozi ndi ozọ.	Akiyesi: Ti o ba so Yorùbá, èdè iranlowo ise, free ti idiyele, ni o wa wa si o. Jowo pe 1-757-213-5806 fun alaye siwaju sii.
Bengali*	Kru (Bassa)
দৃষ্টি আকর্ষণ: যদি তুমি স্প্যানিশ ভাষায় সহায়তা সেবা বিনামূল্যে পাওয়া যায়। 1-757-213-5806 ফোন করে জানার জন্য।	ATTENTION Dè dẹ nìà kẹ dyédé gbo: Ọ jù ké m̀ [Bàsòwò-wùdù-po-nyò] jù ní, níí, à wuḍu kà kò dọ̀ po-poò b́èìn m̀ gbo kpáa. Dá 1-757-213-5806.

OFFICE LOCATIONS

SOUTHSIDE

5900 Lake Wright Dr.
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

725 Volvo Pkwy., 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

Port Warwick III
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) 229-2409

NORTHEAST NC

1503 B North Road St.
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.
- Daniel Atienza, M.D.
- Daniel Aruch, M.D.
- Celeste Bremer, M.D.
- David Z. Chang, M.D.
- Paul R. Conkling, M.D.
- Scott J. Cross, M.D.
- Snehal Damle, M.D.
- Michael A. Danso, M.D.
- Ayham Deeb, M.D.
- Mark T. Fleming, M.D.
- Ranjit K. Goudar, M.D.
- Sonia E. Hepburn, M.D.
- John Kessler, M.D.

- Jared Kobulnicky, M.D.
- Boon Kok, M.D.
- Scott Kruger, M.D.
- Michael E. Lee, M.D.
- Dean S. McGaughey, M.D.
- Sowjanya Naga, M.D.
- J. Christopher Paschold, M.D.
- David Michael Powell, M.D.
- Christina Prillaman, M.D.
- Gauri V. Radkar, D.O.
- S. George Saman, M.D.
- Cynthia C. Sile, M.D.
- Valiant Tan, M.D.
- Ligeng Tian, M.D.
- Graham T. Watson, M.D.
- Yue Zhang, 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.

- 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 #6

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.

Victor Archie, M.D.

Heather Jones, M.D.

Song K. Kang, 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 help in conducting clinical studies.

Courtney Barbero, PA-C

Kelly Byrum, PA-C

Jennifer Cashwell, FNP

Cori Damuth, NP-C

Cara DePanfilis, PA-C

Jessica Doggett, NP

Kimberly Draper Dias, NP-C

Andrea Edwards, PA-C

Dalene Evans, PA-C

Lisa Everitt, PA

Andi Foster, PA-C

Aimee Gannon, PA-C

Rachel Hatton, NP

Kimberly Heath, NP-C

Lynn Kelly, PA-C

Julia King, NP

Leslie Koberstein, NP

Lauren Leuck, PA-C

Charity Luiskutty, PA-C

Ashley Martin, PA-C

Mallory Matheson, PA-C

Jennifer McMeekin, NP

Susan Miller, PA-C

Miriam New, NP-C

Juli Phillips, FNP-C

Eric Poulin, PA-C

Linda Sawyer, NP-C

Kathleen Sharp, PA-C

Amy Stinnette, PA-C

Kristen Taylor, PA-C

Angela Thompson, PA-C

Audrey Walker, NP-C

Stacey Warburton, FNP-C

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
- Gynecologic Oncology
- Radiation Oncology
- Hematology
- Oncology Clinical Nursing
- Stem Cell Transplantation
- Bone Density
- Hormone Therapy
- Immunotherapy
- Chemotherapy
- PET/CT
- Ultrasound
- Pharmacy
- Clinical Laboratory Services
- Clinical Studies/Research Trials
- Translational Oncology Program (TOP)
- Therapeutic Phlebotomy
- Genetic Testing
- Genetic Counseling
- Patient Financial Counselors
- Educational Resources
- On-Site Support Groups
- Home Care & Hospice Care Support Referral
- Survivorship Program
- Chemotherapy Teaching
- Social Worker Support
- Nutritionist
- Palliative Care Program

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.

PATIENT RIGHTS AND RESPONSIBILITIES

RIGHTS

As a patient I have the right to:

- Full information about my rights and responsibilities as a patient at VOA.
- Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks and an explanation of consequences if treatment is not pursued.
- 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
- Choose my own physician/care giver, and know the names, status and experience of the staff.
- Participate in development of a plan of care including Advance Directives and have my own copies.
- Refuse participation in any protocol or aspect of care including investigational studies, and freely withdraw my previously given consent for further treatment
- Disclosure of any teaching programs, research of experimental programs in which the facility is participating
- Full financial explanation and payment schedules prior to beginning treatment
- Receive expert, professional care without discrimination, regardless of age, creed, color, religion, national origin, sexual preference, or handicap
- Be treated with courtesy, dignity and respect of my personal privacy by all employees of VOA
- Be free of physical/mental abuse and/ or neglect by all employees of VOA
- Complain or file grievance with VOA patient representative without fear of retaliation or discrimination
- Access to my personal records and obtain copies upon written request
- Assistance and consideration in the management of pain

AS A PATIENT I HAVE THE RIGHT TO RECEIVE AN EXPLANATION OF MY DIAGNOSIS , BENEFITS OF TREATMENT, ALTERNATIVES, RECUPERATION, RISKS AND AN EXPLANATION OF CONSEQUENCES IF TREATMENT IS NOT PURSUED.

RESPONSIBILITIES

As a patient I have the responsibility to:

- Disclose accurate and complete information of my physical condition, hospitalizations, medications, allergies, medical history and related items
- Participate in developing a plan of care, advance directives and living will
- Assist in maintaining a safe, peaceful and efficient ambulatory environment
- Provide new/changed information related to my health insurance to the business office
- Contact VOA when unable to keep a scheduled appointment
- Cooperate in the planned care and treatment developed for me
- Request more detailed explanations for any aspect of service I do not understand
- Inform my physicians and nurses of any changes in my condition or any new problems or concerns
- Communicate any temporary or permanent changes in my address or telephone number which might hinder contact by the staff
- Relay my levels of discomfort and/or pain and perceived changes in my pain management to my physician
- 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.
- To use my cell phone one time within the clinic areas for transportation needs.
- Treat staff with courtesy and respect and to refrain from using offensive language or exhibiting aggressive behavior. This includes any family member/guest that may be present.
- 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 health care 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 health care 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.

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 health care 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 Privacy Officer, VOA at 5900 Lake Wright Drive, 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 Privacy Officer, VOA at 5900 Lake Wright Drive, 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 Privacy Officer, VOA at 5900 Lake Wright Drive, 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 health care 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 Privacy Officer, VOA at 5900 Lake Wright Drive, Norfolk, VA 23502.

We may deny your request for amendment. If this occurs, you 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 Privacy Officer, VOA at 5900 Lake Drive, 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 Privacy Officer, VOA at 757-466-8683. You may also obtain a paper copy of this Notice at our website, 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.

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: Privacy Officer, VOA at 5900 Lake Wright Drive, 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 Privacy Officer, VOA at 757-466-8683.



You're Invited to Join Virginia Oncology Associates E-Mail Program

If you are interested in receiving updates from Virginia Oncology Associates (VOA) regarding VOA news and events, please provide your name and primary e-mail address. Submit this form during your next appointment.

IMPORTANT: Please add Christie.Davenport@usoncology.com to your safe sender list. Otherwise, e-mail may be directed to a SPAM or junk folder.

PLEASE PRINT CLEARLY

First/Last Name

E-mail Address

Signature — *authorizing VOA to e-mail news/updates*

Date

Virginia Oncology Associates Notice of Disclosure for E-Mail Practices & Privacy Policy

Virginia Oncology Associates (VOA) has created this policy to demonstrate our firm commitment to your privacy and the protection of your information.

Did you receive e-mail from VOA?

Our e-mail marketing program is permission based. If you receive e-mail from us, our records indicate that you have expressly shared this address for the purpose of receiving information in the future ("opt-in"). We respect your time and attention by controlling the frequency of our mailings.

If, at any time, you believe you have received unwanted, unsolicited e-mail sent via our distribution system or purporting to be sent via our system, please forward a copy of that e-mail with your comments to Christie.Davenport@usoncology.com for review.

Can you stop receiving e-mail?

Each e-mail sent contains an easy, automated way for you to cease receiving e-mail from the lists to which you are subscribed, or to change your expressed interests. If you wish to do this, simply follow the instructions to [unsubscribe](#) provided in every e-mail.

How we protect your privacy

We use security measures such as encryption to protect against the loss, misuse and alteration of data used by our system.

Sharing and Usage of Account Information

We will never share, sell, or rent your personal account information or subscriber data with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you or sending you e-mails based on your request for information and to contracted service providers for purposes of providing services relating to our communications with you.

Use of Web Beacons

When we send you e-mails, we may include a web beacon to allow us to determine the number of people who open our e-mails. When you click on a link in an e-mail, we may record this individual response to allow us to customize our offerings to you. Web beacons collect only limited information, such as a cookie identifier, time and date of a page being viewed, and a description of the page on which the Web Beacon resides (the URL).

Web Beacons can be refused when delivered via e-mail. If you do not wish to receive Web Beacons via e-mail, you will need to disable HTML images or refuse HTML (*select Text only*) e-mails via your e-mail software.

Privacy Policy Changes

If this privacy policy changes in the future, all account holders will be notified of the change at least ten (10) days before it occurs and have the option to terminate his or her account and thus have their data removed from the system. This policy was created in August 2008.



Virginia Oncology Associates Notice of Disclosure for E-Mail Practices & Privacy Policy

Virginia Oncology Associates (VOA) has created this privacy policy to demonstrate our firm commitment to your privacy and the protection of your information.

Why did you receive e-mail from VOA?

Our e-mail marketing program is permission based. If you receive an e-mail from us, our records indicate that you have expressly shared this address for the purpose of receiving information in the future ("opt-in"). We respect your time and attention by controlling the frequency of our mailings.

If you believe you have received unwanted, unsolicited e-mail sent via our distribution system or purporting to be sent via our system, please forward a copy of that e-mail with your comments to Christie.Davenport@usoncology.com for review.

How can you stop receiving e-mail?

Each e-mail sent contains an easy, automated way for you to cease receiving e-mail from the lists to which you are subscribed, or to change your expressed interests. If you wish to do this, simply follow the instructions to [unsubscribe](#) provided in every e-mail.

How we protect your privacy

We use security measures, such as encryption, to protect against the loss, misuse and alteration of data used by our system.

Sharing and Usage of Account Information

We will never share, sell, or rent your personal account information or subscriber data with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you or sending you e-mails based on your request for information and to contracted service providers for purposes of providing services relating to our communications with you.

Use of Web Beacons

When we send you e-mails, we may include a web beacon to allow us to determine the number of people who open our e-mails. When you click on a link in an e-mail, we may record this individual response to allow us to customize our offerings to you. Web beacons collect only limited information, such as a cookie identifier, time and date of a page being viewed, and a description of the page on which the Web Beacon resides (the URL).

Web Beacons can be refused when delivered via e-mail. If you do not wish to receive Web Beacons via e-mail, you will need to disable HTML images or refuse HTML (select Text only) e-mails via your e-mail software.

Privacy Policy Changes

If this privacy policy changes in the future, all account holders will be notified of the change at least ten (10) days before it occurs and have the option to terminate his or her account and thus have their data removed from the system. This policy was created in August 2008.