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RIGHT HAND SIDE

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APPOINTMENT TYPE:

- Oncology
- Hematology (Blood Disorder)



Dear Patient,

Welcome to Virginia Oncology Associates. We hope your visit is pleasant, and to make things go more smoothly, we have included a New Patient Welcome Packet for your benefit. Please complete the following enclosed forms:

MEDICAL HISTORY & PHYSICAL FORM: includes questions regarding your past medical history. Please fill out this form as completely as possible, as it is a valuable tool for your physician in your care.

MEDICAL RECORDS RELEASE FORM: This gives us permission to obtain your records from your other providers/hospitals. Please fill out the bottom portion, and we will keep this in your chart.

In addition to the above, completed forms, please bring the following with you to your appointment:

LIST OF ALL CURRENT MEDICATIONS: include over the counter and herbal drugs. In lieu of a list, you may bring in your pill bottles.

MOST RECENT INSURANCE CARDS

VISITORS: Virginia Oncology Associates welcomes your friends or loved ones to visit during your treatment. Together, we share a common desire to create a safe and comfortable environment for your treatment or office visit. For the safety of patients and young visitors, Virginia Oncology Associates does not allow children in the lab or treatment areas. Children must remain in the main lobby area and accompanied by a parent or guardian at all times. Thank you for your cooperation.

You will find answers to many questions you may have in the "General Information" handout; however, should you have questions which are not addressed, feel free to call our office or ask any staff member during your visit.

Sincerely,
Virginia Oncology Associates

GENERAL INFORMATION

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.

YOUR FIRST APPOINTMENT

Please arrive at the appointment time you were told by our staff. In addition to the completed forms in your welcome packet (if there was time for one to be mailed to you), please bring the following items with you to your appointment:

- Current insurance and prescription cards
- Your current medications (including over-the-counter and herbal medications) - please bring either a list or the actual bottles

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 you call needing to speak with a physician, your call will be transferred to our voice mail.

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.

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. 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 Financial Counselors 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 company. If you have questions regarding your billing, do not hesitate to contact our billing office at (757) 213-5700.

ADDITIONAL RESOURCES

In addition to the valuable information contained in our Patient Resource Libraries at each of our locations, please visit the official website for Virginia Oncology Associates at www.virginiacancer.com for more information. There you can explore the Resource Center, get directions, and find valuable links to other websites.

If you have any questions, at any time, do not hesitate to ask a VOA staff member or call our offices where we will be happy to assist you.

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

102 Fairview Dr., Ste. E
Franklin, VA 23851
(757) 569-9709
FAX (757) 569-6102

725 Volvo Pkwy., Ste. 200
Chesapeake, VA 23320
(757) 549-4403
FAX (757) 549-4332

150 Burnett's Way, Ste. 310
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) 221-0409

6876 Main St., Unit 4
Gloucester, VA 23061
(804) 693-3232
FAX (804) 693-3342

NORTHEAST NC

1503 B North Road St.
Elizabeth City, NC 27909
(252) 331-2044
FAX (252) 331-1909

5200 N. Croatan Hwy., Ste 9
Kitty Hawk, NC 27949
(252) 255-6122
FAX (252) 255-6069

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.
- Burton F. Alexander, M.D.
- Celeste Bremer, M.D.
- Daniel Atienza, M.D.
- Bruce W. Booth, 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.
- Mark T. Fleming, M.D.
- Edward R. George, M.D.
- Ranjit K. Goudar, M.D.
- Elizabeth Harden, M.D.
- John R. Howard, D.O.
- John Kessler, M.D.
- Boon Kok, M.D.
- Scott Kruger, M.D.
- Michael E. Lee, M.D.
- John Q. A. Mattern, II, D.O.
- Dean S. McGaughey, M.D.
- J. Christopher Paschold, M.D.
- David Michael Powell, M.D.

- Christina Prillaman, M.D.
- Gauri V. Radkar, DO
- Ronald J. Ruszkowski, M.D.
- S. George Saman, M.D.
- Michael S. Steinberg, M.D.
- Alexander Su, M.D.
- Valiant Tan, 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, MD
- Stacey J. Rogers, M.D.
- Robert C. Squatrito, M.D.

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.

Website:
www.virginiacancer.com

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

MISSION STATEMENT

THE GUIDING MISSION OF VIRGINIA ONCOLOGY ASSOCIATES IS TO PROVIDE COMPASSIONATE, COMPREHENSIVE AND STATE-OF-THE-ART CANCER CARE FOR OUR COMMUNITY THROUGHOUT HAMPTON ROADS, VIRGINIA AND NORTHEASTERN NORTH CAROLINA, AND TO AVAIL THE MOST EFFECTIVE AND MODERN NEW DEVELOPMENTS IN CANCER AND BLOOD DISEASE THERAPY TO OUR PATIENTS. THIS IS ACCOMPLISHED THROUGH OUR COLLECTIVE CLINICAL EXPERIENCE, STRICT ADHERENCE TO THE LATEST QUALITY MEASURES, CUTTING EDGE CLINICAL RESEARCH, AND A TIRELESS EFFORT TO MAINTAIN TRUST AND TO PROTECT THE INTERESTS OF OUR PATIENTS, BOTH LOCALLY AND THROUGHOUT OUR NATIONAL NETWORK.

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
- Relate my levels of discomfort and/or pain and perceived changes in my pain management to my physician

Patient Health History



Name: _____ Date of Birth: _____ Age: _____
SS #: _____ Today's Date: _____ Sex: Male Height: _____
Female
Primary Care Physician: _____ Phone Number: _____
Referring MD: _____ Phone Number: _____
Other MD's: Name/Specialty _____
Pharmacy Name: _____ Pharmacy Number: _____

Current problem or reason for consultation: _____

Do you feel you need to be linked to our social worker (counseling or financial issues)? Yes
No

PAST MEDICAL HISTORY: *Please check all the boxes that apply*

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| Allergies | <input type="checkbox"/> | Hepatitis/Liver Disease | <input type="checkbox"/> |
| Anemia/Blood Disorders | <input type="checkbox"/> | Hypercholesterolemia | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Irregular Heartbeat | <input type="checkbox"/> |
| Blood Clots | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Pancreatitis | <input type="checkbox"/> |
| Cataracts | <input type="checkbox"/> | Sickle Cell Disease | <input type="checkbox"/> |
| Colitis | <input type="checkbox"/> | Sinusitis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Emphysema | <input type="checkbox"/> | Thyroid | <input type="checkbox"/> |
| GERD | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Glaucoma | <input type="checkbox"/> | Ulcers | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | | |

Other: _____

Other: _____

Any unusual childhood infections or illnesses? _____

OPERATIONS: *Please list year, operation and surgeon (if known)*

1. _____
2. _____
3. _____
4. _____
5. _____

ROUTINE CANCER SCREENING TESTS: *List last date (if known)*

Mammogram: _____

Breast Exam: _____

Pap Smear/Pelvic Exam: _____

Stool for Occult Blood: _____

Prostate Exam/PSA: _____

Chest X-Ray: _____

Colonoscopy/Sigmoidoscopy: _____

SOCIAL HISTORY:

Marital Status: _____

Number of Children: _____ Age/Sex of Children: _____

Spouse Name: _____

Spouse Occupation: _____

Patient Occupation: _____

Highest Level of Education: _____

Patient Lives With:	Self	<input type="checkbox"/>	Child	<input type="checkbox"/>
	Spouse	<input type="checkbox"/>	Parent(s)	<input type="checkbox"/>
	Sibling(s)	<input type="checkbox"/>	Friend	<input type="checkbox"/>
			Other	<input type="checkbox"/> _____

City of Residence: _____ Have you completed an advance directive? Yes
 No

Have you completed a living will? Yes
 No

Smoking History

Cigarettes	<input type="checkbox"/>	How Many Years?	_____
Cigars	<input type="checkbox"/>	Number Per Day	_____
Pipe	<input type="checkbox"/>	If Quit, When?	_____

Alcohol History

Beer	<input type="checkbox"/>	How Many Years?	_____
Wine	<input type="checkbox"/>	How Much Per Day/Week/Month?	_____
Liquor	<input type="checkbox"/>	If Quit, When?	_____

Recreational Drug Use Blood Transfusions HIV Testing

Nutritional Supplements: _____

CONTINUE REVIEW OF SYSTEMS: *Please check all boxes that apply*

URINARY/GYN	BLOOD IN URINE <input type="checkbox"/>	# OF PREGNANCIES _____	
	BURNING WITH URINATION <input type="checkbox"/>	# OF MISCARRIAGES _____	SPOTTING <input type="checkbox"/>
	FREQUENT URINATION <input type="checkbox"/>	# OF ABORTIONS _____	CRAMPING <input type="checkbox"/>
	DIFFICULTY STARTING TO URINATE <input type="checkbox"/>	# OF CHILDREN _____	DISCHARGE <input type="checkbox"/>
	BLADDER/ KIDNEY INFECTIONS <input type="checkbox"/>	LAST MENSTRUAL PERIOD _____	VAGINAL INFECTIONS <input type="checkbox"/>
	GETTING UP AT NIGHT TO URINATE <input type="checkbox"/>	DURATION _____	LAST PAP SMEAR _____
	SENSE OF FULL BLADDER <input type="checkbox"/>	INTERVAL _____	
SKIN	RASH <input type="checkbox"/>	ITCHING <input type="checkbox"/>	CHANGE IN HAIR OR NAILS <input type="checkbox"/>
NEURO-MUSCULAR	JOINT STIFFNESS <input type="checkbox"/>	SWELLING <input type="checkbox"/>	NIGHT CRAMPS <input type="checkbox"/>
	JOINT PAIN <input type="checkbox"/>	BACK PAIN <input type="checkbox"/>	VARICOSE VEINS <input type="checkbox"/>
HEMATOLOGICAL	EASY BRUISING OR BLEEDING <input type="checkbox"/>	ANEMIA <input type="checkbox"/>	PAST INFUSION <input type="checkbox"/>
			TRANSFUSION REACTIONS <input type="checkbox"/>
ENDOCRINE	THYROID PROBLEMS <input type="checkbox"/>	HOT OR COLD INTOLERANCE <input type="checkbox"/>	EXCESSIVE THIRST OR HUNGER <input type="checkbox"/>
PSYCHIATRIC	ANXIETY <input type="checkbox"/>	DEPRESSION <input type="checkbox"/>	MEMORY LOSS <input type="checkbox"/>
	NERVOUSNESS <input type="checkbox"/>		

PATIENT'S SIGNATURE: _____

PHYSICIAN'S SIGNATURE: _____



Physicians

Hematology & Oncology

Thomas A. Alberico, MD
Burton F. Alexander, III, MD
Daniel M. Atienza, MD
Bruce W. Booth, MD
Celeste T. Bremer, MD
David Z. Chang, MD, PhD, FACP
Paul R. Conkling, MD
Scott J. Cross, MD
Michael A. Danso, MD
Snehal A. Damle, MD
Mark T. Fleming, MD
Edward R. George, MD, FACP
Ranjit K. Goudar, MD
Elizabeth A. Harden, MD, FACP
John R. Howard, Jr., DO
John F. Kessler, MD, FACP
Boon C. Kok, MD
Scott Kruger, MD, FACP
Michael E. Lee, MD
John Q. A. Mattern, II, DO
Dean S. McGaughey, III, MD
John C. Paschold, MD, FACP
David M. Powell, MD
Christina W. Prillaman, MD, FACP
Gauri V. Radkar, DO
Ronald J. Ruzkowski, MD
S. George Saman, MD
Michael S. Steinberg, MD, PhD, FACP
Alexander K. Su, MD
Valiant D. Tan, MD

Gynecologic Oncology

Michael E. McCollum, MD, FACOG
Stacey J. Rogers, MD, FACOG
Robert C. Squatrito, MD, FACOG

Radiation Oncology

Victor Archie, MD, MBA
Heather Jones, MD
Song K. Kang, MD
Michael L. Miller, DO

Southside Locations

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 583

5838 Harbour View Blvd., Ste. 105
Suffolk, VA 23435
(757) 484.0215
FAX (757) 484.6792

102 Fairview Dr., Ste. E
Franklin, VA 23851
(757) 569.9709
FAX (757) 569.6102

725 Volvo Parkway, Ste. 200
Chesapeake, VA 23320
(757) 549.4403
FAX (757) 549.4332

150 Burnett's Way, Ste. 310
Suffolk, VA 23434
(757) 539.0670
FAX (757) 539.1062

Peninsula Locations

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

6876 Main St., Unit 4
Gloucester, VA 23061
(804) 693.3232
FAX (804) 693.3342

North Carolina Locations

1503 B North Road St.
Elizabeth City, NC 27909
(252) 331.2044
FAX (252) 331.1909

5200 North Croatan Hwy., Ste. 9
Kitty Hawk, NC 27949
(252) 255-6122
FAX (252) 255.6069

Central Business Office

5900 Lake Wright Dr., Ste. 300
Norfolk, VA 23502
(757) 213.5700
FAX (757) 213.5701
TOLL FREE (800) 998.3450

Web Address

www.virginiacancer.com



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 Jayme.Riegler@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 jayme.riegler@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 jayme.riegler@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

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