

## 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.

## TREATMENT ROOM SAFETY RULES AND REQUIREMENTS

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 treatment area.

- Please discuss with your physician or nurse any driving restrictions you may have while actively receiving chemotherapy. This will allow time to coordinate transportation to and from your treatment appointment if needed. We require 24-hour notice if you are unable to keep your treatment appointment.
- For the consideration of all patients, please limit cell phone use while in the treatment room. While using your cell phone, please refrain from using foul language.
- Please bring your pain medications with you on your treatment day. Check with your nurse before taking them.
- To safely and comfortably treat our patients, only one visitor per patient is permitted. Please note, this is subject to change during a public health emergency.
- Give courtesy and respect to treatment staff. Refrain from any aggressive or controversial behavior. This includes patients and visitors. Inappropriate behaviors may lead to dismissal from the Practice.
- If you watch a movie or listen to music, please use earphones to limit disturbances to fellow patients. Speakerphone audio is prohibited.
- Please note, children under the age of 16 are not allowed in the treatment room at any time.
- 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.
- For the safety of everyone, rolling stools are for office staff only.
- Service dogs are allowed in the treatment room. We require that they be in a harness, backpack, or vest identifying the animal as a trained service dog. Please arrange with your care team before your visit.
- Treatment recliners are for patients. Please use a companion chair for your guest.
- In efforts to prevent falls and to promote safety, please always keep the walk passage clear.
- If you are here for a long treatment, you may bring your own snack or lunch.
- For your safety, you must remain in the treatment area during your entire treatment.
- Due to chemo-induced sensitivity, perfumes, colognes, and scented lotions are discouraged.
- Free wireless internet is available in the treatment room for your laptops, tablets, etc.
- Understand that for patient safety and privacy, photo taking, the use of video, or voice recording of Providers, staff, and other patients, is prohibited unless approved by your Provider in a private setting or verbal and/or written consent is obtained.
- Blankets and pillows are available, but you may also bring your own. Layered clothing is recommended.

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>.

# INTERPRETERS AVAILABLE

You have access to interpretation services at no personal cost to you. This chart includes languages commonly spoken in your community, additional languages are available.

**English** If you need an interpreter free of charge, please indicate your language.

**ASL American Sign Language**



**Arabic** العربية  
إذا كنت في حاجة إلى مترجم مجانا، أشر إلى اللغة المطلوبة.

**Pashto** پښتو  
که تاسو وریا ژباری ته اړتیا لری، مهربانی وکړئ خپلې ژبې  
ته اشاره وکړئ

**Bengali (Bangla)** বাংলা  
আপনার বিনা খরচে একজন দোভাস্তির সহায়তা প্রয়োজন হলে,  
অনুগ্রহ করে আপনার ভাষা নির্বাচন করুন।

**Portuguese** Português  
Se precisa de um intérprete gratuito, aponte para seu idioma.

**Burmese** မြန်မာ  
သင် စကားပြန်တစ်ဦး၏အကူအညီကို အခဲ့လိုအပ်ပါက  
ကျေးဇူးပြု၍ သင့်ဘာသာစကားကို ရွှေးချယ်ပါ။

**Russian** Русский  
Если вам нужен бесплатный переводчик, выберите ваш язык.

**Cantonese** 粵語<sup>1</sup>  
如果您需要译员, 请指向您的语言

**Somali** Soomaali  
Haddaad u baahan tahay turjumaan bilaash ah,  
fadlan tilmaamo luqadaada.

**Dari** داری  
اگر شما به ترجمان رایگان ضرورت دارید، لطفاً به زبان  
تان اشاره کن

**Spanish** Español  
Si necesita un intérprete gratuito, por favor seleccione su idioma respectivo.

**French** Français  
Si vous avez besoin de l'assistance gratuite d'un interprète,  
indiquez votre langue.

**Swahili** Kiswahili  
Ikiwa unahitaji mkalimani bila malipo, tafadhalii onyesha  
lughaa yako.

**Haitian Creole** Kreyòl  
Si ou bezwen yon entèprèt san frè, tanpri endike lang ou.

**Ukrainian** Українська  
Якщо вам потрібна безкоштовна допомога усного  
перекладача, виберіть свою мову.

**Mandarin** 简体中文  
如果您需要译员, 请指向您的语言

**Vietnamese** Tiếng Việt  
Nếu quý vị cần thông dịch viên miễn phí, vui lòng cho  
biết ngôn ngữ của quý vị

# 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	Patient Financial Counselors
Cellular Therapy Program	Educational Resources
Clinical Studies/Research Trials	Home Care & Hospice Care - Support Referral
Bone Density	Survivorship Program
Hormone Therapy	Chemotherapy/Treatment Teaching
Immunotherapy	Social Work Support
Chemotherapy	Nutritionist
PET/CT	Palliative Care Program
Ultrasound	C.A.R.E. Clinic
Pharmacy	Multispecialty Infusion Clinic
Clinical Laboratory Services	Low-Dose Radiation Therapy for Osteoarthritis

## 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 for 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:

- Full information about my rights and responsibilities as a patient at VOA.
- Choose my own physician/caregiver, and know the names, status, and experience of the staff.
- Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks, and an explanation of consequences if treatment is not pursued.
- Understand and agree to the care plan provided by my provider and the right to refuse any treatment included within the plan.
- Receive expert, professional care without discrimination, regardless of age, creed, color, religion, national origin, sexual preference, gender identity or expression, or physical or mental disability.
- Disclosure of any teaching programs, research or experimental programs in which the facility is participating.
- Participate in the development of a plan of care and in choosing an advanced directive.
- 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.
- Access my personal records and obtain copies upon written request.
- Assistance with communication, including language services.
- Have one visitor sit with me during my treatment, although I realize this is subject to change based on community health-related emergencies.
- Receive a full financial explanation and payment schedule prior to beginning treatment.
- Be treated with courtesy, dignity, respect, and have my personal privacy protected.
- Be kept safe and free from abuse and/or harassment.
- Tell you about my concerns and complaints, and to receive a response without affecting the quality or delivery of care.
- Assistance and consideration in the management of pain.

## RESPONSIBILITIES

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

- Disclose accurate and complete information about my physical condition, hospitalizations, medications, allergies, medical history, and related items. This includes updating the information when changes occur.
- Ask questions and tell you when I do not understand a treatment or recommendation you are considering.
- Communicate any unexpected changes in my condition and things about my care that I think might be risks.
- Follow instructions once I and the provider have agreed upon my care.
- Relay my levels of discomfort and perceived changes in my pain management to my physician.
- Arrive at all appointments at the scheduled time. Contact the office 24-48 hours in advance to reschedule appointments so that the time may be utilized for other patients.
- Provide new/changed information related to my health insurance.
- Communicate any temporary or permanent changes in my address or telephone number which might hinder contact by the staff.
- Pay my health care bills. If I am unable to pay, I will inform the appropriate staff so they can connect me to resources that may be available.
- Assist in maintaining a safe, peaceful environment.
- 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.
- To use my cell phone one time within the clinic areas for transportation needs.
- Understand and accept that failure to comply with any responsibilities may result in dismissal for the day and potential later dismissal from the practice.
- Understand that for patient safety and privacy, photo taking, the use of video, or voice recording of providers, staff, and other patients is prohibited unless approved by your provider in a private setting or verbal and/or written consent is obtained.
- Due to chemo-induced sensitivities, perfumes, colognes, and scented lotions are discouraged.

## Virginia Oncology Associates

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: 2/1/26

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT TO YOUR MEDICAL INFORMATION FOR AS LONG AS IT IS MAINTAINED BY OR FOR US. 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 with 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**

We make reasonable efforts to limit uses and disclosures of health information to the minimum necessary, except where not required by law.

##### **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. 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 as needed to bill or obtain payment for the treatment and services provided. 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:** We will make the following uses and disclosures of your health information but will generally give you an opportunity to object before making these disclosures. 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.

## Virginia Oncology Associates

### **NOTICE OF PRIVACY PRACTICES CONTINUED**

Effective Date: 2/1/26

**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.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials in limited circumstances such as:

- 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 suspected 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: We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

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, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

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.

## Virginia Oncology Associates

### **NOTICE OF PRIVACY PRACTICES CONTINUED**

Effective Date: 2/1/26

**Uses and Disclosures Related to Reproductive Health Care:** We protect the privacy of health information related to reproductive health care in accordance with applicable federal and state law. We will not use or disclose your health information for purposes prohibited by law. When responding to requests for health information that may include information related to reproductive health care, we will carefully evaluate the request to ensure that:

- The request is lawful;
- Any required legal process has been satisfied; and
- The disclosure is permitted under HIPAA and applicable state law.

Where required by law, we may decline to disclose health information or may require additional documentation or assurances before responding to certain requests, including requests related to law enforcement, judicial or administrative proceedings, or health oversight activities. Nothing in this Notice authorizes the use or disclosure of health information in violation of applicable federal or state law.

#### **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. Note that there is a potential that information disclosed to third parties under an authorization may no longer be protected by HIPAA, and those third parties could re-disclose your information.

#### **FUNDRAISING ACTIVITIES**

We may use your demographic information (such as name, contact information, age, gender, and date of birth), the dates you received services from us, the department of your service, your treating physician, outcome information, and health insurance status to contact you in an effort to raise money for charitable purposes. We may also disclose this information to a foundation related to the Practice so that the foundation may contact you to raise money for the foundation. You have the right to opt out of receiving fundraising communications.

#### **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 agree to a restriction, 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 VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com). 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 if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full and such disclosure is not otherwise required by law.

**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 VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com). 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 VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com). We will respond to your request within the time limits required by state and federal law. 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.

## Virginia Oncology Associates

### **NOTICE OF PRIVACY PRACTICES CONTINUED**

Effective Date: 2/1/26

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. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com).

We may deny your request for an 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 have made of your health information in the past six (6) years. Please note that certain disclosures need not be included in the accounting we provide to you. This accounting will not include disclosures made for treatment, payment, or health care operations.

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 VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502 or email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com). 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 receive 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 VOA Privacy Officer at 757-466-8683. You may also obtain a paper copy of this Notice at our website, [www.virginiacancer.com](http://www.virginiacancer.com).

### **COMMUNICATIONS**

We may reach out to you regarding your healthcare via the phone numbers and email addresses you have provided. This could include calls, texts, or emails, possibly through automated systems or pre-recorded messages. Some communications sent via text message may request an additional confirmation from you that you would like to receive the message. You will always have the option to opt out of future communications like these.

Our messages might cover topics such as appointment reminders, your experience as a patient, discharge planning, billing, prescription updates, research opportunities, our products and services, treatment options, general health information, and regulatory notices. Please be aware that texts and emails are not encrypted, so there is a risk they could be accessed by others. To protect your privacy, we limit the sensitive health information in these messages. By choosing to receive communications via these methods, you acknowledge and accept the associated privacy risks. If you prefer not to receive texts or emails, please contact us, and we will remove you from such lists.

### **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: VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502, email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com), 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 VOA Privacy Officer at 6251 E. Virginia Beach Blvd., Ste. 200, Norfolk, VA 23502, email [VOAHIPAA@usoncology.com](mailto:VOAHIPAA@usoncology.com), or 757-466-8683.