





**Inspections and Copies:** the right to inspect and obtain copies of the medical information that may be used to make decisions about you, including medical records, billing records, but not including psychotherapy notes. In order to inspect or obtain records, you must submit the request in writing to the address on the back of this brochure.

**Amendment:** the right to ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request and the reason for your request to in writing to the address in on the back of this brochure. Also, we may deny the request if you ask us to amend information that is accurate and complete; not part of the information kept by our organization; not part of the information you are permitted to inspect and copy; not created by our organization, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosure:** the right to request an accounting of disclosures made of your medical information to entities with whom you do not have an established relationship. In order to obtain an accounting, you must submit your request in writing to the address on the back of this brochure. All requests may not be longer than 6 years and may not include dates prior to October 16, 2003. The first request in a 12 month period is free of charge. You may be charged for any additional lists requested in a 12 month period.

**Right to File a Complaint:** if you believe your rights have been violated, you may file a complaint with our organization or with the secretary of the Department of Health & Human Services. You will not be penalized for filing the complaint. All complaints must be submitted in writing at the address below.

**Right to Provide an Authorization of Other Uses and Disclosures:** our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for reasons described on the authorization. Of course, we will not be able to take back any disclosures that we have already made with your permission.

**Right to Paper Copy of This Notice:** you are entitled to receive this paper copy of this notice. You will be asked to sign an acknowledgment proving this receipt of this Notice of Privacy Practices. A more detailed notice that contains examples is available upon request at the office listed below.

# Vantage Oncology

## HIPAA Patient Privacy Rights Notification



### Santa Clarita Radiation Therapy Center

25751 McBean Parkway, Suite 110

Valencia, CA 91355

Phone: (661) 259-2990

Fax: (661) 259-1031

Vantage  
Oncology



Please list the names, addresses and phone numbers of physicians that you are seeing. If you do not have all the information with you at the time of your visit, please call us when you get home. This information is very important so that we can inform your physicians of your progress.

**Primary Physician:**

---

---

---

**Phone:**

---

**Referring Physician:**

---

---

---

**Phone:**

---

**Other Physician:**

---

---

---

**Phone:**

---

**Other Physician:**

---

---

---

**Phone:**

---

**Other Physician:**

---

---

---

**Phone:**

---

**Other Physician:**

---

---

---

**Phone:**

---