



Notice of Privacy Policy Form

Revised February 2019

This notice describes how health information about you may be used and disclosed by BCRC and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact:
BCRC at (512) 524-2560

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to in this Notice as “health information”). It also describes your rights and our obligations regarding the use and disclosure of your health information.

The BCRC collects information from you that allow us to provide you the services to best meet your needs as well as provide aggregate information to our funders. We will enter the following information into our secure database: names, addresses, phone numbers, ethnicity, income status, age, physician names, diagnosis information, marital status, insurance status and caregiver information. In addition, we will note information in our database including your treatment status and updates, BCRC educational programs you attend, support circles you participate in, obstacles to treatment that we have identified and whether or not we have helped to resolve them.

Our Responsibilities

BCRC is required to:

1. Maintain the privacy and security of your health information;
2. Provide you with notice of our legal duties and privacy obligations with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if we are unable to agree to a requested restriction; and
5. Notify you of any unauthorized acquisition, access, use or disclosure of your unsecured health information. We are required by law to notify you following a breach of unsecured protected health information, i.e. health information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

The Methods in Which We May Use and Disclose Health Information about You

The following categories describe different ways we may use and disclose your health information. The examples provided serve only as guidance and do not include every possible use or disclosure.

1. For Assistance Finding Breast Cancer Resources: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with BCRC supervisors or other BCRC patient navigation team members. We may disclose PHI to any other community partners only with your authorization.



2. For Fundraising: BCRC is a non-profit agency that is funded through donation and grants. In support of fundraising efforts we may use and disclose de-identified health information so that we can engage in activities including applying for grants and statistical reporting to major benefactors. This type of reporting would generally be of client aggregates and statistical in nature, referring to the client population that BCRC serves. Any such reporting would not include information that could be associated with any one BCRC client.
3. For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to quality assessment activities, employee review activities, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., bookkeeping or claims payment) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. We may use your PHI to follow up with you regarding your treatment and to assess the quality of services you receive.
4. To friends and family if you have authorized us to do so
5. As Required by Law. We will disclose health information about you if and when required to do so by federal or Texas laws or regulations. We may disclose health information about you in response to a court or administrative order and we may release information if asked to do so by a law enforcement official in response to a court order or subpoena.
6. Other Uses or Disclosures. Any other use or disclosure of PHI will be made only upon your individual **electronic, verbal or written** authorization. You may revoke an authorization electronically or in writing at any time provided we have not already relied on the authorization.
7. Electronic Disclosure. We may use and disclose your health information electronically to contact you. For example, we may use your name, telephone number and email address if you authorize us to do so or if you request that we contact you in this way.

DISCLOSURES REQUIRING AUTHORIZATION

1. **Marketing**. Marketing *generally* includes a communication made to describe a health-related product or service that may encourage you to purchase or use the product or service. BCRC does not engage in this type of marketing, however if we were to do so we will obtain your prior electronic authorization to use and disclose PHI for marketing purposes.

You have the right to revoke such authorization electronically, except to the extent that we have already taken action in reliance on your prior authorization.

2. **Sale of your Health Information**. BCRC will not sell your health information for any marketing purpose without your electronic authorization and only as permitted by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION IN INSTANCES WHERE THE LAW REQUIRES YOUR AUTHORIZATION

You have the following rights regarding your health information:

1. **Right to Revoke an Authorization**. There are certain types of uses or disclosures that require your express authorization. BCRC does not plan to ever sell your information to a third party for marketing purposes. However, by way of example, BCRC may not sell your information to a third party for



marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your information, you may revoke such authorization electronically. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.

- 2. Right to Receive a Copy of this Document.** You have a right to obtain an electronic copy of this document upon request.

Links to Other Sites

We may offer links to sites that are not operated by the Breast Cancer Resource Center. If you visit one of these linked sites, you should review their privacy and other policies. We are not responsible for the policies and practices of other companies/organizations.

CHANGES TO THIS NOTICE

We reserve the right to change our Notice of Privacy Practices at any time. We will post the amended Notice of Privacy Practices on the BCRC website. You may download a copy of the revised NPP from the website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the BCRC. To file a complaint with the BCRC, contact BCRC:

Breast Cancer Resource Center
4807 Spicewood Springs Rd, Building 1, Suite 1100
Austin, TX 78759

Or by email: support@bcrc.org

All complaints should be submitted in writing or by email as indicated above

You will NOT be penalized for filing a complaint.

PLEASE PRINT A COPY OF THIS PRIVACY POLICY FOR YOUR RECORDS AND PLEASE CHECK THE SITE FREQUENTLY FOR ANY CHANGES.