



Astera Urology  
Morris County, NJ  
973-927-5788

Notice of Privacy Practices for Protected Health Information

Effective Date: 12/02/2024

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

Titan Health Partners LLC d/b/a Astera Urology ("AU") provides each of its patients with a Notice of Privacy Practices (NPP) that is written in plain language and that contains the elements required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulations.

AU is committed to protecting its patients' personal and health information. Additionally, both federal and state laws require AU to maintain the privacy of patient personal health information. This Notice explains AU's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "healthcare information" and includes information about your health treatment and care when it contains identifiable information such as your name, age, address, income, and other financial information.

AU is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and healthcare operations. Protected healthcare information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. Examples related to treatment, payment, and healthcare operations are listed below.

**Use of your health information for treatment purposes:**

A nurse obtains treatment information about you and records it in a health record.

During the course of your treatment, the physician determines he/she will need to consult with another specialist. He/she will share the information with such a specialist and obtain his/her input.

**Use of your health information for payment purposes:**

AU submits requests for payment to your health insurance company. The health insurance company or business associate helping AU obtains payment requests information from us regarding your medical care given. AU will provide information to them about you and the care given.

AU may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. AU will share information about you with such business associates as necessary to obtain these services.

**Use of your information for healthcare operations:**

**Your Health Information Rights**

The health and billing records we maintain are the physical property of AU. You have the following rights with respect to your protected healthcare information:

**Right to Inspect and/or Obtain Copy**

You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of the AU facility that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If AU denies your

request to inspect or obtain a copy of the records, you may appeal the denial in writing to the OneOncology Office of Compliance at the following address: 424 Church Street, Suite 2400, Nashville, TN 37219.

## **Right to Request an Amendment**

If you feel that health information AU has about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the AU facility that maintains those records, and give the reason for your request. You must address your request to the Compliance Department at 424 Church Street, Suite 2400, Nashville, TN 37219 or to the AU facility that maintains the records you wish to amend. AU will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

## **Right to an Accounting of Disclosures**

You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom AU has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, healthcare operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the AU facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, paper or electronically). You must submit your written request to the medical records department. We will respond to you within sixty (60) days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

## **Right to Breach Notification**

In the event of any breach of unsecured PHI, AU shall fully comply with HIPAA/HITECH breach notification requirements, including notification to you of any impact that the breach may have had on you and/or your family member(s) and actions AU undertook to minimize any impact the breach may have had on you.

## **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. Unless otherwise required by law, you have a right to restrict certain health information disclosures to health insurers if you pay full cost of services at the time of your visit. To request a restriction, you must make your request in writing to the AU facility that maintains the records or the Compliance Department located at 424 Church Street, Suite 2400, Nashville, TN 37219. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to your spouse. All requests will be reviewed for consideration of acceptance, therefore, you will not receive immediate response to your request. Every effort will be made to provide you a response to your request within thirty (30) days.

## **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Compliance Department located at 424 Church Street, Suite 2400, Nashville, TN 37219. We will not ask you the reason for your request. AU will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling 973-927-5788. You also can view this Notice at our website [AsteraUrology.org](http://AsteraUrology.org).

## **Personal Representative**

Your "personal representative" may exercise the rights listed above on your behalf if under an applicable law, that person has legal authority to act on your behalf in making decisions related to healthcare.

## **How AU Protects Your Health Information**

AU is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Accommodate your request for an accounting of disclosures.

AU reserves the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting one of our offices and picking up a copy. New policies will be posted in the waiting room as well as our website [AsteraUrology.org](http://AsteraUrology.org).

## Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your healthcare information, you may contact:

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*OneOncology* 1.615.880.8479  
*Attn: Chief Compliance Officer*  
*424 Church Street*  
*Suite 2400*  
*Nashville, TN 37219*

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[complianceandprivacy@oneoncology.com](mailto:complianceandprivacy@oneoncology.com)

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at the address above, ATTN: Chief Compliance Officer. You may also file a complaint with the U.S. Department of Health and Human Services at:

*Office for Civil Rights*

*U.S. Department of Health and Human Services*

*200 Independence Avenue, SW*

*Room 509F, HHH Building*

*Washington, D.C. 20201*

*(800) 368-1019 | [www.hhs.gov/ocr](http://www.hhs.gov/ocr)*

- We cannot, and will not, require you to waive the right to file a complaint with the U.S. Department of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the U.S. Department of Health and Human Services.

## Uses and Disclosures Requiring Authorization

### Patient Contact

AU may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. For example, we may leave voice messages at the telephone number you provide with us.

## Communication with Family & Friends

Generally, no information about you will be disclosed without your written authorization. The only exceptions include essential business operations, life-threatening emergencies, a court order, or instances involving our ethical and legal duty to report abuse.

In addition, unless you object, AU may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

## Philanthropic Support

AU may use or disclose certain health information about you to contact you as part of its fundraising activities. You have the right to choose not to receive these communications and we will tell you how to cancel them.

## Disaster Relief Efforts

AU may use and disclose your PHI to assist in disaster relief efforts.

## Health Information Exchange

AU may use or disclose PHI electronically for treatment, payment and health care operation purposes through its participation in a health information exchange with other health care providers. You may opt-out of the health information exchange. If so, your PHI will continue to be used in accordance with this Notice and the law; however, your PHI will not be made electronically available through the health information exchange.

# Uses and Disclosures with Neither Consent nor Authorization

## Public Health Activities

- ◆ Controlling Disease
  - As required by law, AU may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- ◆ Child Abuse and Neglect
  - AU may disclose PHI to public authorities as allowed by law to report child abuse or neglect.
- ◆ Food and Drug Administration (FDA)
  - AU may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

## Victims of Abuse, Neglect, or Domestic Violence

AU can disclose PHI to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victims.

## State Specific Requirements

Each state has unique requirements for reporting data, including population-based activities relating to improving health or reducing healthcare cost. Be sure to reference the state regulations based on the location of the AU facility.

## Oversight Agencies

Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations: inspections; licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

## Judicial/Administrative Proceedings

AU may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the PHI released is expressly authorized by such an order, or in response to a subpoena, discovery request or other lawful process.

## **Law Enforcement**

AU may disclose your PHI for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

## **Coroners, Medical Examiners and Funeral Directors**

AU may disclose your PHI to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

## **Organ Procurement Organizations**

Consistent with applicable law, AU may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

## **Research**

AU may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

## **Threat to Health and Safety**

To avert a serious threat to health or safety, AU may disclose your PHI consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

## **For Specialized Governmental Functions**

AU may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

## **Correctional Institutions**

If you are an inmate of a correctional institution, AU may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

## **Workers Compensation**

If you are seeking compensation through Workers Compensation, AU may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

## **Other Uses and Disclosures**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

## **Website**

You will find this "Notice of Privacy Practices" on the AU website at: [AsteraUrology.org](http://AsteraUrology.org).

If you have additional questions concerning this "Notice of Privacy Practices" they may be addressed to the Chief Compliance Officer of Compliance via the following means:

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*OneOncology  
Attn: Chief Compliance  
Officer  
424 Church Street  
Suite 2400  
Nashville, TN 37219*

1.615.880.8479



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complianceandprivacy@oneoncology.com

## Notice of Privacy Practices Acknowledgement Form

By my signature below, I am acknowledging I have received a copy of the AU Notice of Privacy Practices concerning the uses and disclosures of my Protected Healthcare Information in accordance with the HIPAA Privacy and Security Rules.

Patient Name \*

Patient e-signature \*

Date of Signature

By signing this form electronically, and clicking on "Submit", you are agreeing to the terms stated herein.

## TELEMEDICINE/TELEHEALTH SERVICES DISCLOSURE FORM

**YOU HAVE BEEN PROVIDED THIS FORM BECAUSE YOU HAVE ELECTED TO RECEIVE HEALTH CARE SERVICES FROM YOUR PROVIDER AT TITAN HEALTH PARTNERS, LLC D/B/A Astera Urology ("AU") VIA TELEMEDICINE/TELEHEALTH. THIS MEANS THAT YOUR "VISIT(S)" AND RELATED SERVICES WITH YOUR AU PROVIDER WILL OCCUR WHILE THE PROVIDER IS AT A DIFFERENT LOCATION THAN YOU AND USING AUDIO AND/OR VIDEO AND OTHER ELECTRONIC SOFTWARE, APPLICATIONS AND/OR EQUIPMENT.**

Prior to the initiation of your Telemedicine/Telehealth "visit", your AU provider will confirm that you have reviewed this form in detail and will obtain your verbal consent to continue with the health care service. Your consent will be documented in your medical record.

**\*\*PLEASE REVIEW THIS FORM CAREFULLY\*\***

### Introduction to Telemedicine/Telehealth:

Telemedicine/Telehealth allows you or your health care proxy to discuss your symptoms, personal or family history of health conditions, medical issues, and more with your AU provider in real-time. Using Telemedicine/Telehealth, you can receive a diagnosis, learn your treatment options, receive treatment advice and medical recommendation, and get most prescriptions, from the comfort of your own home or another remote location. In cases where it's necessary, healthcare providers can even monitor readings from medical devices remotely to keep an eye on your condition.

You are able to send and receive the following information via Telemedicine/Telehealth: Your medical records, your medical images, live two-way audio and video communications, output data from medical devices and sound and video files.

During your visit or session, your AU provider may recommend that you have tests taken (blood, urine, other tissue, imaging and other radiology) and other interventions to look for changes associated with each possible diagnosis. You may decline testing or you may elect to pursue testing at a later date. If you elect to pursue testing, your provider will either direct you to an appropriate AU facility or provide you with a prescription to an outside laboratory, radiology, imaging or other specialized facility.

Data obtained during telemedicine/telehealth sessions or visits, or related communications, will be incorporated into your electronic medical record at AU. AU's electronic systems include network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### Expected Benefits of Telemedicine/Telehealth:

Some of the expected benefits may include:

- Improved access to medical care by enabling you to remain in your home or another remote site during “visits” with your provider and while your provider obtains test results and consults from healthcare providers at other locations;
- Efficient medical evaluation and management of your care; and
- Obtaining expertise of a provider at a distant location.
- In rare cases, information transmitted through audio and/or visual software or application may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by your provider;
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment being used;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

**Potential Risks of Telemedicine/Telehealth:**

As with any medical procedure, there are potential risks associated with the use of Telemedicine/Telehealth. These risks include, but may not be limited to:

**Privacy Risks in Using Third-Party Communication Applications:**

You should be aware that the use of third-party software or applications to transmit health information potentially introduces privacy risks. While we will enable all available encryption and privacy modes when using such software and applications, there unfortunately remains a risk that the applicable systems may be infected by malware or suffer some other breach and transmit your personal and financial information without your knowledge or consent.

There also remains the risk of information being misappropriated on your end. **You should make every effort to attend your sessions and visits from a private location whenever possible. Further, you should not share any application or software logins, passwords or other access information with others. Finally, do not open or access any communication unless you are certain that it has come from your AU provider.**

**Costs of Telemedicine/Telehealth Services:**

You will be charged for sessions and visits with your provider according to the terms of your insurance coverage. Any laboratory, imaging facilities, etc. that provide you with testing at the direction of your provider will charge you separately for the testing. You may verify coverage for this service prior to having it. You may self-pay for the telemedicine/telehealth service and necessary testing or provide us with insurance information so that we may bill your medical insurance company. Most insurance providers charge a copay for these services except in certain cases.

**BY CONSENTING TO PROCEED WITH A TELEHEALTH/TELEMEDICINE SERVICE WITH AU YOU UNDERSTAND THE FOLLOWING:**

1. You can decline the Telemedicine/Telehealth service at any time without affecting your right to future care or treatment, and any program benefits to which you would otherwise be entitled cannot be taken away.
2. You may have to travel to see a health care practitioner in-person if you decline the Telemedicine/Telehealth service.
3. If you decline the Telemedicine/Telehealth services, there are other options/alternatives available for you including seeking in-person services from your AU provider or seeking alternative providers in your community. Your AU provider has explained the alternative to your satisfaction.
4. The laws that protect privacy and the confidentiality of medical information also apply to Telemedicine/Telehealth services.
5. There are potential risks associated with using Telemedicine/Telehealth services.
6. You have the right to inspect all information obtained and recorded in the course of a Telemedicine/Telehealth interaction, and may receive copies of this information for a reasonable fee unless a fee is prohibited by law.
7. Telemedicine/Telehealth may involve electronic communication of your personal medical information to other medical providers who may be located in other areas, including out of state.
8. It is your obligation to fully identify yourself to your provider at the time of your session and visit, your location and any persons located in the room with you who are allowed to hear your personal health information.
9. It is your duty to inform your AU provider of electronic interactions regarding your care that you may have with other healthcare providers.

10. You may exclude anyone from any site during your Telemedicine/Telehealth service.

11. While you may expect anticipated benefits from the use of Telemedicine/Telehealth in your care, no results can be guaranteed or assured.

12. Your insurance will be billed for Telemedicine/Telehealth services and you may be billed for what your insurance does not cover, dependent upon the provider. If you have any questions about billing, you will need to talk with the provider's billing office.

Patient Name \*

Patient e-signature \*

Date of Signature

By signing this form electronically, and clicking on "Submit", you are agreeing to the terms stated herein.