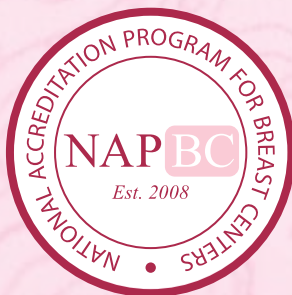




Navigating  
Breast  
Cancer  
Risk

## DO YOU KNOW YOUR RISK FOR DEVELOPING BREAST CANCER?



Accredited Comprehensive Cancer Program by  
the American College of Surgeons Commission  
on Cancer

## Baylor Regional Medical Center at Plano

### Notice of Health Information Practices

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

#### Understanding Your Health Record/Information

This notice describes the practices of Baylor Plano and that of any physician with staff privileges with respect to your protected health information created while you are a patient at Baylor Plano. Baylor Plano, physicians with staff privileges, and personnel authorized to have access to your medical chart are subject to this notice. In addition, Baylor Plano and physicians with staff privileges may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at Baylor Plano. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at Baylor Plano.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

#### Your Health Information Rights

Although your health record is the physical property of Baylor Plano, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in-full
- Obtain a paper copy of this notice of information practices
- Inspect and request a copy of your health record as provided by law
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record
- Obtain an accounting of disclosures of your health information as provided by law

- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Health Information Management Department at Baylor University Medical Center, 3500 Gaston Ave., Dallas TX 75246.

#### Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information
- Subject to certain exceptions under the law, provide notice of any unauthorized acquisition, access, use or disclosure of your protected health information to the extent it was not otherwise secured
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available upon your request at Baylor Health Care System. The revised notice will also be posted at Baylor Health Care System and on the Baylor Health Care System web page at [www.BaylorHealth.com](http://www.BaylorHealth.com).
- We will not use or disclose your health information without your written authorization, except as described in this notice.

#### Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

*We will use your health information for treatment.*

**For example:** We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Baylor Plano. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at Baylor Plano.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health care operations.*

**For example:** We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

*We will use your health information as otherwise allowed by law. The following are some examples of how we may use or disclose medical information about you.*

**Business associates:** There are some services provided in our organization through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in facility, general condition, and religious affiliation for directory purposes while you are a patient at Baylor Plano. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Research:** We 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 protect the privacy of your health information.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Communications for treatment and health care operations:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse, neglect or domestic violence:** As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

**Judicial, administrative and law enforcement purposes:** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

**Required or allowed by law:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Baylor Health Care System Office of HIPAA Compliance at 214-820-8888.

If you believe your privacy rights have been violated, you can file a complaint with the Baylor Health Care System Office of HIPAA Compliance at 866-245-0815 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

# Breast Cancer Risk Assessment



Baylor Plano offers the breast cancer prevention and risk assessment clinic to provide participants comprehensive education and consultation to enhance their understanding of developing breast cancer. Depending on your individual risk factors, this one stop service offers participants:

- An individual consult with a breast surgeon, genetic counselor, and risk assessment nurse
- Clinical breast exam
- Breast self exam education
- Discussion of risk reduction lifestyle strategies

For more information about the risk assessment program, call the oncology nurse navigator at 469.814.5768 or visit [BaylorHealth.com/PlanoCancer](http://BaylorHealth.com/PlanoCancer).

Please complete the attached breast cancer risk assessment card to learn more about your individual risk for developing breast cancer.

When you have completed the form, please email to [RiskAssessment@BaylorHealth.edu](mailto:RiskAssessment@BaylorHealth.edu) or print off and mail to:

Oncology Nurse Navigator  
Baylor Regional Medical Center at Plano  
4700 Alliance Blvd.  
Plano, TX 75093-9824

Name of Personal Physician: \_\_\_\_\_

1. What is your age? \_\_\_\_\_

2. What is your ethnic identity?    White        Black        Hispanic        Asian        Other

3. How old were you when you had your first menstrual period? \_\_\_\_\_

4. Do you have children?    Yes        No    If YES, how old were you at the first live birth? \_\_\_\_\_

5. Have you ever had invasive breast cancer?    Yes        No    If YES, at what age were you diagnosed? \_\_\_\_\_

6. Have you ever had any other cancers?    Yes        No    If YES, what other cancer and at what age was it diagnosed? \_\_\_\_\_

7. Have you ever had a breast biopsy?    Yes        No    If YES, how many and what was the diagnosis? \_\_\_\_\_

8. How many first-degree relatives (mother-daughter-sister) do you have with breast cancer? \_\_\_\_\_  
Specify which relative: \_\_\_\_\_

9. How many second-degree relatives (grandmother-aunts) do you have with breast cancer ? \_\_\_\_\_  
Specify which relative: \_\_\_\_\_

10. Do you have any relatives with male breast cancer?    Yes        No    Specify which relative: \_\_\_\_\_

11. Do you have any relatives with ovarian cancer?    Yes        No    Specify which relative: \_\_\_\_\_

**You are encouraged to discuss your risk factors and breast cancer risk assessment results with your physician.**

I understand that my breast cancer risk assessment results will only provide an estimate for breast cancer based on my risk factors. This is not a conclusive indicator for predicting breast cancer. My signature gives permission for an evaluation of my risk for developing breast cancer.

I give my permission to be contacted in the future.    Yes    No

I give my permission for this information to be entered in a confidential database for follow up recommendations.  
Yes    No

*I may withdraw my permission at any time and my information would not be used after that date.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **Acknowledgment of Receipt of Baylor Regional Medical Center at Plano's Notice of Health Information Practices**

I understand that under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), I have certain rights regarding my protected health information, one of which is to be given notice of how my protected health information may be used in providing and arranging my medical care.

I acknowledge that I have received Baylor Regional Medical Center at Plano's ("Baylor Plano") Notice of Health Information Practices containing a description of the uses and disclosures of my protected health information. I understand that Baylor Plano has the right to change its Notice of Health Information Practices from time to time and that I may contact Baylor Health Care System at any time at the address below to obtain a current copy of the Notice of Health Information Practices.

Patient Name \_\_\_\_\_

Signature of Patient or Representative of Patient \_\_\_\_\_

Relationship to Patient if Signed by Representative \_\_\_\_\_

Date \_\_\_\_\_

To obtain more information or a copy of the most current version of Baylor's Notice of Health Information Practices, please call 214-820-8888 or write: Privacy Officer, Office of Corporate Compliance, Baylor Health Care System, 2001 Bryan Street, Suite 2200, Dallas, Texas 75201.