



Notice of Privacy Practices for Protected Health Information

Revised: 7/13/2026

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 Cancer Care ("Astera"), including Solara HealthNJ, provides each patient of our practices 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. Terms such as "we" refers to Astera Cancer Care and Solara HealthNJ. All the sites and locations follow the terms of this Notice and may share health information with each other for treatment, payment, or healthcare operation purposes defined in this Notice.

We are committed to protecting the patient's personal and health information at each practice. Additionally, both federal and state laws require our practices to maintain the privacy of patient personal health information. HIPAA and 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records) protect the confidentiality of medical records. Some records may be protected by both HIPAA and 42 CFR Part 2.

This Notice explains our 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, and other financial information.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice explaining our responsibilities and privacy practices regarding 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.
- Accommodate your request for an accounting of disclosures.
- Notify you of a breach of your unsecured protected health information.

How We May Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information:

FOR TREATMENT PURPOSES:

During your treatment, we may use and disclose your health information to provide you with medical treatment or services. For example, a physician may determine they will need to consult with another specialist. The provider will share the information with such a specialist and obtain their input. We may also disclose your health information to nurses who participate in your care.

FOR PAYMENT PURPOSES:

We may use and disclose your health information to others for the purpose of reimbursement for your treatment. For example, a bill may be sent to you, your insurance provider, or a third-party payor. The bill may contain information that identifies you, your diagnosis, and treatment information.

HEALTHCARE OPERATIONS:

We may use and disclose your health information to support our business activities. For example: quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance.

We may call your name in the waiting area when we call you for your appointment. We also may disclose health information to a third-party about that performs services on our behalf, such as billing and collections. In these cases, we will enter into a written agreement with the third party to ensure the protect the privacy of your information.

Individuals Involved in Your Care or Payment for Your Care

If you agree to the use or disclosure, and in certain other situations, we may make the following uses and disclosures of your health information. We may disclose to a personal representative, family member, or anyone else whom you identify as someone involved in your medical care or who may help pay for your care. You have the right to determine who is authorized to receive such information and may also request to change this at any time.

We may use and disclose your health information when required to do so by federal, state, or local law.

Uses and Disclosures with Neither Consent nor Authorization

PUBLIC HEALTH ACTIVITIES

If authorized by applicable state and federal law, we may disclose your health information for public health activities, including the following.

- To prevent controlling disease, injury, or disability
- Reporting births or deaths
- To report child abuse or neglect
- To report adverse events, product defects, or problems
- Activities related to the quality, safety, or effectiveness oof Food and Drug Administration (FDA)-regulated product
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease
- To notify an employer of findings concerning work-related illness or injury

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We may 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 costs.

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. These oversight activities are necessary for the government to monitor the healthcare system, government benefit programs, compliance with regulatory programs, and civil rights laws.

JUDICIAL/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 release your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. This may be done only if authorized by applicable state and federal law.

LAW ENFORCEMENT

We may disclose your health information, within limitations, to law enforcement officials only when authorized by applicable state and federal law.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may disclose your PHI to funeral directors or coroners consistent with applicable law to allow them to carry out their duties. This may be necessary to identify a deceased person or determine the cause of death.

ORGAN TISSUE DONATION

Consistent with applicable law, we 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

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

SERIOUS THREAT TO HEALTH AND SAFETY

To avert a serious threat to health or safety, we 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

We may disclose your PHI for specialized government functions authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel. We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other nation security activities authorized by law.

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution or under the custody of a law enforcement individual, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals, to assist them in providing you care, or for the safety of the correctional institution.

WORKERS COMPENSATION

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

OTHER USES AND DISCLOSURES WITH AUTHORIZATION

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 that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on your authorization.

Some examples include:

- Psychotherapy notes: while we usually do not maintain psychotherapy notes about you, if we do, we will use and disclose only 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.
- Sale of Your Health Information: We may sell your health information only with a written authorization.
- HIV-Related Information: We will not disclose your HIV-related information without your written authorization.
- Genetic Information: We will not disclose your genetic information without your written authorization.
- Substance Abuse Information: We will not disclose your alcohol and other drug abuse information without your written authorization.
- Mental Health Information: We will not disclose any of your information relating to mental health treatment without your written authorization.

Your Health Information Rights

You have the following rights with respect to your protected healthcare information:

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. In most circumstances, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request in writing to the Compliance Department located at 629 Cranbury Road, East Brunswick, NJ 08816. 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 an immediate response to your request. Every effort will be made to provide you with a response to your request within thirty (30) days. 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.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

We 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. You have the right to request that we communicate with you in a certain manner. For example: you may request that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing to the Compliance Department located at 629 Cranbury Road, East Brunswick, NJ 08816. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO INSPECT AND/OR OBTAIN COPY

Except in limited circumstances, you have the right to inspect and obtain a copy of your completed health information, unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing.

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 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 we deny your request to inspect or obtain a copy of the records, you may appeal the denial and request it be reviewed by a licensed healthcare professional chosen by us. You may request access in a certain electronic form or format. Further, you may request in writing that we transmit a copy of your health information to any person or entity that you designate. The request must be signed and clearly identify with the designated person or entity.

RIGHT TO REQUEST AN AMENDMENT

If you feel that health information we have 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 facility that maintains those records, and give the reason for your request. You must address your request to the Compliance Department at 629 Cranbury Road, East Brunswick, NJ 08816 or to the facility that maintains the records you wish to amend. We will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your rights.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of certain disclosures we make of your health information, which is a listing of the entities or people (other than yourself) to whom we have 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 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 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 732.390.7750. You also can view this Notice at our website <https://asteracancercare.org/> or <https://solarahealthnj.com/>

RIGHT TO BREACH NOTIFICATION

In the event of any breach of unsecured PHI, we 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 we undertook to minimize any impact the breach may have had on you.

RIGHT TO COMPLAIN

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

Astera Cancer Care Attn: Compliance Specialist 629 Cranbury Road East Brunswick, NJ 08816	1.732.390.7750
	Erica.price@asterahealthcare.org

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at the address above, ATTN: Compliance Specialist. 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

- 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.

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 all waiting areas. Each version of the Notice will have an effective date listed on the first page.