

# HIPAA NOTICE OF PRIVACY PRACTICES

## PhenoPath Laboratories, PLLC

(effective October 6, 2014)

**TO OUR PATIENTS: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) and subsequent regulations, PhenoPath is legally required to maintain the privacy of your protected health information (**PHI**). *PHI includes information we receive or create about you relating to your past, present or future health condition, the provision of health care to you, and the payment information on health care-related accounts.* This Notice describes how we may use and disclose PHI to carry out treatment, payment, and healthcare operations (**TPO**) and for other purposes permitted or required by law, and also describes your rights regarding your access to and control of your PHI.

*PhenoPath is required by law to abide by the terms of the Notice currently in effect. PhenoPath may change the terms of this Notice and our privacy practices at any time. Such changes will be effective for all PHI that is in our possession at that time and received thereafter. Upon request, we will provide you with a revised Notice, or you can view the Notice on our website [www.phenopath.com](http://www.phenopath.com)*

### ➤ **Contact Information**

If you have any questions about this Notice, have a request concerning your PHI, or have a complaint about our privacy practices, please contact:

**Privacy Officer, PhenoPath Laboratories**

**551 N 34<sup>th</sup> Street, Suite 100, Seattle, WA 98103**

**Phone: 206-374-9000**

**email: [privacyofficer@phenopath.com](mailto:privacyofficer@phenopath.com)**



## HOW WE MAY USE AND DISCLOSE YOUR PHI

### USES AND DISCLOSURES FOR PURPOSES OF TPO (THESE USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION)

- ❖ **Treatment** We may disclose your PHI to physicians, nurses, medical students and other health care personnel who provide your healthcare services or are involved with your care. For example, if you are being treated for cancer, we may disclose your PHI to the consulting physician or oncologist in order to coordinate your care.
- ❖ **Payment** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, PhenoPath provides the necessary PHI to our billing department and to your health plan or their designees to obtain payment for the healthcare services we provide. We may also provide your PHI to clearinghouses and other organizations that process PhenoPath's health care claims; PhenoPath has Business Associate agreements with such organizations as required by HIPAA to ensure the privacy and security of PHI.
- ❖ **Healthcare Operations** We may disclose your PHI for health care operations, including administrative, financial, legal, and quality improvement activities. For example, we may use your PHI in order to evaluate the quality of health care services you received, or to evaluate the performance of the health care professionals who provided those services. We may use your PHI for administration, training, accreditation, or certification, and for business planning and development. We may provide your PHI to accountants, attorneys, or others when necessary to conduct healthcare operations; PhenoPath has Business Associate agreements with such entities as required by HIPAA to ensure the privacy and security of PHI.

### OTHER USES & DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

- ❖ **For required disclosures to federal, state or local law, judicial or administrative proceedings, or law enforcement** For example, we may make disclosures when required to report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with gunshot injuries or certain other wounds, or when ordered in judicial or administrative proceedings, such as a search warrant, court order, or a subpoena issued by a judge. We may make disclosures to the Department of Health and Human Services Office

for Civil Rights (OCR); such disclosures to OCR are limited to information that is pertinent to ascertaining our compliance under HIPAA.

- ❖ **For public health activities** For example, we may provide data about various diseases to government officials in charge of collecting that information, such as a Cancer Registry, and we may provide additional information to other agencies regarding specific public health issues.
- ❖ **For health oversight activities** For example, we may provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
- ❖ **To avoid harm** In order to avoid a serious threat to the health or safety of an individual or the general public, we may disclose PHI to law enforcement personnel or other individuals able to prevent or lessen such harm.
- ❖ **For specific government functions** We may disclose PHI of military personnel and veterans to military authorities and the Department of Veterans Affairs. We may disclose PHI for national purposes such as security, intelligence operations, or Presidential Protective Services.
- ❖ **For workers' compensation purposes** We may provide PHI in order to comply with workers' compensation laws, e.g., workplace-related injuries.
- ❖ **For research purposes** We may disclose health information for research purposes if an Institutional Review Board (IRB) or Privacy Board has approved a waiver of authorization for disclosure. We may use patient data if the results are reported in a summarized and aggregate fashion, which does not allow for patient identification.

➤ **YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PHI**

- ❖ **Uses and disclosures that require your prior written authorization**  
In any situation not otherwise described in and excluded by this Notice, we must have your written authorization before disclosing your PHI. If you provide a written authorization, you can later decide to revoke it, but you must send a written "revocation statement" to our HIPAA Privacy Officer. *The revocation will not apply to the extent that we have already taken action where we relied on your permission.*
- ❖ **Uses and disclosures for which you have the opportunity to object**  
Your authorization is required for release of your PHI to a family member,

friend or other person you indicate is involved in your care or the payment for your health care. Authorization may be obtained retroactively in emergency situations.

❖ **Right to request restrictions or limitations on uses and disclosures of your PHI** You have the right to request that we restrict or limit how we disclose your PHI; however, we are not required to agree to your request (except as described in the following paragraph on restricting disclosures to your health plan). If we agree to your request, we will put any limits in writing and abide by them except in emergency situations. You may *not* limit the uses and disclosures that we are legally required to make.

❖ **Right to request restrictions on disclosures to your health plan** We will agree to your request to restrict disclosure of your PHI to your health plan *IF*

- 1) You communicate this restriction directly to us *before* services are provided, **and**
- 2) The PHI pertains solely to health care for which you (or a person acting on your behalf) pay us in full out of pocket for the health care services *before* services are provided.

If your payment to us is dishonored, we will make reasonable efforts to obtain payment from you prior to seeking reimbursement from your health plan. Even if you have notified us and paid in full for services, you may not restrict the uses and disclosures that we are legally required to make.

❖ **Right to inspect and obtain copies of your PHI** You have the right to request a copy of your PhenoPath test report, or that of an individual for whom you are legally a personal representative. Your right of access is limited to the information that is part of the designated record set.

- We require that your request be in writing, using our form. Call our office to obtain the form, or email our privacy officer.
- You have the right to request a copy of your test report in electronic form, if the test report requested is maintained by us in electronic form. If it is not possible to provide the copy in the format you request, we will contact you to arrange an alternative method.
- If your request directs us to send your PHI to another person, you must provide that information in writing, clearly identifying the designated person and where to send it.
- We may refuse your request for information if a licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of you or another person; you have the right to have any such denial reviewed by an unaffiliated health care professional.

- **Unless contraindicated as above, we will provide the copy requested in the format requested within 30 days of receipt of the completed request form.** If our response will necessitate more than 30 days, we will notify you in writing and explain the reason for the delay.
  - We may charge a fee, in accordance with applicable law. Instead of providing the PHI you requested, we might provide you with a summary or explanation of the PHI as long as you agree to the summary and the cost of providing such information.
  - Contact your health care provider(s) with questions regarding interpretation of your test report.
- ❖ **Right to choose how we send PHI to you (i.e., special communications)** You have the right to ask that we send your PHI to you at an alternate address or by alternate means, for example, mailed to your work address rather than your home address, or not call you at home but communicate only by mail.
- ❖ **Right to obtain an accounting of certain disclosures we have made** You have the right to obtain an accounting of certain instances in which we have disclosed your PHI. We will respond to your written request within 60 days of receipt. You must state a time period for the accounting, which must be within six years prior to the date of your request, but the dates may not precede April 14, 2003. The accounting will *not* include uses or disclosures made to you, for purposes of TPO, for national security purposes, to corrections personnel or law enforcement. The list will include the dates of the disclosures, to whom the PHI was disclosed, a description of the information disclosed, and the reason for the disclosures. We will provide the list to you at no charge. However, if you make more than one request for an accounting of disclosures in the same calendar year, we may charge a fee for each additional request in accordance with applicable law.
- ❖ **Right to receive notification of a breach of your unsecured PHI** We are required by law to notify you if there is a breach of your unsecured PHI at PhenoPath or by one of our Business Associates.
- ❖ **Right to request an amendment to your PHI** If you believe there is an error or missing information in your PHI, you have the right to request that we correct it or add the missing information. You must provide the request and your reason for the request in writing. We will respond in writing within 60 days of receiving your request.
- If we approve your request to amend your PHI, we will make the correction, inform you that we have done so, and inform others on a need-to-know basis about the change to your PHI.

- We may deny your request to amend, for example if we did not create the PHI, or we believe the PHI is correct and complete. Our written denial will state the reasons for the denial, and explain your right to file a written statement of disagreement. If you do not file this statement, you still have the right to ask us to have your request and our denial attached to all future disclosures of your PHI.
  
- ❖ **Right to obtain a copy of this Notice by email, paper copy, or both**  
Contact our HIPAA Privacy Officer.
  
- ❖ **Right to file a complaint about our privacy practices** If you believe we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. PhenoPath will take no retaliatory action against you if you file a complaint about our privacy practices.