

# Notice of Patient Privacy Practices

## GULF COAST DERMATOPATHOLOGY LABORATORY, INC.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This Notice is effective March 1, 2013 and applies to all protected health information as defined by federal and state regulations. (rev. 3/2013)

### Understanding your health record/information

Each time you visit our office a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing, with your authorization,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

We may use your information to provide you with additional treatment alternatives and other health related benefits

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

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

- Obtain a paper or electronic copy of this "Notice of Information Privacy Practices"
- Inspect and receive copy your health record as provided for in 45 CFR 164.524

- Amend your health record as provided in 45 CFR 164.52
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means (electronic copy) or at alternative locations
- Request a restriction on certain uses and disclosures of your information including health plans, if you paid for these services out of pocket
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

### Our Responsibilities

We are required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Notify you of a breach of your protected healthcare information
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the changes in our reception area. At your request and expense, we will provide a revised "Notice of Patient Privacy Practices" to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will discontinue use or disclose your health information after we have received a written revocation of the authorization.

### To Report a Problem

If you have questions, would like additional information or wish to report a problem, please contact the practice's Privacy Officer.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

### Examples of Disclosures for Treatment, Payment and Health Operations

**Treatment:** Information obtained by a member of our healthcare team will be recorded in your record and will be used to determine the course of treatment that is best for you. We will also provide subsequent healthcare providers with copies of various reports that should assist them in treating you.

**Payment:** 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.

**Healthcare Operations:** Members of the medical staff may use information in your health record to assess the care and outcomes 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 healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**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.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other

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person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**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 ensure the privacy of your health information. This information will be de-identified.

**Marketing:** Without your authorization we may not use your information for marketing purposes for sale of your information or other uses not described in this notification

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with

respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers 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.

**Correctional institution:** Should you be an inmate of a correctional institution, we may

disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Abuse and Domestic Violence:** As provided by federal and state law, we may, at our professional discretion, disclose to proper federal or state authorities healthcare information related to possible or known abuse or domestic violence.

**Psychotherapy Notes** may not be disclosed without your written authorization.