



NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Access This Information. Please Review It Carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI") in order to carry out treatment, payment, and healthcare operations and for other purposes permitted or required by law. It also describes your rights to access your PHI.

I. We Have a Legal Duty to Safeguard Your Protected Health Information.

Pee Dee Pathology Associates is legally required to protect the privacy of your health information. We call this information "Protected Health Information," or "PHI". This PHI includes information that can be used to identify you that we have created or received about your past, present, or future health condition, the provision of health care to you, or the payment history on healthcare-related accounts. We must provide you with a notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

Pee Dee Pathology Associates reserves the right to change the terms of this notice and our privacy policies at any time. Any changes will be effective for all PHI that is in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with a revised Notice.

II. How We May Use and Disclose Your Protected Health Information.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior written authorization. Below, we describe the different categories of our uses and disclosures and provide you with some examples of each category.

A. Uses and Disclosure Relating to Treatment, Payment, or Healthcare Operations (TPO). We are permitted by law to use and disclose your PHI without your written consent or authorization for the following reasons:

1. **Treatment.** We may disclose your PHI to physicians, nurses, medical students, and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, if you are being treated for cancer, we may disclose your PHI to the consulting physician, i.e., an oncologist, if applicable, in order to coordinate your care.
2. **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, **Pee Dee Pathology Associates** may

provide portions of your PHI to our billing department, billing agent and to your health plan to obtain payment for the healthcare services, which were provided to you by the pathologist of record. We may also provide your PHI to our business associates, such as claims processing centers (clearinghouses) and others that process **Pee Dee Pathology Associates** health care claims.

3. ***Healthcare operations.*** We may disclose your PHI for healthcare operations. For example, we may use your PHI in order to evaluate the quality of healthcare services that you received or to evaluate the performance of the healthcare professionals who provided services to you. This task may be strictly accomplished from a review of the submitted documentation. We may also provide your PHI to our accountants, attorneys, consultants, and others to confirm that we are complying with the laws that affect us.
4. ***Individuals Involved in Your Care or Payment for your care.*** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in disaster relief.

B. Additional Uses and Disclosures That Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

1. ***When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.*** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot wounds; or when ordered in a judicial or administrative proceeding.
2. ***For public health activities.*** For example, we assist and provide data for reporting information about various diseases, i.e., Cancer Registry, to the government officials in charge of collecting that information, and we provide additional information to other agencies regarding specific public health issues.
3. ***For health oversight activities.*** For example, we will provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
4. ***For purposes of organ donation.*** Upon the request of the hospital facility, the pathologist may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
5. ***For research purposes.*** In certain circumstances, upon the request of the pathologist, we may provide PHI in order to conduct medical research.
6. ***To avoid harm.*** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

7. ***For specific government functions.*** Pee Dee Pathology Associates may disclose the PHI of military personnel and veterans in certain situations. In addition, we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
8. ***For workers' compensation purposes.*** We may provide PHI in order to comply with workers' compensation laws.
9. ***Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
10. ***Coroners, Medical Examiners, and Funeral Directors.*** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary to carry out their duties.
11. ***Business Associates.*** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

C. Uses and Disclosures for Which You Have the Opportunity to Object. We may release your PHI to a family member, friend, or another person that you indicate is involved in your care or the payment for your healthcare unless you object in whole or in part. The opportunity to authorize may be obtained retroactively in emergency situations.

D. Uses and Disclosures That Require Your Prior Written Authorization. In any other situation not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization, i.e., billing and collection activities).

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

III. What Rights do You Have Regarding Your PHI

You have the following rights with respect to your PHI:

- A. The right to request restrictions or limitations on the Uses and Disclosures of your PHI.** You have the right to request that we restrict or limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept 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 or allowed to make.
- B. The right to choose how we send PHI to you.** You have the right to ask that we send information to you to an alternate address or by alternate means. For example, sending information to your work address, rather than your home address, or email instead of regular mail. We must agree to your request so long as we can easily provide it in the format you requested.
- C. The right to inspect and obtain copies of your PHI.** In most cases, you have the right to inspect or obtain copies of your PHI that are in our possession, but you must make this request in writing. If we do not have your PHI, but we know who does, we will inform you of the manner in which to obtain it. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will inform you, in writing, of our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we may charge you. 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 that and to the actual cost in advance.
- D. The right to an electronic copy of electronic medical records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- E. The right to obtain an accounting of the disclosures we have made.** You have the right to obtain an accounting of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already authorized, such as those made for treatment, payment, or health care operations, directly to you or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will provide to you will include disclosures made in the last six years if applicable unless you request a shorter time period. The list will include the date of the disclosure, to whom the PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same calendar year, we may charge you for each additional request.

- F. The right to amend your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your

request in writing if the PHI is: 1) correct and complete, 2) not created by us, 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, inform you that we have done it, and inform others on a need-to-know basis about the change to your PHI.

- G. Right to receive notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- H. Right to restrict the release of information for certain services.** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out-of-pocket basis. This information can be released only upon your written authorization.
- I. The right to obtain a paper copy of this notice or by email.** You have the right to obtain a copy of this notice by email. Even if you have agreed to receive a notice via email, you also have the right to request a paper copy of this notice.

IV. How To Complain About Our Privacy Practices

If you think that 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 the person listed in Section VI below. You also may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. **Pee Dee Pathology Associates** will take no retaliatory action against you if you file a complaint about our privacy practices.

V. Person To Contact for Information About This Notice or To Complain About Our Privacy Practices

If you have any questions about this notice or any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact **Privacy Officer, Pee Dee Pathology Associates, PO Box 6166, Florence, SC, 29502, 843-664-4314.**