

# NOTICE OF PRIVACY PRACTICES

## InCyte Pathology, P.S.

Effective Date: April 14, 2003

**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.**

InCyte Pathology respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. InCyte Pathology, P.S., relies on your primary provider of services to obtain such authorization.

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations**

#### **For treatment:**

- Information obtained by a physician or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

#### **For payment:**

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

#### **For health care operations:**

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
  - medical quality review by your health plan;
  - accounting, legal, risk management, and insurance services;
  - audit functions, including fraud and abuse detection and compliance programs.

## Your Health Information Rights

The health and billing records we create and store are the property of InCyte Pathology. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We have a form available for this type of request. We are not required to grant the request, but we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request. There may be a fee for this service.
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. We have a form available for this type of request. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records upon request.
- When you request, we will give you a list of disclosures of your health information. We have a form available for this type of request. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. This must be signed, dated, and be in writing. We have a form available for this type of request.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. We have a form available for this. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please *contact our Privacy Officer* by phone or in writing at:

InCyte Pathology  
P.O. Box 3405  
Spokane, WA 99220-3405  
(509)892-2700

## Our Responsibilities

### **We are required to:**

- Keep your protected health information private;
- Make this Notice available to you;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

### **To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact our Privacy Officer* at:

InCyte Pathology  
P.O. Box 3405  
Spokane, WA 99220-3405  
(509)892-2700

If you believe your privacy rights have been violated, you may discuss your concerns with our Privacy Officer or other member of management. You may also deliver a written complaint to our Privacy Officer at our facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

### **Other Disclosures and Uses of Protected Health Information**

#### **Notification of Family and Others**

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

### **We may also use and disclose your protected health information without your authorization as follows:**

- **With Medical Researchers**—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply With Workers' Compensation Laws**—if you make a Workers' Compensation claim.

- **For Public Health and Safety Purposes as Allowed or Required by Law:**
  - to prevent or reduce a serious, immediate threat to the health or safety of a person
  - or the public.
  - to public health or legal authorities
    - to protect public health and safety
    - to prevent or control disease, injury, or disability
    - to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.**
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

#### **Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

#### **Web Site**

- We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: [www.incytepathology.com](http://www.incytepathology.com).



## NOTICE OF PRIVACY PRACTICES —ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may ask to see your record or get more information about it by contacting our Privacy Officer.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

**By my signature below, I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship  
(parent, legal guardian, personal representative)

(Notation, if any, by staff)

This form will be retained in your medical record.