



NOTICE OF PRIVACY PRACTICES

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. If you have any questions, please contact our privacy officer at the address or phone number at the bottom of this notice.

Incyte Diagnostics Locations

- 13103 E Mansfield, Spokane WA
- 1280 116th Ave NE, STE 210, Bellevue WA
- 221 Wellsian Way, Richland, WA 99352

Pathologists and employees working within a hospital will follow the privacy practices of that institution

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 15 business days of your request. We may charge a reasonable, cost-based fee. RCW 70.02.80, WAC 246-08-400

- **Ask us to correct your medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll try to tell you why in writing within 60 business days.

- **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

You should ask your treating physician to relay these requests to us at the time a specimen is sent to the lab for processing. We will say "yes" to all reasonable requests.

- **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations.

Note: We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

Note: In order to ensure we are made aware of your desire to pay in full, ask your treating provider to notify us at the time a specimen is submitted. We will say "yes" if notified before claims submission unless a law requires us to share that information.

- **Get a list of those with whom we've shared information**

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year free of charge, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

- **Choose someone to act for you**

If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before taking any action.

- **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by contacting us using the information at the bottom of this notice.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions.

- **In the following case, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

- **We will never share your information unless you give us written permission to use for marketing purposes or sale of your information.**

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **To provide diagnostic information to your treating provider**

We can use your health information and share it with other professionals who are treating you or are providing additional diagnostic information related to your treatment.

Example: A doctor treating you asks one of our pathologists about the results of diagnostic testing that was completed at our laboratory.

- **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage diagnostic testing provided to you.

- **Bill for our services**

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for our services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways –

usually in ways that contribute to the public good, such as public health and research.

We have to meet many conditions in the law before we can share information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Preventing or reducing a serious threat to anyone's health and safety

- **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage diagnostic testing provided to you.

- **Do research**

We can use or share your information for health research (with your informed consent).

- **Comply with the law**

We will share information about you if state or federal laws require it, including the Department of Health and Human Services if they want to see that we're complying with federal privacy laws.

- **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

- **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

- **Respond to lawsuits and legal action**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

- **Special Notes**

We do not create or manage a hospital/patient directory.

We do not create or maintain psychotherapy notes at any of our locations.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it if requested.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/hipaa/understanding/consumers/noticepp.html

- **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

- **Contact Information:**

Tiris J Mjelde, Privacy Officer / 13103 E Mansfield, Spokane Valley, WA 99216 / Ph: (509)892-2700 / Email: HIPAA@incdx.com

Effective August 1, 2018