

## **Ketchum Wood & Burgert, Chartered d/b/a Pathology Associates**

### **Notice of Privacy Practices for Protected Health Information**

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.

If you consent, KWB Pathology Associates is permitted by federal privacy laws to make use and disclosure of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examinations and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents related to those services.

Examples of uses of your health information for treatment purposes are:

- During the course of your specimen processing or upon diagnosis of your pathology result, the physician determines he/she will need to consult with another specialist in or out of the area. He/she will share the information with that specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

- We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights**

The health and billing records we maintain are the physical property of our office. However, the information belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of this "Notice of Privacy Practices for Protected Health Information" by making a request at our office.
- Request in writing that you be allowed to inspect and copy your health record and billing record.

- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. Upon request, we will provide you with a form to use for this purpose. We are not required to make such amendments.
- File a statement of disagreement if your request for amendment is denied. You may require that copies of the amendment request form and the denial be attached to all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law, by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office using the form that we provide.

If you want to exercise any of the above rights, please contact our Administrator at (850) 878-5143 in person or in writing, during normal hours. You will be provided with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment and health care operations purposes.

### **Pathology Associates Responsibilities**

The office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as related to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information to you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, and to enact new provisions regarding the protected health information that we maintain. If our information practices change, we will amend this Notice. You are entitled to receive a revised copy of this Notice. You may call to request a copy, or visit our office to pick up a copy.

## **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Administrator at (850) 878-5143.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our Administrator. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services (HHS) at:

The U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201  
Telephone: 202-619-0257  
Toll Free: 1-877-696-6775

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office.
- We cannot, and will not, retaliate against you for filing a complaint with Secretary of Health and Human Services.

## **Other Disclosures and Uses**

**Notification** - Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

**Communication with Family** - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

**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 protected health information.

**Disaster Relief** - We may use and disclose your protected health information to assist in disaster relief efforts.

**Funeral Directors or Coroners** - We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

**Organ Procurement Organizations** - Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA)** - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

**Public Health** - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse & Neglect** - We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

**Correctional Institutions** - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

**Law Enforcement** - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

**Health Oversight** - Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**Judicial/Administrative Proceedings** - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

**Serious Threat to Health or Safety** - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**For Specialized Governmental Functions** - We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Big Bend Regional Health Information Organization (BBRHIO)** – We may disclose your protected health information as part of our participation in the BBRHIO. The BBRHIO facilitates a regional healthcare data repository with stated goals to eliminate unnecessary repeat testing, increase the accuracy of medical diagnoses, improve medical treatment, and improve outcomes for patients.

**Other Uses** - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization and you may revoke the authorization as previously provided.

**Website** - This Notice will be posted on our website.