

**PATHOLOGY & CYTOLOGY LABORATORIES**  
**CHIPPS, CAFFREY, & DUBILIER, PSC.**  
**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.**

**Understanding Your Health Record / Information**

Each time you visit a hospital, physician, or other healthcare provider, 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 often referred to as your health or medical record or your "protected health information" (PHI), serves as a:

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

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
- Make more informed decisions when authorizing disclosure to others

**Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. According to HIPAA, Health Insurance Portability and Accountability Act, Standards for Privacy of

Individually Identifiable Health Information, 45 CFR Parts 160 and 164, you have the right:

- To amend PHI as provided by 45 CFR 164.526
- To receive confidential communications as provided by 45 CFR 164.522(b)
- To an accounting of disclosures of PHI as provided by CFR 164.528
- To request restrictions on certain uses and disclosures of PHI as provided by 45 CFR 164.522(a), although we are not required to agree to a requested restriction
- To obtain a copy of this privacy notice as provided by 45 CFR 164.520
- To file a complaint if you feel that your privacy rights have been violated as provided by 45 CFR 160.306
- To inspect and copy PHI as provided by 45 CFR 164.524 (These rights are subject to CLIA) 45 CFR 164.254 (a) (1) (iii) (A)
- To obtain copies of all laboratory results in accordance with 42 CFR 493.1291(l)

**Pathology & Cytology Laboratories and Chipps, Caffrey, & Dubilier, PSC are required to:**

- Maintain the privacy of your PHI (this is required by law)
- Provide you with a notice as to our legal duties and privacy practices with respect to PHI
- Abide by the terms of our privacy notice currently in effect
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information
- Comply with your request not to disclose PHI to your health plan if it pertains to a service for which you have paid-in-full out of your own funds
- Provide you, upon your request, with an electronic copy of your PHI if we maintain it in electronic format
- Refrain from being compensated for providing others with access to your PHI without your authorization, except when that access is for public health, research, treatment, or similar activities
- Notify you when your PHI is accessed, disclosed, or otherwise breached by an unauthorized person, if it is determined that your PHI has not been made unreadable or unusable by our security system, and if it is determined that the breach will compromise your privacy or security

We reserve the right to change our practices and the terms of this notice and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the new notice on our website, [www.pandclab.com](http://www.pandclab.com), with an explanation of changes, or you may call and ask for a written copy. We will not use or disclose your health information without written consent or authorization, except as described in our notice. An individual may revoke an authorization at any time in writing as provided in 45 CFR 164.508(b) (5).

**For More Information or to Report a Problem:**

- If you have questions and would like additional information, you may contact the covered entities' HIPAA Privacy Officer, Katrina Howard, at 859-278-9513 or 1-800-264-0514.
- If you believe your privacy rights have been violated, you can file a complaint with either of the following:

HIPAA Privacy Officer  
Pathology & Cytology Laboratories, Inc  
Chipps, Caffrey, & Dubilier, PSC  
290 Big Run Rd  
Lexington, KY 40503

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

- There will be no retaliation for filing a complaint.
- Examples of disclosures for treatment, payment and health care operations:
- We will use your health information for treatment. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded on a requisition that may be sent to us along with a surgical specimen or cytology specimen. These specimens are processed so that a diagnosis can be given to your healthcare

practitioner for treatment. We will provide your physician or a subsequent healthcare provider with copies of reports that should assist him or her in treating you.

- We will use your health information for 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 or procedure. We may leave messages on your answering machine/voice mail if we need additional information from you for billing/collections efforts.
- We will use your health information for regular health care operations. Members of our medical staff, the risk or quality improvement manager, or members of the quality improvement team 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. We may remove information that identifies you from this set of health information to protect your privacy.

**We may also use and disclose health information to:**

**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. In addition, recent changes in the law make business associates comply directly with HIPAA Privacy and Security requirements.

**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.

**Law enforcement:**

- We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.  
Required by law: As required by law, we may use and disclose your health information.

**Health oversight activities:**

- We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

**Deceased person information:**

- We may disclose your health information to coroners, medical examiners, and funeral directors.

**Change of Ownership:**

- In the event that Pathology & Cytology Laboratories, Inc or Chipps, Caffrey, & Dubilier, PSC is sold or merged with another organization, your health information/record will be held by the new owner.
- Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney,

provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. With respect to PHI created or received by us as part of our participation in an organized health care arrangement for which you have received a joint notice under 45 CFR 164.520(d) from participating entities that include us, that joint notice rather than this notice shall apply.

Effective Date: April 13, 2003

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