

## TWIN CITIES DERMATOPATHOLOGY 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 this notice carefully.

### **Permitted handling of health information**

At Twin Cities Dermatopathology, your personal health information is handled in a number of different ways as we provide pathology services. The following examples show you the various uses we are permitted by law to make without your authorization:

**Treatment.** We may disclose your personal health information to health care providers (doctors, nurses, technicians, training doctors, or other health care providers) who request it to aid in your treatment.

**Payment.** We may use and disclose medical information about you for billing and collecting payment from you, an insurance company or a third party for services provided. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover services.

**Health care operations.** We may use and disclose medical information about you to perform our health care services: to review our services and evaluate the performance of our staff in providing our services. We may also disclose information to doctors, nurses, technicians, training doctors, medical students, and other health care providers for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care without learning the identity of patients.

### **Additional uses and disclosures**

In certain situations, the law permits us to use or disclose your personal information without your authorization. These situations include:

**Required by law.** We may use or disclose your personal health information, as we are required to do so by local, state or federal law.

**Public health issues.** We may use or disclose your personal information to an authorized public health authority for public health activities in controlling disease, injury or disability.

**Abuse or neglect.** We may make disclosures to government authorities concerning abuse, neglect or domestic violence as required by law.

**Health oversight activities.** We may disclose your health information to a government agency authorized to conduct health care system or governmental procedures such as audits, examinations, investigations, inspections and licensure activity.

**Legal proceedings.** We may disclose your health information in the course of any legal proceeding, in response to a court order or administrative judge and , in certain cases, in response to a subpoena, discovery request of other lawful process.

**Law enforcement.** We may disclose your health information if asked to do so by a law enforcement official a part of law enforcement activities. For example, disclosures may be made in response to a warrant or subpoena for the purpose of providing information concerning victims of crimes.

**Coroners, medical examiners, funeral directors and organ donation.** We may disclose your health information in certain instances to coroners and medical examiners during their investigations. We may also disclose health information to funeral directors so that they may carry out their duties. We may disclose personal health information to organizations that handle donations of organs, eyes or tissue and transplantations.

**Research.** We may disclose your health information to researchers only if certain established measures are taken to protect your privacy. For example, we may disclose to teaching facility to conduct medical research.

**To prevent a serious threat to health or safety.** We may disclose your health information to the extent

necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

**Military activity and national security.** We may disclose your health information to armed forces personnel under certain circumstances, and to authorized federal officials for national security and intelligence activities.

**Correctional institutions.** If you are an inmate, we may disclose your health information to your correctional facility to help provide you health care or to provide safety to you or others.

**Workers' compensation.** We may disclose your health information as required by workers' compensation laws.

**Others involved in your health care.** Unless you notify us in writing, we may disclose certain billing information to a family member who calls on your behalf. The kind of information we will disclose is the status of a claim, amount paid and payment date. We will not, however, disclose medical information, such as diagnosis or the name of the provider.

Any uses or disclosures not described in this notice will require your written authorization.

## Your rights

Twin Cities Dermatopathology would like you to know that beginning on April 14, 2003, you have additional rights regarding your personal health information. Your additional rights are described below:

**Your right to request restrictions.** You have the right to request restrictions on the way we handle your personal health information for treatment, payment or health care operations as described in the "Permitted handling of health information" section of this notice.

The law, however, does not require us to agree to these restrictions. If we do agree to a restriction, we will send you a written confirmation and will not use or disclose your health information in violation of that restriction. If we don't agree, we will notify you in writing.

**Your right to confidential communications.** We will make every effort to accommodate reasonable requests to communicate with you about your health information at an alternative location. For our records, we need your request in writing.

It is important that you understand that any payment or payment information may be sent to the original address in our records.

**Your right to access.** You have the right to inspect and copy your personal health information, by written request to our Privacy Officer. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Twin Cities Dermatopathology will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Your right to amend your health information.** You have the right to ask us to amend any personal health information. For our records, your request for an amendment must be in writing.

Twin Cities Dermatopathology will not amend records in the following situations:

- We do not have the records you want amended
- We did not create the records that you want amended
- The records have been compiled in anticipation of civil, criminal or administrative action or proceeding
- The records are covered by the federal Clinical Laboratory Improvement Act

If you have requested an amendment under any of these situations, we will notify you in writing that we are denying your request. You have the right to file a written statement of disagreement with us, and we have the right to rebut that statement. Please note that changes of address and spelling corrections of name are not required in writing.

**Your right to information about certain disclosures.** You have the right to request (in writing) information about the times we have disclosed your personal health information for any purpose other than the following exceptions:

- Treatment, payment, or health care operations as described in the "Permitted handling of health information: section of this notice
- Disclosures that you or your personal representative have authorized

- Certain other disclosures, such as disclosures for national security purposes.

The requirement that we provide you with information about the times we have disclosed your personal health information applies for six years from the date of the disclosure. This applies only to disclosures made on or after April 14, 2003.

**Your right to a paper copy of this notice.** You have the right to paper copy of this notice. To obtain a copy, please request one in writing from our Privacy Officer.

## **Changes to this notice**

Although Twin Cities Dermatopathology follows the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. We reserve the right to revise or change this notice. Should this occur, the changes will apply to all personal information we have in our possession, including any information created or received before we change the notice.

## **Complaints**

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your personal health information, you may either:

1. File a written complaint with our privacy officer.  
Send your complaint to:

Privacy Officer  
Twin Cities Dermatopathology  
9909 South Shore Drive, Suite 2A  
Plymouth, MN 55441

2. Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy Complaint Division  
Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201

3. Call the HHS Voice Hotline number at (800)368-1019.

Twin Cities Dermatopathology will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.