

**NOTICE OF PRIVACY PRACTICES (HIPAA)**

*Effective April 14, 2003*

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your Protected Health Information ("PHI") in order to carry out Treatment, Payment, and healthcare Operations ("TPO") and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

**I. We Have a Legal Duty to Safeguard Your PHI:**

PhenoPath Laboratories, PLLC ("PhenoPath") is legally required to protect the privacy of your health information. We call this information "Protected Health Information," or "PHI". PHI includes information that can be used to identify you that we have created or received about your past, present or future health condition, the provision of health care to you, or the payment history on health care related accounts. We must provide you with this Notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices that are described in this Notice.

PhenoPath reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will be effective for all PHI that is in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with a revised Notice or you can review the Notice by accessing our website at [www.phenopath.com](http://www.phenopath.com).

**II. How PhenoPath May Use and Disclose Your PHI:**

We may use and disclose your PHI for many different reasons. For some of these uses or disclosures, we need your prior written authorization. Below, we describe the different categories of our uses and disclosures and provide you with some examples of each category.

**A. Uses and disclosures relating to TPO.**

PhenoPath is permitted by law to use and disclose your PHI without your written consent or authorization under the following conditions:

1. **Treatment.** We may disclose your PHI to physicians, nurses, medical students and other health care personnel who provide you with healthcare services or are involved in your care. For example, if you are being treated for cancer, we may disclose your PHI to the consulting physician, i.e., oncologist, if applicable, in order to coordinate your care.
2. **Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, PhenoPath may provide necessary elements of your PHI to our billing department and to your health plan or their designees to obtain payment for the healthcare services, which were provided to you by the physician of record. We may also provide your PHI to our business associates, such as claims processing

centers (clearinghouses) and other organizations that process PhenoPath's health care claims, under the confidentiality of a Business Associate Agreement, when appropriate.

3. **Healthcare Operations.** We may disclose your PHI for health care operations. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. This task may be accomplished from a review of the submitted documentation. We may also provide your PHI to our accountants, attorneys, consultants and others, under the confidentiality of a Business Associate Agreement, to confirm that we are complying with the laws that affect us.

B. **Additional uses and disclosures that do not require your authorization.** We may use and disclose your PHI without your authorization under the following conditions:

1. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we may make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot injuries or other wounds; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, we may provide data for reporting information about various diseases to the government officials in charge of collecting that information, i.e., to a Cancer Registry, and we may provide additional information to other agencies regarding specific public health issues.
3. **For health oversight activities.** For example, we may provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
4. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or other individuals able to prevent or lessen such harm.
5. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. In addition, we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
6. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

C. **Uses and Disclosures for Research Purposes.** In certain circumstances, upon the request of an authorized physician and only with appropriate signed releases, we may provide PHI in order to conduct medical research.

D. **Uses and disclosures for which you have the opportunity to object.** We may release your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, only with your consent. Authorization may be obtained retroactively in emergency situations.

E. **Uses and disclosures that require your prior written authorization.** In any other situation not described in this Notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization, i.e., billing and collection activities).

### III. You Have the Following Rights With Respect to Your PHI:

- A. **The right to request restrictions or limitations on uses and disclosures of your PHI.** You have the right to request that we restrict or limit how we use and disclose your PHI. We will consider your request, but we may not be legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The right to choose how we send PHI to you.** You have the right to ask that we send information to you at an alternate address or by alternate means, for example, sending information to your work address, rather than your home address. We must agree to your request so long as we can easily provide it in the format you requested.
- C. **The right to inspect and obtain copies of your PHI.** In most cases, you have the right to inspect or obtain copies of your PHI that are in our possession, but you must make this request in writing. If we do not have your PHI, but we know who does, we may inform you of the manner in which to obtain it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will inform you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we may charge you, in accordance with applicable law. Instead of providing the PHI you requested, we might provide you with a summary or explanation of the PHI as long as you agree to the summary and to the cost of providing such information.
- D. **The right to obtain an accounting of the disclosures we have made.** You have the right to obtain an accounting of instances in which we have disclosed your PHI. The accounting list will not include uses or disclosures that are described in sections IIA and IIB, such as those made for TPO. In addition, the list will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or made before April 14, 2003. We will respond within 60 days of receiving your request. The list we will provide to you will include disclosures made after April 14, 2003, dating back as far as 6 years, if applicable, unless you request a shorter time period. The list will include the date of the disclosure, whom the PHI was disclosed to, a description of the information disclosed and the reason for the disclosure. We will provide the list to you at no charge. However, if you make more than one request in the same calendar year, we may charge you for each additional request in accordance with applicable law.
- E. **The right to amend your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is: 1) already correct and complete, 2) not created by us, 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file one, you have the right to ask that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, inform you that we have done so, and inform others on a need to know basis about the change to your PHI.
- F. **The right to obtain this Notice by paper copy or email.** You have the right to obtain a copy of this Notice by email. Even if you have agreed to receive this Notice via email, you also have the right to request a paper copy.

#### **IV. To Complain About Our Privacy Practices:**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the U.S. Department of Health and Human

Services. PhenoPath will take no retaliatory action against you if you file a complaint about our privacy practices.

**V. Person to Contact for Information About This Notice or to Complain About Our Privacy Practices:**

If you have any questions about this Notice, have any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Privacy Officer, PhenoPath Laboratories, 551 N 34<sup>th</sup> Street, Suite 100, Seattle, WA 98103, Phone: 206-374-9000, email: [privacyofficer@phenopath.com](mailto:privacyofficer@phenopath.com).