

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.

LOMA LINDA DERMATOPATHOLOGY / NOTICE OF PRIVACY PRACTICES / Effective June 24, 2012.

This notice is formatted to fit on one page. If you would like a larger print, please contact us.

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to your medical information; and, follow the terms of our notice that is currently in effect.

A. How We May Use and Disclose Your Medical Information

Medical information about you may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purposes described below and any other purpose required by law. Not every use or disclosure will be listed, but all of the ways we use and disclose medical information about you falls within one of the following categories:

A.1 For Treatment: We may use medical information about you to provide you with your medical care. We may disclose medical information about you to our personnel and others who support those who provide health care services to you. For example, we may disclose medical information about you to your referring physician so that the physician has enough information to treat your health conditions. We may also disclose medical information about you to people outside of our facility to coordinate the different things you may need such as prescriptions or lab work.

A.2 For Payment: We may use and disclose medical information about you to obtain payment for the services we provide. For example, we may provide such information about you to your health plan or insurance company to obtain authorization for payment.

A.3 For Healthcare Operations: We may use and disclose medical information about you to operate the activities of this medical practice. Such activities may be for: medical reviews; legal services and audits; complying with law or regulation; healthcare contracting; legal services; business planning, development, management and administration; the sale of our entity; underwriting and insurance activities; and, delivering health services. For example, we may use or disclose medical information about you to review or improve the care we provide or the competence and qualifications of our staff.

A.4 For Appointment Reminders and Check-In: We may use and disclose medical information about you to contact you about appointments. If you are not available for our call, we may leave this information on an answering machine or with the person answering the phone. We may also have you sign in when you arrive at our office. We may also call your name when we are ready to see you.

A.5 For Marketing of Health-Related Services: We may contact you to give you information about products or services related to your treatment, to direct or recommend other treatments or health-related services that may be of interest to you, or to provide you with gifts.

A.6 As Required by Law: We may use or disclose medical information about you as required by a federal or state law. These situations may be: (1) to public health authorities or law enforcement for preventing or controlling disease, injury or disability; reporting reasonably suspected child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the FDA for problems with products and reactions to medications; and reporting disease or infection exposure; (2) for health oversight activities during audits, investigations, inspections, licensure, and other proceedings subject to the limitations imposed by law; (3) in judicial or administrative proceedings to the extent expressly authorized by a court or administrative order or in response to lawful process; (4) for law enforcement such as identifying or locating a suspect, fugitive, witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes; (5) to comply with workers' compensation laws; (6) for coroners' or

medical examiners' investigations to identify a deceased person or cause of death; or, (7) to authorized officials for national security.

A.7 Other: Other uses or disclosures of medical information about you will be made only with your written consent. You may revoke such consent, in writing, at any time. If you do revoke such consent, we will no longer use or disclose medical information about you for the reasons covered by your written consent, but you understand that we are unable to take back any disclosures we have already made.

B. Your Rights Regarding Medical Information About You

Medical information about you and maintained by us is our property, but you have the following rights regarding such information:

B.1 Request Restrictions: Although we are not required to agree to your request, if we agree in writing, you have a right to request a restriction or limitation on the medical information we disclose about you for treatment, payment, or health care operations. You also have a right to request a limit on the medical information we disclose about you to someone involved with your care, such as a family member.

B.2 Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at work or only by mail.

B.3 Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of medical information that we have about you. To request an inspection or a copy of such medical information, you must submit your request in writing to us at our address below. We may charge a fee to copy the medical information.

B.4 Request an Amendment or Addendum: Although we may not agree to your request, if you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information or add an addendum by submitting written requests along with the reason why it should be changed to us at our address below.

B.5 An Accounting of Disclosures: You have a right to receive a list of certain disclosures, other than those described above in Sections A.1 to A-6, that we have made of your medical information during the six years prior to your request by submitting written requests to us at our address below. You have a right to one such accounting during a 12-month period at no cost, but fees may apply to provide you with more than one accounting during a 12-month period.

B.6 A Paper Copy of this Notice: You have the right to a paper copy of this notice even if you have agreed to receive this notice electronically. We reserve the right to change the terms of this notice at any time and have such changes be effective for all medical information we already have about you or receive in the future.

C. Complaints About Your Privacy Rights

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer by writing us at our address listed below or by contacting the Secretary of the Dep't of Health and Human Services. You will not be penalized for filing a complaint.

For Further Information about this notice or for complaints, contact:

Our Privacy Officer: Fred F. Soeprono. Phone: (909) 796-2211.

Our Address and Phone: Loma Linda Dermatopathology, PO Box 1180, Loma Linda, CA 92364-1180. (909) 796-2211.

By printing and signing my name below, I acknowledge that I witnessed a copy of this notice in the reception area and received a copy of this notice on behalf of:

☐ myself (print name): _____

☐ my dependent (name): _____

X

Date _____