

Pennsylvania Cytology Services 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

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Pennsylvania Cytology Services. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Additional Uses of Information

Appointment reminders. Your health information may be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Fundraising. Unless you request us not to, we may use your name and other information necessary to support our fundraising efforts. If you do not want to participate in fundraising efforts, please check off the following box.

Please do not use my information for fundraising purposes.

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Marketing. Unless you request us not to, there are some marketing activities that we may use your name and address for, to provide you with information about services available at our laboratory. If you'd rather not receive marketing communication from our laboratory, please check off the following box.

_____ Please do not use my information for marketing purposes.

Individual Rights

You have certain rights under the federal privacy standards.

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to opt out of fundraising communications
- The right to restrict certain types of uses and disclosures of your protected health information
- The right to receive a printed copy of this notice

Pennsylvania Cytology Services Duties

- We are required by law to maintain the privacy of your protected health information and to provide you with this "Notice of Privacy Practices"
- We are also required to abide by the privacy policies and practices that are outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer
Pennsylvania Cytology Services
339 Old Haymaker Road
Parkway Building, Suite 1700
Monroeville, PA 15146-1447

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Privacy Officer
Pennsylvania Cytology Services
339 Old Haymaker Road

Pennsylvania Cytology Services
Notice of Privacy Practices

Parkway Building, Suite 1700
Monroeville, PA 15146-1447
412.373.8300

Further Notes

This portion of our Notice of Privacy Practices is not required by law. The wording and sections throughout the remainder of this notice is written so as to comply with HIPAA regulations. As a secondary provider, many of the uses and disclosures in this notice are beyond the scope of practice for Pennsylvania Cytology Services, such as public health reporting, appointment reminders, and information about treatments. We do not now, nor do we anticipate in the future, participate in any Fundraising or Marketing activities that would use patient names or information. According to CLIA 88 we are unable to release Pap results directly to patients.

Effective Date

This notice is effective on or after October 4, 2013

Signature

I have received a copy of the Notice of Privacy Practices for Pennsylvania Cytology Services

Name of Patient (Print or Type)

Signature of Patient/ Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient