



Effective Date:

09/23/2013

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NOTICE OF PRIVACY PRACTICES

KEEPING PATIENT INFORMATION SECURE IS A TOP PRIORITY FOR ALL OF US AT

RABKIN DERMATOPATHOLOGY LABORATORY, P.C. 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.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PRIVACY OFFICIAL AT THE ADDRESS, FAX, OR PHONE NUMBERS SHOWN ABOVE.

WHO WE ARE AND HOW WE RECEIVED INFORMATION ABOUT YOU:

When you were seen by a health care provider who removed one or more skin samples from your body, you signed an authorization form at their office, and consented to their disclosure of your health information for purposes of treatment, payment and health care operations. We are one of the behind-the-scenes participants in your health care. We assisted with your treatment by analyzing the skin specimen(s) you had removed. We received information about you because your physician determined that it was necessary or prudent for your skin specimen to be sent to us for diagnostic microscopic analysis.

When your physician removed the sample or samples of your skin (also called a skin biopsy), he or she put the sample in a bottle and sent it to us along with a form called a request slip. The request slip was completed by your physician or their staff. It may contain your name, home address, home phone number, birth date, social security number, gender, race, insurance information (if any), the date of your skin biopsy and details of the skin sample(s) taken including its size and location on your body, and any relevant medical history and/or clinical impressions of the skin that your physician chose to include so as to help the doctors here make an accurate diagnosis of your skin condition. When we received your skin sample(s), we assigned a number to each sample, described, prepared, processed, cut, and mounted the sample on to labeled glass slides. The glass slides were then examined under a microscope by a physician here who is specially trained in skin pathology (Dermatopathology).

All of the information on the request slip, together with a physical description of the sample (s) we received, the date we received it, the number we assigned to it, and our physician's microscopic analysis of your skin sample(s) were made into a written pathology report. We issued the written pathology report and sent it back to your physician by whatever means he or she requested. Your pathology report is also available to you upon request. The request slip and our pathology report are the primary (and most often only) records we maintain which contain your health information. We generally keep any remaining actual skin (called a tissue block) as well as the glass slides which are labeled with your first initial and last name and the number we assigned to the case. We do loan slides out to other physicians or medical

institutions involved in your care upon receipt of their written request. Your physician may also have glass slides if he or she has requested them. In addition, from time to time, we are asked by a variety of physicians to give a second opinion on a skin biopsy that has already been examined microscopically elsewhere. In that case, we would typically receive glass slides prepared elsewhere instead of the actual sample, but all other information is essentially the same.

As to the insurance information on the request slip (or included along with it as an attachment from your physician's office), we generally submit a claim to the insurance listed in that paperwork unless we know from directly contacting the insurer listed that the information we were provided with is old/out of date and/or inaccurate for the date of the surgery. If we have independent verification that you are validly enrolled in some insurance which is not listed in the paperwork which accompanies your biopsy or biopsies, we will make a reasonable effort to contact you prior to billing any such insurance plan, but if we do not hear from you within a week of our contacting you, we will bill that insurer or insurers. If you would prefer that we bill you instead of any insurance, you are strongly encouraged to contact us at any time, and as soon as possible, without waiting for us to contact you.

YOUR HEALTH INFORMATION RIGHTS:

While your actual health record, including the glass slides we made from your skin specimen (s), is the physical property of the healthcare practitioner or facility that compiled it, the information contained in your health record belongs to you. Please note that there is no charge or fee to you for any of the records, lists or other materials described below.

You have the right to access, inspect and/or copy your medical record: As noted above, you have the right to a copy of your pathology report, and any other documents we may have compiled such as any consultant's report. You may request copies by calling us and sufficiently identifying yourself to us, writing to us at the address shown above, or by faxing your written request to us. Your request should include your name and the fax number or physical mailing address you want us to use when we respond to your request. We will fulfill your request within five working days of our receipt of your request. We do not email any patient reports or other patient medical information because email is not sufficiently secure, in our opinion, for the transmission of personal medical information, and we do not give any patient or any patient's family members any medical/diagnostic information over the phone.

You have the right to obtain an accounting of all disclosures of your health information made since April 14, 2003: You have the right to request a list of disclosures (if any) that we made for purposes other than treatment, payment or health care operations. This accounting will include the date(s) of any such disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose for the disclosure. You may request this accounting by contacting us at the address, phone, or fax numbers shown above. Your request should include your name and the address or fax number you want us to use when we respond to your request. We will fulfill your request within eight working days of our receipt of your request.

You have the right to request a restriction on the use or disclosure of your health information: You may request a restriction on the use or disclosure of your health information by writing to us at the address shown above, or by faxing your written request to us. In your request, tell us 1) What information you want us to limit the disclosure of; and 2) How you want us to limit our use and/or disclosure of the information. Also, you must provide us with a means to contact you in order to respond to your request. We are not required to agree to these requested restrictions, but if we do agree to all or any part of what

you have requested we will do so in writing signed by an authorized representative of Rabkin Dermatopathology Lab., P.C. We are not bound to abide by any requested restriction(s) unless and until we have issued such a written agreement to you. Please note that any restrictions we agree to will only apply beginning as of the date of our agreeing to those restrictions, and will not affect prior disclosures.

You have the right to request confidential communication: For example: You may ask us to contact you only at your work address, or that any telephone calls be made to your cell phone only. You must make your request in writing, and mail or fax it to us. We will accommodate your request immediately upon our receipt of it, if it is reasonable, specifies the alternative address or means of contacting you, and does not impair our ability to collect any payments due for our services. We will notify you within eight working days of our receipt of your request if we have been able to comply with your request.

You have the right to restrict disclosures of your health information for payment purposes, as to services for which you are taking full financial responsibility: If you do not want your medical insurance to be billed for all or any part of our services, you will need to notify us, in writing within a week of the biopsy or biopsies. We will then bill you for our services. Otherwise, we will bill your insurance and only bill you if there is a balance due after your insurance has processed our claim. We will make reasonable efforts to contact you if there is any question about whether you intended for your insurance to be billed, but we cannot guarantee your right to not have your insurance billed if you or someone acting on your behalf fails to notify us. In order for us to abide by your request to not bill your insurance, you or someone acting on your behalf, must pay our bill within thirty days of our billing date, otherwise your insurance may be billed despite your prior request.

You have the right to request amendment of your health information: If you believe that your health information is incorrect or incomplete, you have the right to request that we correct or complete it. Your request must be in writing, and it must explain what information is incorrect or incomplete, what corrections should be made, and whether any particular persons or groups need to be notified of the change. We may deny your request if we did not create the information you want amended or for certain other reasons. Whether we deny or agree to your request, we will provide you with a written response and explanation within five working days of our receipt of your request. If we have denied all or part of your request, you may respond with a statement of disagreement to be appended to your pathology report. If we accept your request to amend information, we will make all reasonable efforts to inform others, including any person or organization you have named in your request. We will also make reasonable efforts to include the changes in any future disclosures of your information.

You have the right to be notified in the event of any Breach: You will receive prompt notification from us by mail should we ever become aware that your Protected Health Information has been disclosed for any purpose other than as stated in this Notice and/or to any unauthorized entity or person.

You have the right to a copy of this Notice: You may download and/or print this Notice from our website at [HYPERLINK "http://www.rabkindermpath.com"](http://www.rabkindermpath.com) www.rabkindermpath.com. You may also request a copy of this Notice by calling us at (412) 968-9266, faxing us at (412) 968-5673, or writing to us at the address shown above. Your request should contain the name of the person we should send this Notice to, and the address or fax number or e mail address you want us to use to send the Notice to you. We will fulfill your request within five working days of our receipt of your request.

OUR RIGHTS, RESPONSIBILITIES AND OBLIGATIONS:

Rabkin Dermatopathology Laboratory, P.C. is required to maintain the privacy of your health information. We have physical, electronic, and procedural safeguards in place to protect the confidentiality and security of all information about you. In addition, we are required to provide you with this Notice as to our legal duties and privacy practices with respect to information we maintain about you. We are also required to abide by the terms of this Notice, to notify you if we are unable to agree to a restriction or modification you have requested, to provide you with a copy of your pathology report upon request, and to accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations. We reserve the right to change our practices, and to make the new provisions effective for all health information we maintain, but should we make any changes in our information practices we will mail a revised notice to you at your address of record. We will not use or disclose your health information, without your authorization, except as described in this Notice.

We will use your health information for treatment: For example: information obtained by us will be recorded in your pathology report and used by your practitioner to help determine what course of treatment is necessary or prudent. In addition, we may use the information given to us by your physician to assist in the diagnosis of your skin condition(s), to coordinate your health care should second opinions be requested or should you change doctors. We may also use your health information to refer your skin sample to an outside medical institution for consultation and/or additional testing.

We will use your health information for payment and to aid in claims processing by your insurer and/or worker's compensation: For example: a bill may be sent to you and/or to a third-party payer. The information on the bill may include your name, address, and birth date, your health insurance information if applicable, the part of your body the skin sample was removed from, the name of the physician who referred your specimen to us, as well as numerical diagnosis and procedure codes. In addition, we may release your pathology report, or any of the information contained in it, to third party payers, including workers compensation carriers, at their request.

We will use your health information for regular healthcare operations: For example: we may use or disclose, as needed, your health information for internal quality assurance assessment, employee review and training, and/or the education of medical students and medical residents to whom we provide skin pathology training.

We will use your health information for notification and communication with your family: Unless you object by giving us written notice, we may, using our best judgment, disclose to a family member, personal representative, or any person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We will use your health information for Public Health reporting, health oversight activities, to avert a serious threat to health or safety, or in response to legal proceedings or requests from the Military, or requests from approved medical researchers: We may disclose your health information to any Public Health authority to the extent we are required to do by law. For example: many states require reporting of all cases of cancer to their state registry. "Health Oversight Activities" refers to audits, investigations, inspections and licensure activities performed by duly authorized state or federal officials for the purpose of monitoring our compliance with all the laws, regulations and rules to which we are subject. In addition, we may disclose your health information as necessary to respond to any court order, subpoena, discovery, administrative order, or other lawful process. We may also disclose your Health Information in the unlikely event it is necessary to prevent a serious threat to your health or safety or to the health and safety of others. In that situation,

disclosures will be made only to someone who may be able to help prevent the threat. If you are or have been a member of the armed forces of any country we may release information as required by US or foreign military command authorities. Finally, we may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and/or protocols to ensure the privacy of your health information.

Data Breach Notification Purposes: We may use or disclose your health information to provide legally required notices of any unauthorized access to or disclosure of your health information.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND/OR OPT OUT:

Individuals with questions about your bill or offering payment on your behalf: If someone calls us and already knows that we provided services to you, and can identify you by your name and birth date, we will normally provide them with only the minimum information necessary to answer their questions and/or accept payment, based upon our assessment of the situation. If they ask for a diagnostic result, we can mail a report to your address of record, but will not give any result or report information over the phone, even if the person calling claims to be you. If you do not want anyone other than you to be able to contact us about your bill or your biopsy, or if you want only specific people to be able to contact us about your biopsy, please let us know by writing or faxing us. You may call and then follow up with a written confirmation in order to place the restriction in effect immediately.

Health Insurers/claims filing, as to services for which you are taking full financial responsibility: If you do not want your medical insurance to be billed for all or any part of our services, you will need to notify us, in writing within a week of the biopsy or biopsies. We will then bill you for our services. Otherwise, we will bill your insurance and only bill you if there is a balance due after your insurance has processed our claim. We will make reasonable efforts to contact you if there appears to us to be any question about whether you intended for your insurance to be billed, but we cannot guarantee your right to not have your insurance billed if you or someone acting on your behalf fails to notify us. In order for us to abide by your request to not bill your insurance, you, or someone acting on your behalf, must pay our bill within thirty days of our billing date, otherwise your insurance may be billed despite your prior request.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

We make every attempt to keep your information accurate and up to date: You may ask us to correct any inaccuracies in your personal information. In addition, we will make reasonable attempts to verify or double check with your physician's office as to any inconsistent or incomplete information we receive from them.

We will never use your health information for marketing or fund raising of any kind: We perform no marketing nor fund raising, nor do we release your name or any other information about you for either of these purposes. You will not be contacted by us for any purpose other than payment or treatment, or in response to a request you have made to us. We will never sell your Protected Health Information for any purpose.

Business Associates: There may be times when individuals or organizations who perform a service for us have access to some of your health information either so that they can do the job we have asked them to do or incidentally in the course of their performing contracted services for us. Examples include a financial institution that processes incoming payments and correspondence from patients and insurers, or a firm used to assist with the collection of delinquent patient accounts. Where any health information might be disclosed, a written contract with the business associate requires them to protect your information and provides other safeguards.

TO REQUEST MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions, or a complaint, or would like additional information, you may contact our Privacy Official at the address, fax, or phone numbers listed at the top of this Notice. If your concern is in the nature of a complaint, it must be in writing, but can be sent to the address or fax numbers listed at the top of this notice. If you believe your privacy rights have been violated, you can also file a complaint with the Secretary of Health and Human Services. **You will not be penalized in any way for filing a complaint.**

This Notice is effective as of September 23,, 2013 and remains in effect unless and until it is modified or replaced by Rabkin Dermatopathology Laboratory, P.C.

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